Physicians for Human Rights

Organization for Justice & Accountability in the Horn of Africa

"You Will Never Be Able to Give Birth"

Conflict-Related Sexual and Reproductive Violence in Ethiopia

July 2025

Acknowledgments

Contents

This report was written by researchers from The Organization for Justice and Accountability in the Horn of Africa (OJAH) and Physicians for Human Rights (PHR). The report benefited from review by members of PHR staff, the PHR Advisory Council and the PHR Board for Directors, as well as members of the OJAH Board of Directors. The research team would like to recognize the strength and resilience of the survivors whose experiences and stories are reflected within this data and the dedication of the health professionals who provided services, while documenting these violations, often at grave risk to their personal safety.

About Physicians for Human Rights

Physicians for Human Rights (PHR) uses medicine and science to document and call attention to human rights violations. PHR was founded on the idea that physicians and other health professionals possess unique skills that lend significant credibility to the investigation and documentation of human rights abuses. In response to the scourge of sexual violence, PHR launched its Program on Sexual Violence in Conflict Zones in 2011 that has worked to confront impunity for sexual violence in the Central African Republic, the Democratic Republic of Congo, Ethiopia, Iraq, Kenya, Myanmar, and Ukraine. PHR has conducted research to understand the scale and scope of conflict-related sexual violence in a variety of conflicts and contexts including in Democratic Republic of the Congo, Kenya, Myanmar, and Sierra Leone.

About Organization for Justice and Accountability in the Horn of Africa

The Organization for Justice and Accountability in the Horn of Africa (OJAH) is an independent and impartial organization dedicated to strengthening justice and accountability mechanisms in the Horn of Africa through evidence collection and preservation. The organization is on a mission is to deter war crimes, crimes against humanity, conflict related sexual violence and other severe human rights abuses across the Greater Horn of Africa. This is pursued through conducting documentation and investigations, advancing the environment for justice and accountability, preserving and analyzing materials, and supporting international justice and accountability actors and efforts.

Suggested Citation

Physicians for Human Rights and The Organization for Justice and Accountability in the Horn of Africa. "'You Will Never Be Able to Give Birth' Conflict-Related Sexual and Reproductive Violence in Ethiopia" July 2025.

Cover: A woman poses for a portrait in an undisclosed location in Shire, Ethiopia in October 2024. The survivor told the news agency AFP that she has been raped by three men in Eritrean army uniforms in 2022. Photo: Michele Spatari/AFP/ Getty Images

Right: A woman survivor of sexual violence waits for transport with her baby by the roadside in the town of Mekele, Tigray. Photo: Arlette Bashizi/Getty Images

Executive Summary

The conflict in Tigray, Ethiopia started in November 2020 between the government of Ethiopia and the Tigray People's Liberation Front (TPLF), with involvement from Eritrean military forces who were called into to support Ethiopian armed forces, and numerous ethno-regional militia groups notably from the Amhara and Afar regions of Ethiopia. The conflict was marked by widespread and severe forms of conflict-related sexual and reproductive violence as well as other human rights violations by all parties, some of which amount to crimes under international law.[1] Following the signature of the Cessation of Hostilities Agreement (CoHA) in November 2022 by the government of Ethiopia and the TPLF, violence continued, including widespread and severe sexual and reproductive violence along ethnic-political lines across regions by military actors.[2] As the conflict unfolded, both the United Nations (U.N.) and the African Union (AU) established independent investigative mechanisms to document atrocities and preserve evidence for future justice and accountability processes.[3] However, both mechanisms were prematurely shuttered, without investigators even being allowed into the country, after successful lobbying by the Ethiopian government to defer to national mechanisms, including the transitional justice process outlined in the CoHA.[4] The decision to shut down these investigative bodies, and with their termination, the end of any impartial investigation into violation of international law, occurred despite the assessment by the U.N. and other actors. These assessments found that the consultative process undertaken in developing the transitional justice process, as well as the implementation, does not align with AU or international transitional justice standards.[5] Notably, the process also lacks a survivor-centered approach, meaningful engagement with affected communities, or mechanisms to hold all perpetrator groups accountable, in violation of key international and regional standards on credible transitional justice processes.[6] More recently the lack of openness of the transitional justice process to those seeking genuine accountability has been demonstrated by the Ethiopian government's suspension of five human rights groups.[7]

The lack of timely and meaningful justice for crimes committed in Tigray raised the alarm that instability and further atrocities would be perpetrated in other regions of Ethiopia.

Many, including the U.N. International Commission of Human Rights Experts on Ethiopia (ICHREE), expressed concerns about how a lack of focus on timely justice and accountability for crimes committed in Tigray could fuel instability and the commission of further atrocities in other regions of Ethiopia in the near future.[8] As conflict and instability spread to the neighboring Amhara and Afar regions in 2022 and 2023, reports of conflict-related sexual violence and other violations surfaced, and it became apparent that these warnings of further violence were being realized.

This report, prepared by a joint research team of medical, public health, and legal experts from the Organization for Justice and Accountability in the Horn of Africa (OJAH) and Physicians for Human Rights (PHR) finds that widespread, systematic, and deliberate conflict-related sexual and reproductive violence was committed in Tigray and has continued since the signing of the CoHA. Such acts constitute war crimes and crimes against humanity of sexual violence, forced pregnancy, sexual enslavement, and persecution on the intersection of ethnic, gender, age, and political grounds; further, they violate international human rights law (IHRL). While such violence has been perpetrated by all parties in a manner that indicates a desire to humiliate and harm, the data confirms that in Tigray, violence often was perpetrated with the expressed intention of, or in a manner consistent with the goal of causing grave and long-term harm, and destroying communities and the Tigrayan ethnicity. Furthermore, this report finds that a failure to meaningfully respond to the crimes committed in Tigray has led to a spread of atrocities, including crimes against humanity and war crimes, to the Amhara and Afar regions of Ethiopia.

OJAH and PHR used a mixed-methods approach, combining quantitative and qualitative data sources, including over 600 surveys of health care workers who had provided care to survivors of sexual and reproductive violence presenting at health facilities, a review of over 500 medical records, and 40 key-informant interviews and four focus group discussions with health care workers, humanitarian actors, and community leaders supporting survivors. Data were collected in Tigray, Amhara and Afar regions by a multidisciplinary research team looking at the period from the start of hostilities in Tigray in November 2020 through the end of data collection in October 2024. This mixed-methods approach allowed for triangulation of data around important themes related to sexual and reproductive violence perpetration experienced by survivors of sexual violence who reported these violations to health care workers and attacks against health care. This approach allowed OJAH and PHR to draw important conclusions about the perpetration of conflict-related sexual and reproductive violence and the impacts on survivors with important implications for further investigation and research, as well as justice and accountability.

Ongoing Conflict-Related Violence in Tigray Constitute Crimes Against Humanity

In Tigray, survivors experienced brutal and deliberate forms of conflict-related sexual and reproductive violence which caused severe and permanent psychological and physical harm to survivors, their families, and communities.

> " Gang rapes, including culturally prohibited practices, raping when they are bleeding, entering bad things like steel into their wombs, raping mothers in front of their families. Imagine how it is, it is very sad their children were killed and they were also raped. The damage to their bodies cannot be described."
>
> A midwife in Tigray

In a previous analysis of medical records from a select number of facilities published in the August 2023 report Broken Promises: Conflict-Related Sexual Violence Before and After the Cessation of Hostilities Agreement in Tigray, Ethiopia, OJAH and PHR found that sexual violence in Tigray was a clear tactic during the active conflict period between November 2020 and November 2022 and has continued since the signing of the CoHA in November 2022.

Expanding on the findings in our prior report, this mixed-methods research confirms that crimes against humanity have been committed in Tigray related to the perpetration of sexual and reproductive violence, particularly targeting women and girls, including the crime of forced pregnancy in Tigray.[9] This study shows that survivors who presented at health facilities often experienced:

- multiple perpetrator rape;
- vaginal, oral, and anal rape;
- forced witnessing of sexual violence including against family members;
- insertion of foreign objects into the vagina following sexual violence;
- forced pregnancy and forcible transmission of HIV or other sexually transmitted infections (STIs);
- sexual violence against children; and/or,
- sexual violence committed alongside other forms of torture or killings.

These data also show that survivors continue to need complex and long-term health care to address the physical and mental health impact of conflict-related sexual and reproductive violence.

Clinical data documented by health care workers and accounts shared with health care workers indicate that perpetrators intended to instill terror, humiliate survivors, and exert control over survivors. Furthermore, the data gathered related to the targeting of survivors specifically based on ethnicity and information gathered on intention to commit sexual violence to impair fertility, force pregnancy, and intentionally infect with STIs, including HIV. The deliberate and grave nature of the sexual violence committed along with reports by Tigrayan survivors to health care workers of perpetrators' expressed intent to prevent future Tigrayan births require further investigation to determine if extermination as a crime against humanity and the crime of genocide has occurred.

> " They inserted paper with written letters into the women's vagina, causing damage and I still have a photo of those letters. We have seen this in more than one client. The letters found in their vagina stated a plan for revenge for 1990 [Ethio-Eritrean War; 1990 refers to the Ethiopian calendar which is the year 1998 when converted to the Gregorian calendar.], aiming to destroy the Tigrayan people. They threatened to eradicate the Tigrayan lineage, harm Tigrayan wives, and prevent Tigrayan mothers from giving birth. Many foreign objects, such as stones and more than 10 nails, were found in their uterus. [These objects stayed] inside the vagina for many days. They mentioned that all Eritrean military personnel were instructed to harm the vagina of Tigrayan women."
>
> A nurse in Tigray

In Tigray, our data from health care workers indicate survivors' reporting that conflict-related sexual violence and reproductive violence were most often perpetrated by individuals who spoke languages or wore uniforms indicating affiliation with the Eritrean military who were fighting at the time in support of the Ethiopian government. Other perpetrators in Tigray included the Ethiopian National Defense Force (ENDF) as well as other groups working in support of the Ethiopian national government, including Amhara Special Forces and Fano militias.

> " Those who came from western Tigray say they are Fano who were their neighbors before the war and those who came from the borders say Eritreans. The others also say ENDF and Prosperity Party. They were able to differentiate them using the language they were speaking. They weren't able to differentiate the ethnicity of other Ethiopians. The perpetrators were committing those abuses in numbers and together at the same time."
>
> A health officer in Tigray

> " Let's share [with] you the story of one girl, her arm was broken and became paralyzed when the perpetrators tried to remove Norplant contraceptive method inserted in upper arm, and this was aimed to force pregnancy from the perpetrator. This was done by Eritrean force (Shabia) since they were openly speaking about this, 'You will give birth from us, then Tigray ethnic[ity] will be wiped out eventually.'
>
> A psychologist in Tigray

The widespread and systematic perpetration of sexual and reproductive violence by Eritrean actors in Tigray was and continues to be committed with impunity. The government of Eritrea is not party to the CoHA and Eritrean perpetrators will not be held responsible through Ethiopia's current transitional justice process. There is a need for justice and accountability for sexual and reproductive violence committed in Tigray for all actors. PHR and OJAH reached out to the governments of Ethiopia and Eritrea to request information on the status of proceedings for accountability and reparations for survivors but did not receive a response.

Conflict-Related Sexual and Reproductive Violence in Amhara and Afar Amount to War Crimes

In the Amhara and Afar regions, the patterns of perpetration of sexual and reproductive violence were indicative of violence that was driven both by the presence of ongoing, flaring conflict, and a lack of atrocity prevention stemming directly from the conflict in Tigray. Survivors identified perpetrators from military groups including the TPLF, who expressed intent when committing sexual and reproductive violence related to revenge for Amhara and Afar forces actions in the conflict in Tigray.

> " They often said that during the war, it was frequently claimed that attacks were carried out by the TPLF, the government, and the Amhara Defense Force."
> A nurse in Amhara

> " For example, at the place where I was providing medical aid, there are people who have reported that they were raped and subjected to various sexual violence by TPLF members. There was a situation where different men took turns to rape sisters or women who were family members."
> A physician in Amhara

The data indicates that the failure to meaningfully ensure accountability and justice for violations in Tigray through the transitional justice process and other national efforts has contributed to an enabling environment for sexual and reproductive violence in Amhara and Afar. This report, the first to comprehensively analyze patterns of perpetration of conflict-related sexual violence in the Tigray, Amhara and Afar regions, paints a clearer picture of ongoing widespread, systematic, and deliberate acts of sexual and reproductive violence and underscores the urgent need for justice, accountability, and care for survivors.

> " The perpetrators must be punished, and the situation must be resolved, as the current lack of accountability is unacceptable. Victims have suffered economic, mental, and physical damage due to the actions of the perpetrators. True healing requires justice."
> A health officer in Tigray

> " Justice must be served impartially by legal experts, both Ethiopian and international. The involvement of neutral parties is crucial to ensure transparency and fairness."
> A health officer in Afar

Furthermore, these data demonstrate failures by numerous actors – including international justice champions – to adequately fulfill their obligations under international humanitarian law (IHL), IHRL, and international criminal law (ICL) to respond to these violations, to prevent further atrocities, to provide justice, to ensure care for survivors, and to pursue accountability. To this end, OJAH and PHR make the following recommendations:

- Ensure compliance with obligations under IHL and IHRL to prohibit sexual violence.
- Facilitate access to physical and mental health services and other forms of rehabilitation for all survivors of conflict-related sexual and reproductive violence, without discrimination.
- Ensure impartial, independent documentation and investigation of serious human rights violations and atrocity crimes that have occurred, including the preservation of evidence of serious crimes under international law, by re-establishing international and regional investigative mandates to monitor and document human rights violations and other violations of international law in Tigray, Amhara, and Afar.
- Hold all parties responsible for conflict-related sexual and reproductive violence accountable and ensure reparations to survivors in Tigray, Amhara, and Afar through national, regional, and international justice mechanisms, including universal jurisdiction.
- Ensure compliance with international and regional standards in the implementation of the transitional justice process mandated under the CoHA for violation in Tigray from November 2020 to November 2022, including allowing for involvement of independent international "experts with international experience in investigating and prosecuting significant human rights violations" as committed to in the CoHA.

Quantitative Data Snapshot

Tigray

- Temporal analysis of medical records shows sexual violence incidents occurring from November 2020 through July 2024.
- **91 percent of surveyed health care workers reported seeing patients who had experienced multiple perpetrator rape; medical records showed a median of 3 perpetrators per incident**
- **69 percent of surveyed health care workers reported survivors experiencing violence in groups**
- 74 percent of surveyed health care workers provided care to survivors who reported experiencing sexual and reproductive violence more than once
- 90 percent of surveyed health care workers saw at least a few patients with unwanted pregnancy from CRSV (Likert scale: "All patients", 3 percent; "Most patients", 40 percent; "Some patients", 21 percent; "Few patients", 26 percent)
- Within medical records reviewed 10 percent had reported unwanted pregnancies
- **73 percent of surveyed health care workers treated survivors who reported that perpetrators used language expressing intent to destroy their ability to reproduce or have children, including by causing mental harm**
- **76 percent of health care workers surveyed reported observing higher rates of sexual violence among patients based on ethnic identity**
- Within the medical records reviewed 50 percent of patients tested were positive for STIs and 17 percent were positive for HIV. (The national HIV prevalence rate in Ethiopia is 0.09 percent.)[10]
- 84 percent of health care workers surveyed indicated survivors identified members of the Eritrean military as perpetrators
- 73 percent of health care workers surveyed indicated survivors identified members of the Ethiopian military as perpetrators
- 51 percent of health care workers surveyed indicated survivors identified members of the Amhara militias and Fano as perpetrators
- In 95 Percent of Cases in medical records, survivors identified perpetrators as being affiliated with armed groups

Amhara & Afar

- Temporal analysis of medical records in Amhara and Afar show incidents occurring from February 2021 through July 2024.
- **47 percent of health care workers surveyed in Amhara reported treating survivors who had experienced sexual violence committed by multiple perpetrators**
- **71 percent of health care workers surveyed in the Afar region had seen female patients who reported that they had experienced sexual humiliation. Within the medical records reviewed, 23 percent indicated cases of sexual humiliation and 11 percent indicated cases of forced nudity.**
- In Amhara, 79 percent of health care workers who were surveyed indicated survivors identified Tigray Forces as perpetrators; 35 percent indicated Ethiopian military and 24 percent indicated Amhara Special Forces.
- In Afar, 33 percent of health care workers who were surveyed indicated survivors identified Tigray Forces as perpetrators; 9.5 percent indicated Eritrean militias.
- 74 percent of surveyed health care workers in Amhara saw at least a few patients with unwanted pregnancy from CRSV (Likert scale: "All patients", 3 percent; "Most patients", 6 percent; "Some patients", 41 percent; "Few patients", 24 percent)
- 91 percent of surveyed health care workers in Afar saw at least a few patients with unwanted pregnancy from CRSV (Likert scale: "All patients", 0 percent; "Most patients", 14 percent; "Some patients", 29 percent; "Few patients", 48 percent)

Background

A woman from Berhale cooks food at the Ezana Berhale IDP site on March 25, 2022 in Afdera, Ethiopia. Photo: J. Countess/Getty Images

Since the start of hostilities in the Tigray region of Ethiopia in November 2020, the conflict in Ethiopia has caused widespread destruction, instability, displacement, and violence. In recent years, sexual violence and destruction of health facilities have spread beyond Tigray, including to Amhara, Afar, and Oromia regions. The impacts have been immense; it is estimated that over 600,000 people have been killed, approximately 4.5 million have been internally displaced, 15.8 million people need food assistance, and more than 100,000 women in the Tigray region alone are estimated to have experienced sexual violence between November 2020 and November 2022.[11] Amid these circumstances, the Organization for Justice and Accountability in the Horn of Africa (OJAH) and Physicians for Human Rights (PHR) documented[12] sexual and reproductive violence[13], as well as attacks on the health system, and how these human rights violations have impacted survivors' ability to access care and services, underscoring the need to support efforts for accountability, justice, and reparations.

Conflict in Tigray – November 2020 to the November 2022 Cessation of Hostilities Agreement (CoHA) and Beyond

In November 2020, following escalating tensions between the Ethiopian federal government and the Tigray regional government, led by the Tigray People's Liberation Front (TPLF), Prime Minister Abiy Ahmed initiated a military offensive in the Tigray region.[14] Almost immediately, Eritrean forces, with their own record of human rights violations within their own territory, entered Tigray in support of the Ethiopian federal government.[15] Reports of human rights violations, including massacres of Tigrayan civilians emerged shortly after the start of the conflict.[16] From November 2020 until June 2021, fighting remained largely contained to the Tigray region.[17] The violence caused a large flow of refugees from the region into eastern Sudan.[18] During this period, war crimes and crimes against humanity, including conflict-related sexual violence were perpetrated by all sides of the conflict.[19] However, numerous independent reports confirm that the Ethiopian federal government, including the Ethiopian National Defense Forces (ENDF), and its allies, including the Eritrean Defense Forces (EDF), the Amhara Special Forces (ASF), and Amhara Fano militias, perpetrated most of the violence.[20]

In 2021 when the TPLF and other Tigrayan forces recaptured areas of Tigray from federal control and advanced into other regions of Ethiopia,[21] the TPLF perpetrated violations, including conflict-related sexual violence in Afar and Amhara regions.[22] Meanwhile, the ASF maintained its occupation of western Tigray, where it continued to perpetrate conflict-related sexual violence against Tigrayans. Further, federal forces imposed a blockade around Tigray, impeding access to critical humanitarian aid, including resources required to treat sexual violence survivors.[23] With increased diplomatic efforts to end the conflict, reports of violence in Tigray decreased from January 2022 through May 2022.[24] However, sexual and reproductive violence still occurred, and the ongoing blockade by federal forces created further obstacles to survivors in reporting attacks and seeking treatment.[25]

The conflict caused the near total collapse of the health care system in Tigray. Between 70 and 90 percent of health infrastructure was looted, damaged, or destroyed.[26] Outside of the regional capital, Mekelle, fewer than 10 percent of health centers were fully operational as of early 2021.[27] The widespread destruction of health care facilities contributed to the difficulties survivors faced in seeking treatment after experiencing conflict-related sexual violence, with 90 percent of survivors not receiving medical care.[28]

On November 2, 2022, the Government of Ethiopia and the TPLF signed a CoHA meant to bring an end to the conflict and provide a pathway toward peace, including a transitional justice process.[29] However, ongoing conflict-related sexual violence and other human rights violations have been documented after the signing of the CoHA,[30] particularly in areas of Tigray that remain under occupation by Eritrean and Amhara forces.[31] While survivors' access to medical and psychological care has improved somewhat since the CoHA, stigma and shortages of medical resources, as well as humanitarian supplies, continue to pose barriers for survivors of conflict-related sexual violence coping with long-term health impacts.[32]

As the conflict in Tigray escalated, the U.N. and the African Union both established independent investigative mechanisms to document atrocities and preserve evidence for future justice and accountability processes.[33] However, following pressure from the Ethiopian government to defer to national mechanisms including the transitional justice process outlined in the CoHA, both mechanisms were prematurely shuttered.[34] Neither mechanism was ever granted access to Ethiopia. The Commission of Inquiry on the Situation in The Tigray region of the Federal Democratic Republic of Ethiopia established by the African Commission on Human and Peoples' Rights was terminated prior to the publication of a single report of its findings and recommendations.[35] Similarly, the Joint Investigation Team made up of representatives from the Ethiopian Human Rights Commission (EHRC) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) faced harassment, intimidation, and government-imposed restrictions, including limits on communication tools and travel security clearances, severely hindering its work.[36] The U.N. Human Rights Council member states failed to renew the mandate of the International Commission of Human Rights Experts on Ethiopia (ICHREE), despite the Commission's finding of evidence of ongoing violations and "a high risk of further atrocity crimes in the country."[37] ICHREE determined that Ethiopia's transitional justice process is "a deeply flawed process, which fails to meet African Union and international standards," and noted that "failure to address past crimes increases the risk of further atrocity crimes."[38] Experts have noted that the transitional justice process lacks a survivor-centered approach, the meaningful engagement of affected communities, and processes to hold all perpetrator groups accountable.[39]

Shifting Tensions: Violence and Surge of Conflict in other Regions of Ethiopia

Amhara

Although fighting subsided in Tigray following the agreement between the TPLF and the Ethiopian federal government, violence did continue in Tigray and has since flared in other regions of Ethiopia, including in the Amhara and Afar regions.[40] In April 2023, the Ethiopian federal government announced that all regional special forces must integrate into the national military, an action largely perceived as a consolidation of federal power at the expense of regional autonomy.[41] The announcement triggered a wave of violent protests around the country, particularly in Amhara, where existing sentiments of marginalization were already strong.[42]

Beginning in August 2023, fighting escalated between Amhara Fano militias and the Ethiopian federal government in Amhara region, despite these forces having been recently allied in Tigray.[43] Amhara forces rejected Prime Minister Abiy's order to integrate, believing that it would leave them vulnerable to attack from Tigray and Oromia, and many members of the Amhara Special Force (ASF) joined Fano militias instead.[44]

Between August 2023 and January 2024, the Ethiopian government reportedly carried out a series of massacres against Amhara civilians and attacked civilian infrastructure and health facilities, as well as health care workers, in the region.[45] On January 29, 2024, Ethiopian federal government forces are reported to have massacred at least 50 Amhara civilians in the town of Merawi, going door-to-door slaughtering dozens of civilians for allegedly supporting Fano.[46] Since the beginning of 2024 fighting in Amhara between government forces and the Fano militias has continued to escalate, with reports of attacks against health care, drone strikes, extrajudicial killings and mass detentions.[47]

Afar

In late 2021 and beginning of 2022, the conflict in Tigray began to spill over into the Afar region. TPLF forces were reported to have occupied northern parts of the Afar region, engaging in artillery strikes, killing civilians, and causing the displacement of over 300,000 people.[48] The Tigray forces claimed that this was a response to incursions by Afar forces and Eritrean-supported militias into Tigray as part of the wider conflict.[49] However, violence committed in Afar, as well as the Amhara region, by the TPLF was also linked to revenge with numerous reports of conflict-related sexual violence committed by Tigrayan forces demanding food and drink from families in Afar and Amhara.[50] The escalation of conflict in Afar leading to displacement has sparked a humanitarian crisis due to limited access to health care and growing concerns related to famine and displacement.[51]

In the over 18 months since the Human Rights Council allowed ICHREE's mandate to lapse, accounts from across Ethiopia indicate that survivors of conflict-related sexual and reproductive violence have continued to face barriers in accessing care, accountability, and justice. The ongoing conflict, violence, reports of escalating tension between Ethiopia and Eritrea, and the tenuous peace in the Tigray, Amhara, and Afar regions continue to raise concern about enduring instability and conflict in Ethiopia, particularly while impunity for human rights violations in all regions persists.[52]

Methodology

OJAH and PHR sought to rigorously document conflict-related sexual and reproductive violence committed in Ethiopia since the start of hostilities in Tigray from November 2020 to August 2024, and the impact of the conflict on the health system in Ethiopia and its ability to provide care and treatment to survivors of sexual and reproductive violence. OJAH and PHR used a mixed-methods approach, combining quantitative and qualitative data sources, including 602 surveys of health care workers who had provided care to survivors of sexual and reproductive violence presenting at health facilities, a review of 515 patient medical records, and 40 key-informant interviews and four focus group discussions with health care workers, humanitarian actors, and community leaders supporting survivors. This mixed-methods approach allowed for triangulation of data around important themes related to sexual and reproductive violence perpetration experienced by survivors of sexual violence who reported these violations at health care facilities and attacks against health care. The project was reviewed and received ethical approval from three separate institutional review boards.

Data were collected by a multidisciplinary research team based in Ethiopia and the United States between July and October 2024.

Data collectors were selected based on criteria related to their prior experience with quantitative and qualitative data collection; familiarity with local health care settings and experience working with survivors of sexual violence; fluency in the relevant languages, including Amharic, Tigrigna, Afaan Oromo, and English; as well as availability. All data collectors participated in a three-day hybrid training where they were introduced to the research objectives, data collection tools, informed consent process, data collection protocols, including security considerations, and how to access mental health and psychosocial support in place for research participants and data collectors. Following the training, all data collectors passed an evaluation confirming mastery of the study protocol before collecting data.

During data collection, data collectors engaged in regular group and one-on-one debrief sessions with the research supervisors to ensure adherence to study protocols, refine study tools, and to ensure that they were receiving appropriate support and feedback during the data collection.

Data collection tools and participant sampling varied by data source, as outlined below. However, all participants were engaged in an informed consent process prior to data collection. Participants completed written informed consent derived from the Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence, also known as the Murad Code.[53]

Survey of Health Care Workers

A survey tool, designed by the research team, was administered to selected health care workers. The survey (See Appendix 1) asked questions about sexual and reproductive violence observed within their patient population, their experiences treating survivors of sexual and reproductive violence who presented for care at their clinics, the impact of the conflict in Ethiopia on their ability to provide care for survivors, and the impact of conflict on the health system and health care workers.

Participants also completed the Professional Quality of Life (ProQoL) scale[54] to assess the health care worker's current mental health status. All survey data were collected using a secure form on Open Data Kit (ODK).[55]

Health care workers working in a health care setting in Ethiopia including doctors, nurses, midwives, medics, hospital/health center administrators, and community health workers among others were eligible for inclusion in this study. Study participants included professionals working in hospitals, health centers, mobile emergency clinics, refugee camps, safehouses, and one-stop centers after November 2020 in various locations in Ethiopia.

Participants were selected through a multistage sampling procedure drawing from 40 functional health facilities that treat survivors of conflict-related sexual violence in the three conflict-affected regions, two from Afar, four from Amhara, and 34 from Tigray. Due to security considerations, certain identifying information has been kept confidential, including details regarding the names of facilities, their exact locations, number of facilities, and types of facilities that were included in the sample. Due to ongoing occupation, blockade, and safety concerns, health facilities in Western Tigray and some areas of Amhara were inaccessible and thus excluded from the study. The calculated sample size was proportionally distributed across the remaining accessible facilities, based on the number of health professionals at each site. Individual participants were purposively enrolled from each facility, based on professional duties.

Methodology

continued

Medical Record Review

To understand the scope, characteristics, and trends of conflict-related sexual violence in Ethiopia, we conducted a retrospective analysis of a sample of deidentified medical records[56] from Ethiopian health facilities. Ethiopian health facilities were purposively sampled based on their likelihood of handling CRSV cases, given their experience and service offerings, from November 2020 through July 2024. Due to security considerations, certain identifying information has been kept confidential in this report, including details regarding the names of facilities where the medical records were sampled, their exact locations, and the number of records sampled from each facility. The systematic medical record review (See Appendix 2) aimed to document survivor and perpetrator demographics, patterns of sexual violence, and the associated medical and psychological consequences on survivors.

Clinicians from the selected health facilities provided deidentified medical records and forensic medical certificates to the study staff based on the following inclusion criteria: (a) able to be deidentified (including both patient and clinician information), b) collected from the period of November 2020 to July 2024, (c) collected by professionals from Ethiopian health facilities who consented to share them.

A stratified random sampling approach was utilized to determine the medical records for review, dividing the total records meeting criteria for inclusion by the sampling frame and stratifying by age (over/under 18) and gender. Patient registers tracking service utilization were reviewed to establish the total number of cases, guiding sampling procedures. Records were randomly selected from each stratum monthly to ensure temporal representation, as well as to capture diversity across age groups and genders, including non-female survivors.

All extracted information was systematically entered into a secure database using ODK software to ensure data integrity and confidentiality.

Semi-Structured Interviews and Focus-Group Discussions

Focus group discussions and semi-structured interviews were conducted with health care workers, humanitarian workers, and community leaders in Ethiopia, Kenya, and Sudan to provide a qualitative assessment of the nature, patterns, perpetrators, and magnitude of conflict-related sexual violence; and the impact of conflict on the ability of survivors to access health care.

Participants were included if they were: (a) health care workers of any discipline, a community leader or humanitarian aid worker; (b) were 18 years old and above; and (c) had experience working with a population from Ethiopia impacted by conflict after November 2020. A demographic form to capture basic information about the interview participants was conducted using ODK prior to beginning the interview. Purposive sampling of participants was used to ensure representation of different health facilities, professional backgrounds, and experiences among participants.

The semi-structured interview guide (See Appendix 3) included questions on respondent's experience treating survivors including the kind of care required by survivors, the patterns of perpetration of sexual violence observed, identification of perpetrators, and the physical and mental health status of patients; particular patterns of perpetration and patient needs for child and adolescent survivors, and questions aimed at assessing challenges in addressing trauma and care including attacks against health care and the impact of attacks against health care on providing care, challenges in providing care and documenting and reporting cases of sexual violence, vicarious trauma, any changes health care providers had seen since the CoHA, and participants' opinions on justice, accountability, and remedies or reparations.

Interviews were conducted in Tigrigna, Amharic, Oromo, or English by data collectors fluent in that language. All interviews were recorded, transcribed in the original language the interview was conducted in, and translated into English. All translations were then verified by a member of the research team fluent in both English and the original interview language to ensure accuracy of the translation.

Data Analysis

All data were deidentified and stored securely in access-restricted folders on Box. A research team made up of medical, public health, human rights and legal professionals from Ethiopia, the United States, and Syria conducted data analysis collaboratively.

Qualitative Analysis

Four focus group discussions and 40 semi-structured interviews were conducted. Data from the semi-structured interviews and focus group discussions were reviewed and analyzed using Dedoose, a qualitative data management and analysis software.[57] All interviews were coded independently by at least two researchers using a coding dictionary to provide a consistent way to organize the content within the transcripts for review and analysis. The coding dictionary was based on the research objectives as well as emergent themes from the data review. The coding dictionary was flexible and iterative to allow for more codes to be added as new findings emerged. All changes to the coding dictionary were discussed and implemented across coders. The data analysis comprised a three-step process.

First, open coding categorized data within and across interviews into common areas of interest. Second, data were compiled into theme tables to capture key themes that emerged from the data. Finally, summaries were created to describe and integrate the key elements within each theme. The analysis process was an iterative and collaborative effort, integrating all team members from diverse and broad areas of expertise through regular data debrief meetings to discuss emergent themes.

Quantitative Analysis

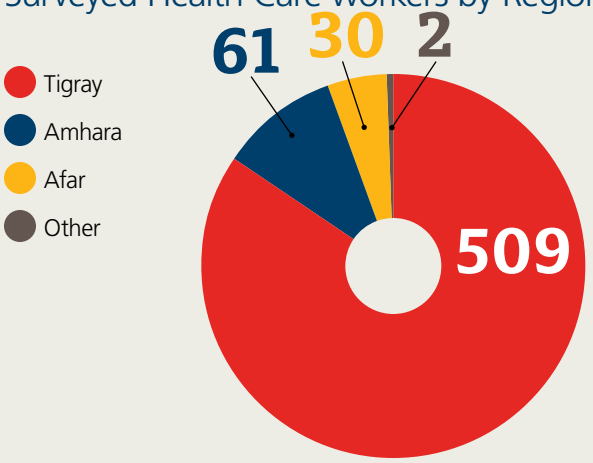
Data from the health care workers survey, ProQol and systematic medical record review were cleaned by a multidisciplinary team using agreed upon parameters.

Quantitative data from the systematic medical record review and surveys were analyzed using descriptive statistics to summarize survivor and reported perpetrator characteristics, incident features, and injury characteristics.

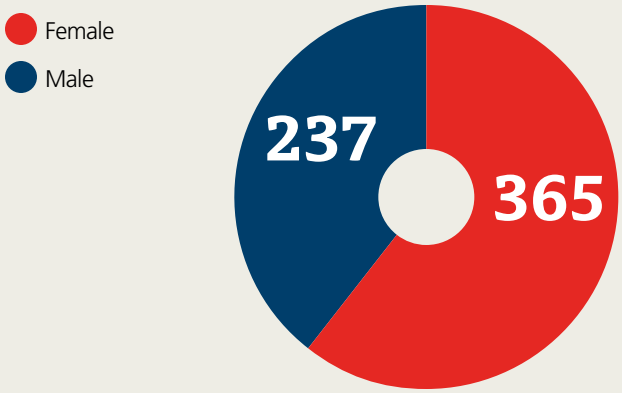
Maiani General Hospital in Shiraro on October 12, 2024.
Photo: Michele Spatari/AFP/Getty Images

Respondent Demographics

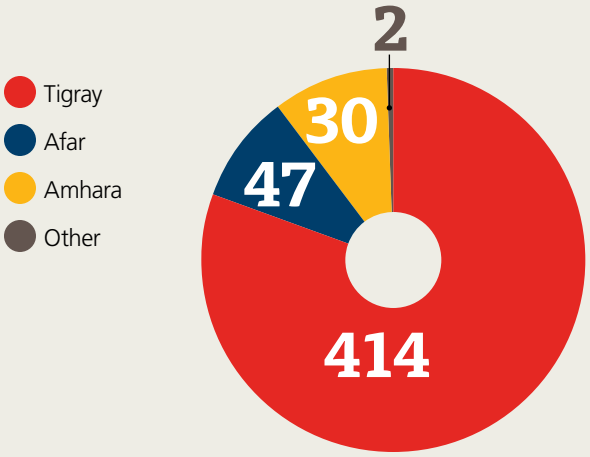
Surveyed Health Care workers by Region



Gender of Surveyed Health Care Workers



Reviewed Medical Records by Region



Interviewed Health Care Workers by Region

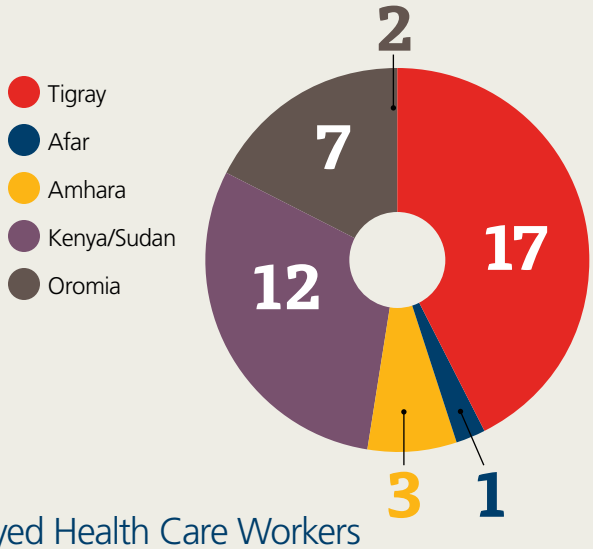


Table 1: Demographic Characteristics of Surveyed Health Care Workers

Demographics	Total	Tigray	Afar	Amhara	Others
No. of Surveys N (%)	602 (100)	509 (84.6)	30 (5)	61 (10.1)	2 (0.4)
Age, y, Median (IQR)[58]	32 (28 – 40)	32 (29 – 41.5)	31 (27 – 39.25)	29 (27 – 32)	29 (26 – _)
Male N (%)	237 (39.4)	172 (33.8)	19 (63.3)	45 (73.8)	1 (50)
Female N (%)	365 (60.6)	337 (66.2)	11 (36.7)	16 (26.2)	1 (50)

Respondents Professional Background	Total	Tigray	Afar	Amhara	Others
Community Health Worker	15 (2.5)	8 (1.6)	4 (13.3)	3 (4.9)	0 (0)
Public Health/Health Officers	69 (11.5)	59 (11.6)	5 (16.7)	4 (6.6)	1 (50)
Paramedics	16 (2.7)	13 (2.6)	2 (6.7)	1 (1.6)	0 (0)
Nurses	223 (37)	187 (36.7)	8 (26.7)	27 (44.3)	1 (50)
Midwives	182 (30.2)	162 (31.8)	7 (23.3)	13 (21.3)	0 (0)
Physicians	36 (6)	34 (6.7)	0 (0)	2 (3.3)	0 (0)
Mental Health Care Workers	22 (3.7)	18 (3.5)	1 (3.3)	3 (4.9)	0 (0)
Case Manager/Social Workers	10 (1.7)	9 (1.8)	1 (3.3)	0 (0)	0 (0)
Administrative and Support Staff	6 (1)	4 (0.8)	2 (6.7)	0 (0)	0 (0)
Other	23 (3.8)	15 (2.9)	0 (0)	8 (13.1)	0 (0)

Table 2: Demographic Characteristics of Patients Included in the Reviewed Medical Records

Demographics	Total	Tigray	Afar	Amhara	Others
No. of Surveys N (%)	515 (100)	414 (80.7)	47 (9.2)	50 (9.7)	2 (0.4)

Victim/Survivor Characteristics	Total	Tigray	Afar	Amhara	Others
Age, y, median (IQR)	26 (17-37)	28 (17-38)	25 (19-30)	19 (15-28)	25.5 (24-_)
Male, n (%)	10 (1.9)	8 (1.9)	0 (0)	1 (2)	1 (50)
Female, n (%)	502 (97.67)	406 (98.1)	45 (95.7)	48 (98)	1 (50)
N/A or missing value	3	-	2	1	-
Marital status, n (%)					
Single	221 (43)	186 (45)	4 (8.5)	29 (58)	2 (50)
Married	165 (32.1)	153 (37)	7 (14.9)	5 (10)	0 (0)
Partnered but not married	2 (0.4)	2 (0.5)	0 (0)	0 (0)	0 (0)
Widowed	22 (4.3)	18 (4.4)	1 (2.1)	3 (6)	0 (0)
Divorced	49 (9.5)	46 (11.1)	0 (0)	2 (4)	1 (25)
NA	55 (10.7)	8 (1.9)	35 (74.5)	11 (22)	1 (25)

Table 3: Demographic Characteristics of Interviewed Health Care Workers

Demographics	Total	Afar	Amhara	Kenya/Sudan	Oromia	Tigray
# of Interviews N (%)	40 (100%)	1 (3%)	3 (8%)	12 (30%)	7 (18%)	17 (43%)
Age, y, Median (IQR)	32 (9)	28 (0)	28 (2)	37 (11)	31 (5)	30 (9.5)
Male N (%)	17 (43%)	0 (0%)	3 (100%)	5 (42%)	6 (86%)	2 (12%)
Female N (%)	23 (58%)	1 (100%)	0 (0%)	7 (58%)	1 (14%)	15 (88%)
Period of time working with people affected by the conflict in Ethiopia, y, Median (IQR)	4 years (1.5)	5 years (0)	4 years (2)	4 years (2)	3 years (3)	3 years (2)
Community Health Worker	3 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (18%)
Public Health/Health Officers	9 (22%)	1 (100%)	0 (0%)	3 (25%)	1 (14%)	4 (24%)
Paramedics	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nurses	13 (33%)	0 (0%)	3 (100%)	5 (42%)	3 (43%)	2 (12%)
Midwives	2 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (12%)
Physicians	5 (13%)	0 (0%)	0 (0%)	1 (8%)	3 (43%)	1 (6%)
Mental Health Care Professionals	2 (5%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	1 (6%)
Case Manager/Social Workers	3 (8%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	2 (12%)
Administrative and Support Staff	1 (3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (6%)
Other	2 (5%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	1 (6%)

Limitations

The findings presented in this research, collected in a methodologically rigorous way using a mixed-methods approach, show that health care workers treated patients who had experienced conflict-related sexual violence occurring in different regions of Ethiopia in widespread and systematic ways – with important implications for justice, accountability and reparations.

This research should be interpreted through the lens of a few key limitations. The primary objective of the study was not to count all recorded cases of conflict-related sexual violence or determine the overall prevalence of conflict-related sexual violence in Ethiopia – which is not feasible using this methodology. As a result, the cases reported here represent only a fraction of all cases of conflict-related sexual violence in study areas.

Furthermore, medical record reviews and interviews with clinicians who treated survivors who sought care at their clinics, the data used in this study inherently excludes those who did not survive violence or seek care at selected health facilities. Therefore, this study does not include data related to those who could not seek health care, have a medical record created to document their clinical visit, or interact with a health care professional who was surveyed or interviewed. There are likely variations in a survivor's likelihood of reporting or seeking health care based on a number of individual factors including severity of injuries, age, sex, logistics, economics, location, culture, ethnicity and more which limit our ability to capture a representative sample of survivors of conflict-related sexual violence using the methods selected.

While this data presents important insights into the patterns of conflict-related sexual violence seen within a sample of health care clinics in conflict-affected areas of Tigray, Amhara, and Afar regions of Ethiopia, and it offers important patterns for further inquiry, it does not have the ability to provide definitive determinations of the prevalence of conflict-related sexual violence perpetration patterns among all survivors in all regions of Ethiopia. The data presented here is also limited to the time period of investigation, November 2020 through October 2024, and is not able to capture violations before or after that period. Data from the Tigray region are overrepresented in this analysis due to sampling limitations. Security and ethical challenges restricted access to some populations and regions. Additionally, geographic and temporal constraints limited the scope of data collection to specific regions and periods, potentially missing changes in conflict dynamics over time or in under-sampled areas.

Ongoing security concerns and administrative hurdles limited access to many conflict-affected areas, particularly in Amhara and to a lesser extent Afar, resulting in underrepresentation of these regions in the data. Health facilities included in the sample were primarily operating within active conflict zones in Afar, Amhara, and Tigray, thus excluding individuals who experienced violence in these areas but sought treatment outside the zones, particularly displaced individuals. Across all regions sampled systemic barriers such as limited health care access and reporting mechanisms, as well as active conflict, likely contribute to underreporting in these areas.

Additionally, access to medical charts documenting injuries caused by suspected civilian perpetrators was restricted due to ongoing legal proceedings, with many medical certificates held by legal bodies or courts, potentially leading to underrepresentation of victims of civilian-perpetrated violence within this sample. Finally, some of the medical records reviewed in the health facilities were incomplete and missing information, limiting the depth of the analysis. Variability in the quality and completeness of medical records, coupled with self-reporting in surveys, may affect the consistency and reliability of findings.

Qualitative data is limited to the perspectives of health professionals surveyed and interviewed for this study. Health professionals interviewed as part of this study can recount their experiences treating survivors of conflict-related sexual and reproductive violence but are not able to directly share survivor experiences, as they were not typically present at the times when survivors had violent experiences. Study respondents were asked to recall patient histories and their experiences from events dating as far back as 2020, which means that recall bias is inherent in the data presented. However, professionals were able to review notes and other clinical materials at their disposal to refresh their memory. This study may not be able to capture all forms of sexual violence experienced by survivors in this conflict, as patients may not have divulged all information to health care workers.

For the semi-structured interviews and focus group discussions, our sample was small and not random. Therefore, there are limitations in terms of the generalizability of this data regarding the experiences of the many health care workers in Ethiopia.

Additionally, male and child survivors were underrepresented across all data sources, likely due to cultural stigma and reporting barriers related to sexual violence.

To mitigate these limitations, we implemented several strategies. Data collectors were rigorously trained on standardized protocols to minimize variability in data collection. The use of multiple data sources, medical records, health worker surveys, and interviews – allowed for triangulation, strengthening the reliability of findings. Additionally, a diverse team of researchers cross-checked translations and coding to ensure consistency and minimize interpretation bias. Despite these efforts, limitations in the data highlight the need for further research to address these gaps.

Findings

Overview

Conflict-related sexual violence has had devastating impacts across Ethiopia and has been a dominant feature of the violence perpetrated against civilians. This is reflected in data from medical records, health care provider surveys, and interviews with health care workers who care for survivors. In an interview, a health care worker illustrated the scale of devastation.

> "They have suffered all kinds of injuries, mostly women but there are also men. …We have experienced a lot of things that I have not seen in my lifetime. There have been all kinds of sexual assaults, injuries, psychological, economic, and physical injuries and nothing left during this war."
>
> A public health officer in Tigray

People across all regions of Ethiopia have experienced sexual violence; however, there are significant variations in the type of sexual violence, identity of perpetrators, and underlying motives between regions. This report focuses on the conflict-affected regions of Tigray, Amhara, and Afar. By looking at patterns of perpetration of conflict-related sexual violence that occurred in Tigray, coupled with an exploration of conflict-related sexual violence in the Amhara and Afar regions, this report shows the linkages among regional conflict, impunity for sexual violence crimes, failed atrocity prevention and the implications of these factors for understanding future patterns, and risks for sexual violence across Ethiopia.

Tigray

Overview of Survivor Characteristics

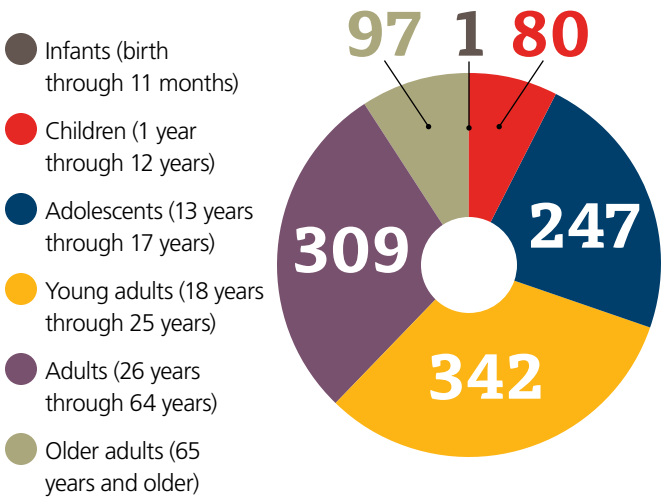
Sexual violence has profoundly impacted the Tigray region. Female survivors most frequently sought care and reported sexual violence at health facilities. Of surveyed health care workers in Tigray who had treated survivors of sexual or reproductive violence related to conflict, 99 percent (387) reported that they had treated female[59] patients, while 24.6 percent (96) reported treating male[60] patients. Medical records reinforced these findings; 98.1 percent (406) of the medical records reviewed documented cases of female survivors, with only eight cases of male survivors documented in the medical records reviewed.

In interviews, health care workers and community leaders also spoke about the broad impact of conflict on women.

> "There are teachers, there are health professionals, and there are wives of militia men, from the community itself. They have been beaten, beaten and raped. We know this because they tell us their secrets here. … women were attacked the most. It is women who have been harmed by arrest or faced physical violence. (.....) There are women here who have scars left on their bodies. There are those who have given birth unexpectedly. There are those who got pregnant unexpectedly. There was a woman whose husband [a former soldier] was not present during the war, the perpetrator, an Ethiopian soldier who knew her husband, came to her house and forced her into marriage and even had their picture taken together and hang it in her house. He got her pregnant during that time and gave her his address on where his unborn child could find him when he left. So, this is something that the war has brought."
>
> A coordinator for women's group in Tigray

Survivors of sexual violence in Tigray came from all age groups, though more adults were seen at health care facilities than children. The median age of patients in the medical records reviewed was 28 years old. Similarly, health care workers who were surveyed indicated that young adults between the ages of 18 and 25 were the largest percentage of cases they treated (88 percent, 342) (see Table 4 below).

Table 4: Estimated Ages of Patients Treated for Sexual Violence in Tigray at Health Facilities



Source: Health Care Worker Survey

Interviews with health care workers confirmed that they provided health care to survivors of conflict-related sexual violence from all age groups.

> "Based on my observations, the types of violence experienced by survivors of different ages are largely similar. Violence has affected individuals of all ages, from children to adults."
> A reproductive health coordinator in Tigray

How was Conflict-Related Sexual Violence Perpetrated?

Forms of Sexual Violence

In the Tigray region, common forms of conflict-related sexual violence seen in survivors presenting for health care included vaginal and anal penetration; multiple perpetrator rape; genital touching and touching and groping of other body parts; various forms of sexual humiliation; and physical violence including penetration with foreign objects. These same forms of sexual violence were identified consistently in the medical record reviews, health worker survey, and interviews with health care workers. (See Tables 5 and 6 below)

Health care workers also reported frequently seeing survivors who had experienced sexual violence that resulted in infection with HIV or other STIs.

Table 5: Five Most Common Forms of Sexual Violence Reported to Have Been Experienced by Patients in Tigray Who Presented for Health Care

Female Patients	N (387)	Percent of Respondents Surveyed
Vaginal penetration	355	92%
Multiple perpetrator rape	295	76%
Sexual violence resulting in infection with HIV or other STIs	281	73%
Touching, groping, or pulling of breasts and sex organs/pubic hair	237	61%
Anal penetration	229	59%

Male Patients	N (130)	Percent of Respondents Surveyed
Anal penetration	109	84%
Multiple perpetrator rape	58	45%
Touching, groping, or pulling of breasts and sex organs/pubic hair	53	41%
Sexual humiliation	49	38%
Sexual violence resulting in infection with HIV or other STIs	43	33%

Source: Health Care Worker Survey

Table 6: Five Most Common Forms of Sexual Violence Documented in Tigray

Sexual Violence	N (414)	Percent of medical records
Penetration of female genitalia with penis	400	97%
Ejaculation inside body orifice of patient	274	66%
Genital touching/contact	251	61%
Penetration of anus with penis	114	28%
Penetration of female genitalia with finger(s)	62	15%

Source: Medical Records

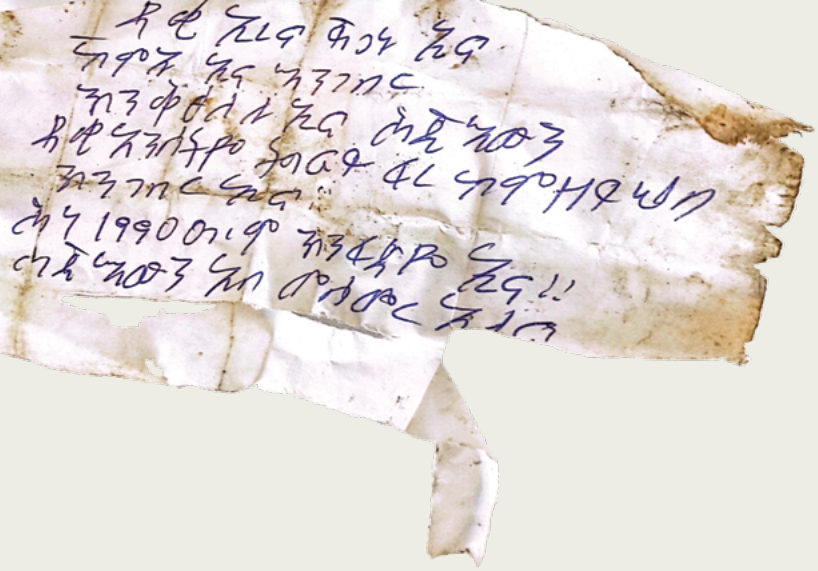


Image of a note removed from the uterus of an approximately 26-year-old survivor in Tigray. The nurse who recovered this note shared that "this is one of several notes that were recovered from survivors in Tigray."

The note, translated, reads "We the children of Eritrea are brave, this is what we do, and we will continue to do it. We will make sure that the women of Tigray will not be able to bear children. We will get vengeance for 1990!! We will continue to be on that path."

The health care workers who had treated the survivor shared the following account: The survivor was seven days postpartum after having twins on November 27th, 2020. She was in a town in the Eastern zone of Tigray when she experienced brutal conflict-related sexual and reproductive violence. Her Medical Records indicate that she was raped by seven perpetrators over a period of four days. She identified the perpetrators as Eritrean soldiers based on their uniforms and the language they spoke.

She sought care repeatedly following the violence at nearby health facilities and pharmacies and was finally referred to a One Stop center for treatment in February 2023. Upon being admitted, she received multiple rounds of antibiotics for her persistent abdominal pain and foul-smelling vaginal discharge, but her condition did not improve. A nurse in charge of her care suggested a visual inspection of her vaginal tract by a doctor, because she was not improving.

When the doctor used a speculum to examine the survivor, they noted that there was copious and offensive fluid being discharged from her cervix with visible foreign bodies poking out. The health professionals conducted a complicated surgical procedure to remove multiple foreign objects from the woman's uterus. They removed eight metallic screws, rubble, dirt, and a note (shown in the image) which was covered in two layers of plastic as if to protect the contents of the note and to make sure whoever found it was able to read the message. A metallic nail cutter was also found later in a follow up abdominal X-ray and removed from the survivor.

The survivor's husband was killed during the conflict and she is currently displaced from her hometown because it is occupied by Eritrean Defense Forces.
Source: The Organization for Justice and Accountability in the Horn of Africa

In Tigray, female survivors often described to health care workers that they had experienced rape from vaginal penetration.

> "When we look at the types, most …experienced what we call vaginal penetration."
> A gender-based violence (GBV) officer in Tigray

Consistent with the experiences shared in interviews, 97 percent (400) of medical records included instances of penetration of female genitalia with penis and 92 percent (355) of health care workers surveyed reported that they had seen female patients who had experienced vaginal penetration.

However, health care workers also treated male and female patients who had experienced rape from both anal and oral penetration. While penetration of anus with penis was seen in 28 percent (114) of the medical records reviewed, it was the most common form of sexual violence that health care workers surveyed reported seeing in male patients, 84 percent (109). Among female patients, (59 percent, 229) of medical records documented instances of anal penetration. Health care workers told PHR and OJAH that patients shared that this form of sexual violence was experienced as particularly violating because it was not aligned with cultural practices and in some cases was perpetrated against children.

> "As you know, among boys it was anal. But in girls there is vaginal and there is also anal, that is the worst of all. Most of it is committed like this both usual and unusual form of sexual violence.... with uncommon sexual practice of the community [to] have sex orally or anally is a taboo. I …[had]… treated a five-year-old child survivor - the rapist couldn't perform sex per vagina[ly] and they[he] had oral sex."
> A nurse in Tigray

Other forms of sexual humiliation and mutilation were also linked to violating cultural taboos, such as sexual intercourse during menstruation, and committing sexual violence in public.

> "Gang rapes, including culturally prohibited practices, raping when they are bleeding, entering bad things like steel to their wombs, raping mothers in front of their families. Imagine how it is, it is very sad their children were killed and they were also raped. The damage to their bodies cannot be described."
> A midwife in Tigray

> "They did rape them in public or in in open space or leave them naked or urinate on them. What I am very angry about is that they raped them while teasing them."
> A case worker in Tigray

Interviews with health care workers and medical record reviews further confirmed that both male and female patients frequently reported experiencing touching and groping of their breasts and genital areas and other forms of sexual humiliation. 61 percent (251) of patient medical records included reports of genital touching or contact.

In addition to sexual humiliation, interviews with health care providers reported survivors who had foreign objects forcibly inserted into their vaginas.

"They inserted paper with written letters into the women's vagina, causing damage and I still have a photo of those letters. We have seen this in more than one client. The letters found in their vagina stated a plan for revenge for 1990 [Ethio-Eritrean War; 1990 refers to the Ethiopian calendar which is the year 1998 when converted to the Gregorian calendar], aiming to destroy the Tigrayan people. They threatened to eradicate the Tigrayan lineage, harm Tigrayan wives, and prevent Tigrayan mothers from giving birth. Many foreign objects, such as stones and more than 10 nails, were found in their uterus. [These objects stayed] inside the uterus for many days. They mentioned that all Eritrean military personnel were instructed to harm the uterus of Tigrayan women.
A nurse in Tigray

"Her womb was terribly filled by foreign bodies like plastic bags, nails, stones, and the Shabia [Eritrean] army left her disabled and threw her on the street."
A nurse in Tigray

Patterns of Multiple Perpetrators

Multiple perpetrator rape was a particularly brutal form of sexual violence that many survivors who presented for health care in Tigray had experienced. Among the surveyed health care workers, 91 percent (357) reported treating survivors of sexual violence committed by multiple perpetrators. This pattern was also reported by many health care workers interviewed for this study.

"While there have been isolated cases of rape by single perpetrators, many of our patients have reported being assaulted by multiple individuals. On average, women we have treated have been raped by between five and eight people, with some experiencing assaults by as many as 14 perpetrators."
A reproductive health coordinator in Tigray

Multiple perpetrator rape was not limited to adults who sought care. Health care workers also described treating children who experienced multiple perpetrator rape.

"Similarly, there was a 16-year-old girl in the area where the armed forces lived. They detained her on the way and locked her in a house for more than 20 days and 16 perpetrators raped her day and night by shift. When she was finally about to die and they took her out and threw her away."
A gender-based violence (GBV) officer in Tigray

The review of medical records showed a median number of three perpetrators per assault, however some records reported assaults with many more perpetrators. One medical record documented a rape involving 23 perpetrators. Health care workers and community leaders also spoke about the number of perpetrators survivors said were involved in assaults against them.

"There is a different cruelty they show to Tigrayans. When they see a woman, they say, 'Rape her, rape her' If they are more than ten, they rape them in groups of five. They don't care if she dies or goes out alive; They even brutally rape them via anal."
A women's group leader in Tigray

"Most of the time the women were raped by more than three persons they always do it in gangs of three, four, five, six and even seven men from FANO, Eritrean soldiers and other armed forces."
A community leader in Tigray

Forced Witnessing and Group Violence

In Tigray, survivors who sought health care services reported that they also experienced sexual violence in groups. Among the surveyed health care workers, 69 percent (271) had examined patients who experienced sexual violence in groups. Health care workers recounted many instances where patients disclosed being forced to witness violence against family members or raped at the same time as other family members.

"Due to the war, many of our sisters have encountered sexual violence. To the level of which their brothers were made to see them, their husbands were made to see them [being raped]. They were also made to witness others. There are women who witnessed this [rape] committed on other women. There are women, who were raped by the soldiers while their brother and husband are standing in front of them."
A psychologist in Tigray

"Let me share a story about a mother and her 13-year-old daughter. The mother pleaded with the Shabia soldiers to spare them both from rape. When her pleas were ignored, she begged them to leave her daughter alone, offering herself up for abuse. However, the soldiers refused and proceeded to rape both the mother and daughter."
A reproductive health coordinator in Tigray

Health care workers also shared patient accounts of being forced to endure rape by their own family members or being forced to engage in sexual contact with the bodies of their dead family members' after witnessing their killing.

"A mother was raped in front of her son, another one [woman], her father was forced to rape her. Will we heal or overcome this? I don't know."
A coordinator for a women's group in Tigray

"One woman described a horrific incident where her husband, son, and brother were killed. The perpetrators then forced her to have sex with her deceased husband's body, locking her in a room for two days."
A reproductive health coordinator in Tigray

Captivity and Conflict-Related Sexual Violence

Survivors who sought health care in Tigray reported experiencing sexual violence while in conditions of captivity with other survivors and victims.[61] In some cases, health care workers shared instances where girls under the age of 18 sought care after enduring sexual violence in captivity.

> "Some girls from the Bora area were fleeing their homes due to the war in the region. As they were escaping, they encountered numerous soldiers along the way. The soldiers separated the girls from each other and took them to a school that was being used as a military camp ..... According to the girls' accounts, some of them were held captive in the camp for around a week, during which time they were repeatedly sexually assaulted by the soldiers. Other girls were detained for over two weeks, experiencing the same pattern of sexual harassment and rape."
> A psychiatrist in Tigray

Being held in captivity sometimes resulted in forced pregnancy. Health care workers shared stories of patients who became pregnant while in captivity and observed patterns of physical and psychological violence associated with being held in captivity.

> "The attackers took her to their camp, where she was repeatedly raped, resulting in pregnancy. She eventually gave birth to her child in the camp and later sought help from our organization with a four-month-old baby. There are many other women who were similarly abducted, held captive, and raped in these camps, and some remain with their captors. These women have also reported being physically abused, including being bitten."
> A reproductive health coordinator in Tigray

> "The perpetrators were not motivated by sexual desire but rather by a desire to inflict pain and suffering. One particularly harrowing case involved a pregnant woman who was abducted by Amhara forces and raped repeatedly during her two-year captivity. She eventually gave birth to her child while still in captivity."
> A reproductive health coordinator in Tigray

> "She told us that she was traveling through the Gondar region when she was abducted and taken to Amhara. She mentioned that numerous women were being held captive in the Amhara region of Gondar, many of whom were pregnant. She managed to escape and leave them behind. Previously, many women were imprisoned in Addis Ababa and labeled as 'junta' supporters. There are reports of numerous individuals, including women with young children, being detained in Addis Ababa. One woman shared her experience of being imprisoned in Addis Ababa for an entire year."
> A reproductive health coordinator in Tigray

According to 74 percent (291) of health care workers surveyed, they provided care to survivors who reported experiencing sexual and reproductive violence more than once, either in conditions of captivity or slavery, or at multiple time points throughout the conflict.

> "I recall one survivor who was abducted and raped for five days by a group of individuals. Due to the lack of transportation, she was unable to reach our center immediately. Tragically, she was abducted and raped again before she could receive help."
> A psychiatrist in Tigray

Targeting of Children

Adults and child survivors in Tigray who sought health care had largely experienced the same forms of sexual violence, but the impact was different. Health care workers frequently noted examples where patients who were child and adult survivors experienced different forms of sexual violence at the same time, with health care workers noting the extreme psychological consequences this could have on children.

> "There was a survivor [a] 1-month-postpartum mother; she was on her bed with her daughter sleeping next to her. Her grandmother was also there to support her during the maternity. Then the perpetrators came to her home, killed her grandmother and raped her in front of her kid and the body of the grandmother. After that, the mother had almost lost her mind. She is so traumatized that she does not want to be treated or receive any kind of psychosocial support by a man."
> A reproductive health coordinator in Tigray

Health care workers noted that the impact of sexual violence on children was different among the patients they saw at their health facilities, particularly because they may not have a full understanding of what sexual violence is or the consequences. This impeded children's growth and social development, among the survivors that health care workers treated.

> "Most of them don't know what rape is. They do not know what the consequence is. There are signs of exclusion from others by themselves [e.g. excluding themselves]. They are not interested in doing anything, an activity that a girl of her age should do, but those who have experienced that [sexual violence] have apathy, not to mix with their peers, they think, 'I'm like this [rape survivor], so I'll be known if I mix'. If anyone laughs, they think it's about them. They become extremely sensitive, and quick to be emotional. Consequently, their caregiver faces another burden of taking care of them, again. Suicidal thought is very high, particularly when they are underage. It has a lot of psychological impact on these under 18 victims."
> A nurse in Tigray

Physical Violence and Use of Force

Sexual violence was often accompanied by other forms of torture and cruel, inhuman, or degrading treatment.

In interviews health care workers described providing care to survivors who had experienced sexual violence as well as beatings and forced tattooing.

> "When we physically assess them, in addition to the brutal rape some of them were stabbed, some were beaten with sticks, some had their faces stung, and some had hearing loss due to the beatings."
> A midwife in Tigray

> "The first thing that the perpetrators do is beating the victims. …beating with what they can access, beat them by back of their gun. Afterwards, the victims can't stand then they rape them. Next, they hit them by using stones and leave them. When they tell you such stories, it is difficult to hear."
> A psychiatrist in Tigray

> "The cruelty inflicted by the Amhara forces is truly shocking. In addition to the sexual violence, they forced many women to get tattoos that read 'Amhara.'"
> A reproductive health coordinator in Tigray

Many health care workers also shared stories of patients who had witnessed the shooting or killing of family members before, during, or after sexual violence.

> "It was heartbreaking to hear them describe being shot and raped while bleeding. One mother shared a heartbreaking story with me. She had a five-year-old child on her back and the attackers ordered her to let her [child] go. When she refused, they shot her daughter twice and then shot her. The mother was raped while bleeding, and when she regained consciousness two days later, she discovered that her daughter's flesh had been torn like a rubber object. They sought refuge in a cave, where they were joined by others fleeing the violence. Tragically, her daughter's body remained with her in the cave for two days before they were able to bury her."
> A reproductive health coordinator in Tigray

Ethnic Targeting

Survivors in Tigray who sought health care told health care workers that they were targeted specifically because of their ethnic identity as Tigrayan.[62] Health care workers consistently reported that survivors they treated experienced violence because of their ethnicity.

> "Almost all of the victims seeking treatment are Tigrayans who speak the Tigrigna language."
> A psychiatrist in Tigray

> "One of the things I noticed was an identity-focused abuse. … they were attacked because they were Tigrayans. From what we heard from their mouths, when we interviewed them and asked them how the attacks happened, they tell you that most of the attacks were based on identity. 'We have been attacked because we are Tigrayans,' she said. And most of them are attacked by two…three…. four…, mostly, even up to 15 troops per attack."
> A case manager in Tigray

Consistent with this, 76 percent (296) of health care workers surveyed in the Tigray region reported observing higher rates of sexual violence among patients based on ethnic identity. The health care workers surveyed did not note differences in the rates of sexual violence among patients based on political or religious affiliations.

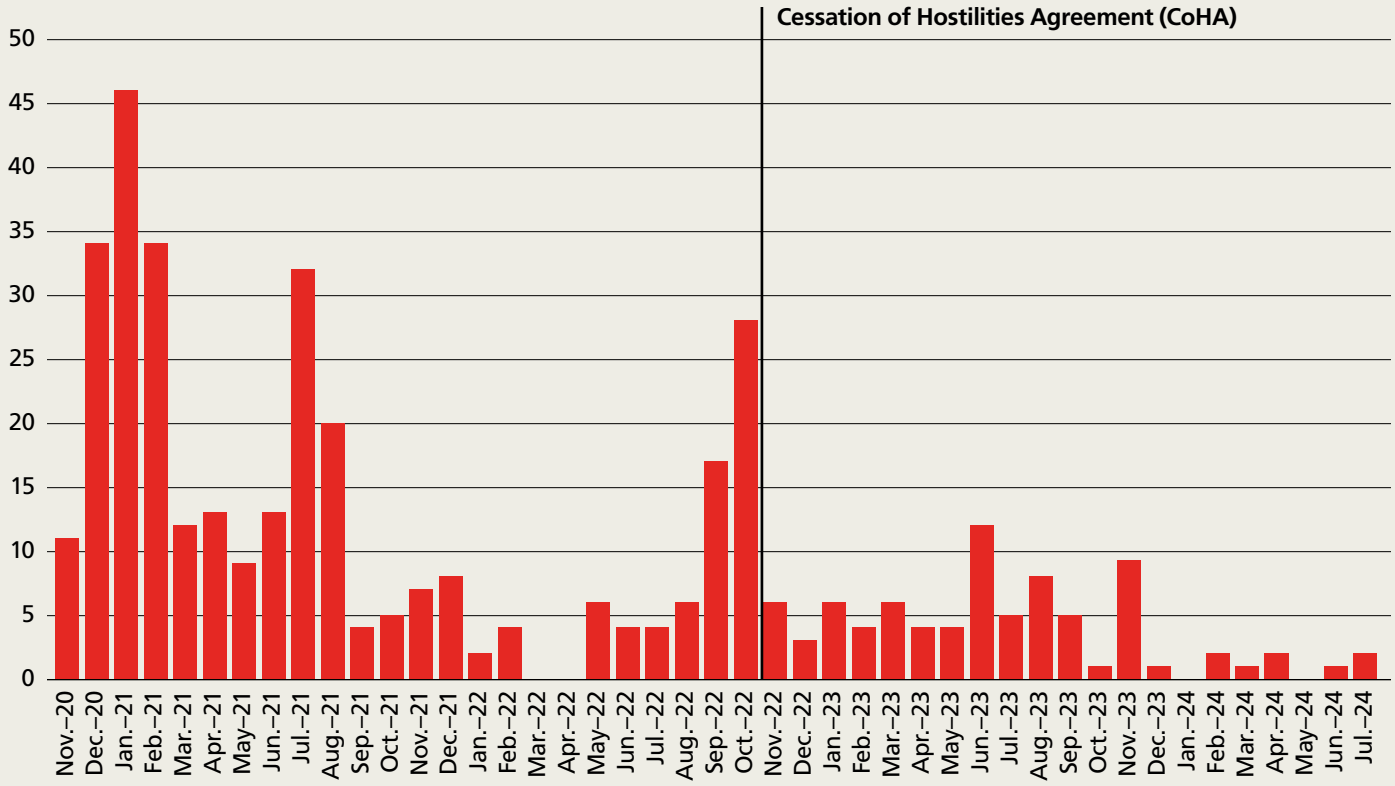
When did Conflict-Related Sexual Violence Occur?

Sexual violence occurred in Tigray from November 2020 until the signing of the CoHA in November 2023 and has continued after the CoHA. Most of the health care workers surveyed (80.8 percent, 316) reported that they have provided care to patients who had experienced conflict-related sexual and reproductive violence since the signing of the CoHA. However, 276 (70.6 percent) reported a decrease in the number of patients seen after CoHA was signed. Consistent with these findings, an analysis of the month and year of incidents of sexual violence for the medical records reviewed shows that while incidents of sexual violence are still reported, with 82 cases recorded from November 2022 onward, the number of cases of conflict-related sexual violence reported to the facilities surveyed has decreased since the end of 2022.[63] (Figure 1)

Of the medical records reviewed, the highest number of records were for incidents that occurred in 2021 (49.0 percent, 203), followed by 2022 (19.3 percent, 80), and 2023 (15.7 percent, 65). (see Table 7)

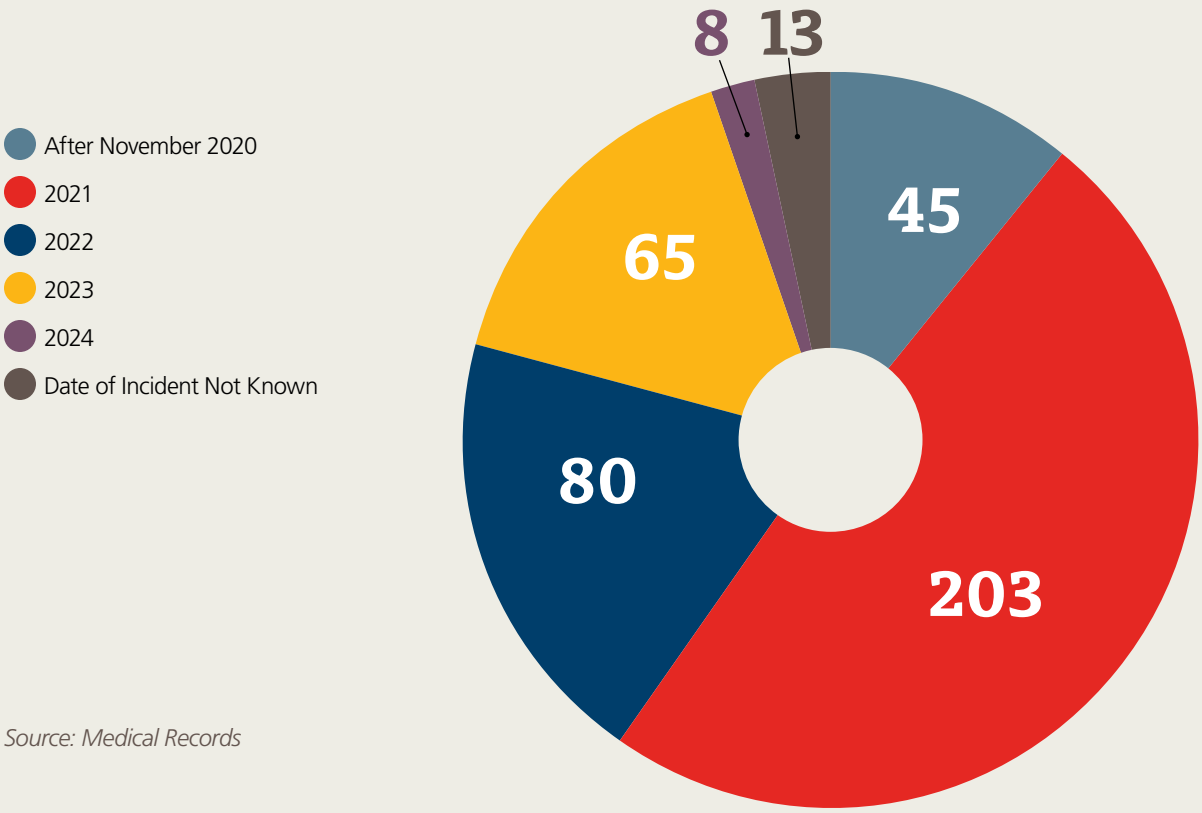
Reviews of medical records also showed that the majority of survivors sought care long after the initial sexual violence incident, with a median delay of 262 days (interquartile range: 90 to 670). Only 2.9 percent (11 survivors) presented for care within 72 hours of the incident.

Figure 1: Number of Cases of Sexual Violence Per Month in Tigray Region



Source: Medical Records

Table 7: Year of Sexual Violence Incident in Tigray



Source: Medical Records

Where did Conflict-Related Sexual Violence Occur?

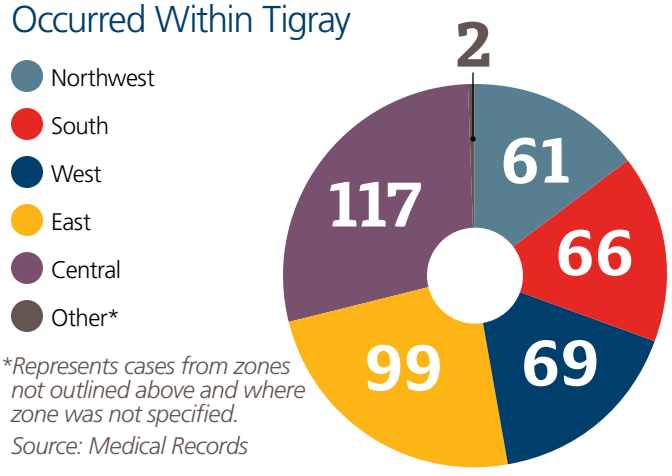
Health care workers noted in interviews that patients who presented for care shared that sexual violence occurred in multiple locations in Tigray, often indiscriminately. This included within survivors' homes, in public spaces, while survivors were in transit on roads, in displaced person camps, and in military camps.

> "Our patients from the Adwa and Aksum areas were taken out in the square, crowded places and raped in turns. Again in Hawzen areas, the victims were hiding their families outside of the residential areas to escape from killings and they got kidnapped and raped them on their way to take food. So, most of them were raped inside their homes and in front of their families. Those in the west and Humera and surrounding areas were raped on the roads."
> A public health officer in Tigray

> "They don't choose a place. They do it wherever they find them. They find you on the road and rape you on the road. Just as they have been shooting and throwing our male brothers and fathers into the river wherever they find them, they are raping us wherever they find us."
> A women's group leader in Tigray

> "It was everywhere (....) You can't say it's mostly what happens here in particular. It was different because it was on the road, in the house, in the desert, in the forest, in the tree just everywhere on the road. The attack was happening anywhere they didn't distinguish any place."
> A case worker in Tigray

Table 8: Zone Where Incident of Sexual Violence is Reported to have Occurred Within Tigray



**Represents cases from zones not outlined above and where zone was not specified.*

Source: Medical Records

Consistent with the accounts above, analysis of the cases within the medical records showed patients presented for care at health facilities for instances of sexual violence that occurred across Tigray. The highest number of cases were reported in the Central Zone, followed by the East Zone and then the West Zone. (see Table 8 below)

Who Perpetrated Conflict-Related Sexual Violence?

In Tigray, survivors reported to health care workers that perpetrators were most commonly affiliated with armed groups. Health care professionals reported providing care to survivors who identified multiple groups as the perpetrators of sexual violence. The top three armed groups identified by survivors who presented for care were the Eritrean military (84 percent, 328), Ethiopian military (73 percent, 287), and Amhara militias and Fano (51 percent , 198). (See Table 9 below)

Table 9: Armed Perpetrator Groups Identified By Survivors of Sexual and Reproductive Violence in Tigray

Armed Perpetrator Group	N (391)	Percent of Respondents Surveyed
Eritrean Military	328	84%
Ethiopian Military	287	73%
Amhara Militias/Fano	198	51%
Amhara Special Forces	165	42%
Eritrean Militias	159	41%
Ethiopian Federal Police	114	29%
Non-armed perpetrators (civilian)	35	9%
Gambela Special Forces	20	5%
Gumuz Special Forces	18	5%
Tigray Forces	17	4%
Sidama Special Forces	17	4%
Southern Nations, Nationalities, and Peoples' Region (SNNP) Special Forces	16	4%
Other perpetrators	9	2%

Source: Health Care Worker Survey

A medical record review corroborates this finding. In 95 percent (392) of the documented cases, survivors who sought care at health care facilities identified perpetrators as being affiliated with armed groups, while in only three percent (13) of the cases indicated perpetrators as civilians. In 98 percent (407) of the records, the survivor reported that the perpetrator was a stranger to the survivor.

Health care workers shared in interviews that survivors often identified perpetrators by the language they spoke and their uniforms.

> "They told us they speak Tigrigna; they told us they speak Oromo; they told us they speak Amharic. They tell you there were also unknown languages spoken and their language was not known to them. So, they said they distinguish them by their languages. They tell you that their uniform belongs to Abiy (ENDF), they tell you that their uniform belongs to Eritrea (EDF). So, they told us they differentiate by their language and uniform."
> A midwife in Tigray

Within the medical records, 61.4 percent (254) of perpetrators were mentioned by survivors as speaking Tigrigna, a language spoken in Tigray and Central Eritrea, and 47.6 percent (197) were indicated as speaking Amharic, a language spoken in Ethiopia.[64] (See Table 10 below)

Table 10: Language Reported to be Spoken by Perpetrators in Tigray

Language	N (459)	Percent of Respondents Surveyed
Tigrigna	254	61.4%
Amharic	197	47.6%
Other	2	0.5%

Source: Medical Records

Survivors experienced sexual violence perpetrated by multiple perpetrator groups who were often working closely together. Health care workers and community leaders provided descriptions of perpetrators, which were shared by survivors indicating the interconnections between the Eritrean military (also referred to as Shabia), ENDF and Amhara and Fano Militias.

> "What the victims said about who the perpetrators were is 'the enemy' referring to Ethiopian army, Amhara militia force, armed group of Fano, Eritrean soldiers."
> A community leader in Tigray

> "Generally speaking, everyone has raped them, and they point out that there were Amharas [forces] and there were Shabia soldiers and there are some who do it together."
> A case worker in Tigray

> "While the Ethiopian Defense Force is present in the region, it's important to note that many of its personnel are actually Shabia fighters or Fano militia members. This is particularly true in western Tigray, where Amhara militia and Fano forces dominate. In northwestern Tigray, Shabia forces continue to be a significant threat. The fact that these displaced women fled yet again indicates that those from western Tigray were likely subjected to additional rapes by Shabia forces."
> A reproductive health coordinator in Tigray

Survivors from the Tigray areas that border Amhara reported to health care workers that Amhara militias perpetrated sexual violence.

> "Again, the victims in the border areas know that the perpetrators are Amharas. They tell you exactly. Those who were on the border of Amhara tell you that they were raped by Amhara Fano. They are still coming. They also come through the Afar area and Mekoni. The women were raped at different places: home, on their way and others, it is mixed."
> A psychiatrist in Tigray

In Western Tigray, health care workers indicated that survivors who presented for care would often identify Eritrean perpetrators.

> "Those who came from western Tigray say they are Fano who were their neighbors before the war and those who came from the borders say Eritreans. The others also say ENDF and Prosperity Party. They were able to differentiate them using the language they were speaking. They weren't able to differentiate the ethnicity of other Ethiopians. The perpetrators were committing those abuses in numbers and together at the same time."
> A health officer in Tigray

> "If it was in the area where it was mostly said, Bora was the area that was affected the most. And I remember there were a lot of the Shabia (Eritrean) soldiers there and most of the rape was done by them."
> A case worker in Tigray

Why was Conflict-Related Sexual Violence Perpetrated? – Intent

Survivors in Tigray shared with health care workers when presenting for care that perpetrators often used language when committing sexual violence indicating their intent to destroy or control their reproduction, to kill them, and to destroy their ethnic group and community. (See Table 11 below)

Health care workers observed that perpetrators seemed to target survivors based on their ethnic background, as indicated by the incident history shared with them by survivors.

> "As I mentioned previously, the perpetrators often expressed hatred towards Tigrayans, stating their desire to eliminate us and erase our existence. The Shabia regime also echoed these sentiments, accusing us of disobeying their orders. The Amhara Fano echoed these sentiments, calling for the expulsion of all Tigrayans from their land and threatening our very survival. The survivors recounted that the violence they endured was rooted in their Tigrayan identity."
> A reproductive health coordinator in Tigray

The surveyed health care workers shared survivors had said perpetrators had used similar language, such as: "I will destroy your community from this world"; "Tigrayans have to be eradicated"; "Tigrayans have to be erased"; "We will erase you for the earth". Many survivors had also shared with health care workers surveyed perpetrators used dehumanizing language, including: "You are animals"; "You are beasts" and "You are devils."

In addition to targeting by ethnic group, many health care workers who were interviewed reported examples of survivors sharing stories where perpetrators used language which indicated a perceived intention to destroy female survivors' reproductive capacities.

> "Because their primary motive was committing genocide and humiliating Tigrayans they were using many types of sexual assault to make Tigrayans women infertile. After doing the usual sexual acts to satisfy their sexual desire they were putting foreign bodies into their bodies and verbally abusing them, saying you will never be able to give birth anymore, threatening to kill them, to which most of them were begging them to kill them."
> A health officer in Tigray

Table 11: Reported Language Used by Perpetrators Related to the Intent to Harm a Survivor Because of Their Personal Characteristics in Tigray

Language	N (391)	Percent of respondents surveyed
Intent to destroy their ability to reproduce/have children, including by causing mental harm	287	73%
Intent to infect with sexually transmitted infections (HIV or STI)	222	57%
Intent to kill them	214	55%
Intent to destroy their community	213	55%
Intent to destroy their ethnic group, including by preventing births of children of that group	191	49%
Intent to force pregnancy	186	48%
Intent to traumatize them/belittle them or violate their personal dignity	184	47%
Intent to make infertile	176	45%
Intent to seek vengeance/vindictive motives	160	41%
Intent to displace them or remove them from their land	129	33%
Intent to promote births within the perpetrators' own ethnic group	125	32%
Intent to force continuation of pregnancy	124	32%
Intent to force pregnancy termination	94	24%

Source: Health Care Worker Survey

"Even when these women pleaded with their attackers to use condoms during sexual assault, they were told, 'We are not doing this for pleasure. We are deliberately preventing you from having children, just like the junta fighting against us. We want to take revenge on you, you dirty people.'"
A reproductive health coordinator

Consistent with these accounts, 73 percent (287) of health care workers surveyed in Tigray reported that they had provided care to patients who shared that perpetrators had used language indicating intent to destroy their ability to have children, while 49 percent (191) said that patients shared that perpetrators had used language indicating intent to destroy their ethnic group, including through the prevention of births. Nearly half (48 percent, 186) of health care workers surveyed said that patients shared stories where perpetrators had used language indicating intent to force pregnancy. Health care workers surveyed shared that survivors had reported perpetrators using phrases, including: "Your uterus must be infertile"; "I will destroy your ability to reproduce"; "You will be destroyed" and "your uterus will be clean from giving birth to Tigrigna."

In other instances, survivor narratives, according to interviewed health care workers, indicated perpetrators' intent to cause pregnancy of non-Tigrayan children to "cleanse" the Tigrayan ethnicity.

"Another thing the perpetrators was saying 'we are doing this to turn you into Amharas, to cleanse your blood. If you get pregnant from us, you will give birth to an Amhara. Then you will become Amhara.'"
A public health officer in Tigray

"They got pregnant against their will, to the extent of saying 'you are our seed, you have to get pregnant for us' by force, 'but otherwise I will smoke you with this thing' threatening, this what we heard from their words, from their mouths. Many things have passed."
A coordinator for a women's group in Tigray

In one example, a health care provider shared a story of a survivor who had her contraceptive device forcibly removed prior to sexual violence.

"Let's share the story of one girl, her arm was broken and became paralyzed when the perpetrators tried to remove Norplant contraceptive method inserted in upper arm, and this was aimed to force pregnancy from the perpetrator. This was done by Eritrean force (Shabia), since they were openly speaking about this 'you will give birth from us, then Tigray ethnic will be wiped out eventually.'"
A psychologist in Tigray

Surveyed health care workers also reported that survivors described perpetrators using language suggesting their intention to cause pregnancy as a way to eliminate the Tigrayan ethnicity: "You should give birth from us only"; "to clean your bloodline of Tigrayan identity"; "to cleanse your blood"; and "We will clean your blood because your blood was dirty."

Health care workers interviewed said that patients disclosed being forced to continue with unwanted pregnancies resulting from sexual violence while in captivity.

"They raped and locked them up to give birth to Amharas so that they would not have Tigrayan children. There are three mothers in this camp who were raped and forced to give birth without knowing who it was from because there was no medicine and treatment."
A women's group leader in Tigray

A surveyed health care worker also shared that a survivor reported a perpetrator told them when committing sexual violence, "I want to forcefully make you pregnant." Another health care worker shared that a survivor said their perpetrator stated, "You have to give birth from us."

Survivors in Tigray also reported that perpetrators sought to intentionally infect them with STIs, including HIV. One health care worker reported that a patient shared that a perpetrator said to them while committing sexual violence, "I will make you an HIV/AIDs patient." This account was consistent with the experiences shared by other interviewed health care workers.

"They separated the HIV positive ones and brought them separately and then the ones who said they have HIV are not the ones who have it and then they asked 'Do you have it and do you not have it?' Most of them said yes even if they don't have. Most of them had nothing and knew nothing about HIV and then they gathered them all together they were told to be assigned to him and they brought their HIV carriers [soldiers] and raped them. This is deliberate and I want this to be reported."
A midwife in Tigray

A number of health care workers surveyed in Tigray (57 percent 222) reported providing care to patients who recounted stories of perpetrators using language suggesting the intentional infection with STIs including HIV.

Educational paintings adorning the walls of an abandoned school in Shewate Hegum village. Photo: Ed Ram/Getty Images

Survivors reported to health care workers that perpetrators also used language indicating that they were committing sexual violence under orders as part of the fighting.

> "In the Eritrean army, they were deliberately assigned to rape; They are assigned as 5th, 6th. I am telling you this from what those who come here tell us. First the so-called authority, that is, the officer, raped her first. Then they all take turns raping them. All must rape them; because they were given orders."
>
> A public health officer in Tigray

> "She is just an old woman, the type that would be like a mother scolding them for their actions. The perpetrators replied to her in Amharic that they were sent there to carry out this kind of errand. The perpetrators told the woman that the main purpose of their coming was to engage in such acts."
>
> A psychiatrist in Tigray

Impact of Sexual Violence

Overview of the Health Effects of Sexual Violence

Survivors who reported the sexual violence they had experienced and sought health care services faced a range of short- and long-term health effects and impacts.[65] This included physical injuries including reproductive organ injuries, and infectious complications such as HIV, hepatitis, and urinary tract infections, and psychological and behavioral impacts.

Health care workers surveyed in Tigray provided care to survivors who experienced numerous effects of sexual violence: 87 percent (340) of health care workers surveyed provided care to patients with infectious complications; 82 percent (321) cared for patients with psychological and behavioral effects; and 70 percent (274) provided care to patients who suffered reproductive system impacts. (see Table 12 below)

Table 12: Medical Effects of Exposure to Sexual Violence Reported by Health Care Workers in Tigray

Effects	N (391)	Percent of respondents surveyed
Infectious impact (e.g. viral infections, bacterial infections, parasitic diseases and fungal infections)	340	87.0%
Psychological and behavioral	321	82.1%
Reproductive system impact	274	70.1%
Anogenital and reproductive organ injuries	220	56.3%
Non-genital injuries	196	50.1%

Source: Health Care Worker Survey

Many health care workers spoke of complex injury patterns they saw in their patients where survivors experienced the co-occurrence of physical injuries, reproductive injuries, STIs, unwanted pregnancies, psychological impact, and stigma.

> "They have been subjected to all kinds of attacks including physical, psychological, and economic damage. All kinds of violence psychological, physical, and economic were apparent in a single individual. She wasn't just coming with [an] unwanted pregnancy rather she was also economically affected, with unwanted diseases like STIs and HIV. So, it is hard to say that she was subjected to one kind of assault – separate foreign objects entering their reproductive areas, beatings, economic harm, psychological harm, and insults that make you hate yourself and be ashamed and break you."
> Health officer in Tigray

Table 13: Physical Injuries Resulting from Sexual Violence in Tigray

Physical Injuries	N (414)	Percent of Cases
Any physical injury	223	53.9%
Injury type		
Genital injury	43	10.4%
Burn or scar (on genital area)	51	12.3%
Fistula	15	3.6%
Other physical injury	114	27.0%
Forced abortion	29	7.0%

Source: Medical Records

These findings were corroborated by interviews with health care workers, who described seeing patients with numerous physical injuries ranging from abrasions, bruises, lacerations, burns or scars, to permanent physical injuries such as paralysis and amputations.

"The victims faced a range of different forms of violence, not just physical harm. Some girls reported being thrown into cactus thorns, leaving them numb, and being hit with the butts/stocks of guns, resulting in pain. Others sustained fractures in their arms from physical attacks. In some cases, the physical violence was even more severe than the sexual violence."
A psychologist in Tigray

> "In another instance, a 17-year-old girl suffered paralysis as a result of sexual violence. She was restrained to a tree, her arms and legs stretched and tied, causing severe nerve damage. Despite undergoing treatment at [Redacted], she remains unable to walk, with one leg permanently paralyzed. These survivors endured prolonged and brutal assaults, lasting for hours. The physical trauma inflicted on these victims is extensive, as evidenced by the nerve damage sustained by the 17-year-old girl. Unfortunately, there are many others who have experienced similar ordeals."
> A reproductive health coordinator in Tigray

Health care workers observed that when survivors did not have severe physical injuries, they often elected not to seek medical care.

> "In most, they had a physical attack in addition to the rape. Especially those who were able to come early, their injury is severe and they can't even walk and you can also see a men's fluid at their thigh and on vaginal examination. Those who can hide their pain, if they were raped and the injury is bearable […] they didn't come."
> A case worker in Tigray

Table 14: Non-Genital Injuries Effect of Exposure to Sexual Violence Reported by Health Care Workers in Tigray

Effects	N (196)	Percent
Laceration (non-genital)	175	89.3%
Bruising (non-genital)	156	79.6%
Abrasion (non-genital)	142	72.4%
Bone fracture, joint dislocation, sprain	116	59.2%
Cut/cutting (non-genital)	84	42.9%
Burn	65	33.2%
Electrocution	8	4.1%

Source: Health Care Worker Survey

Injuries to Reproductive Organs

Survivors seen by health care workers suffered serious injuries to their reproductive organs, including fistulas resulting in urinary incontinence, trauma to the uterus (sometimes requiring hysterectomies), vaginal ulcers, vaginal bleeding, and infections leading to extreme vaginal discharge.

> "Some have experienced fistula as a result of sexual violence because a woman is raped by five, eight or ten people, not just one person. They would insert metals into their wombs. (…) 'We will not rape you here, but we will insert metal into your womb so that you cannot give birth,' they said. She was treated and survived. But she is suffering from serious health problems: fistula and uterine cancer."
> A women's group leader in Tigray

> "There are women who were raped through anal sexual rape, which is out of usual and as a consequence, we have women who can't control their feces and urine. Hence, they face much discrimination from their husband and family. They are facing emotional violence, and we have many women who had suffered from discrimination being told that 'you are the leftover of 'Shabia' (Eritrean soldiers), you are like this'."
> A psychologist in Tigray

Health care workers also saw patients with injuries to reproductive organs caused by the insertion of foreign materials.

> "There are many survivors with foreign material inserted into their vagina - not only sexual violence. This was done to stop the reproductive organ of the women's and to halt birth of Tigray ethnicity, to decrease the population, and their ultimate objective is to extinct the people of Tigray. They inserted metal, nails, and other materials. There are many women here whose uterus become nonfunctional."
> A community facilitator in Tigray

Consistent with the accounts above, health care workers surveyed reported treating survivors of sexual violence for anogenital injuries, including lacerations, tearing, bruising, fistula, burns, genital mutilation, and electrocution. (See Table 15 below) The medical records reviewed also included cases where genital injuries and fistula were reported. (See Table 13 on previous page)

Effects on Children

Health care workers described treating child and adolescent patients who had severe outcomes due to their age and body size.

> "Most of the children experienced a lot of things like failure to urinate, recurrent STI, and PID [pelvic inflammatory disease] during this period of life where they know almost nothing about the world. The child I told you about earlier was brought by someone who was living close to her after she started to smell bad and when I asked her, she told me that she had foul-smelling discharge and was sexually assaulted."
> A health officer in Tigray

> "Yes, we have observed reproductive health problems in children, including sexually transmitted infections, irregular menstruation, urinary incontinence, and uterine prolapse. These issues are particularly concerning as they affect young girls and can have long-term consequences for their health and well-being."
> A reproductive health coordinator in Tigray

Table 15: Anogenital Effects of Exposure to Sexual Violence Reported by Health Care Workers in Tigray

Physical Injuries	N (220)	Percent
Lacerations	170	77.3%
Tearing	169	76.8%
Bruising	167	75.9%
Fistula	112	50.9%
Burns	63	28.6%
Genital mutilation	29	13.2%
Electrocution	3	1.4%

Source: Health Care Worker Survey

Table 16: Frequency of Health Care Workers Observing Patients With Unwanted Pregnancy Resulting from Experiences of Sexual Violence in Tigray

Frequency	N (391)	Percent
All patients	13	3%
Most patients	157	40%
Some patients	83	21%
Few patients	100	26%
No patients	38	10%

Source: Health Care Worker Survey

Unwanted Pregnancy and Abortion

Survivors of sexual violence in Tigray experienced unwanted pregnancies resulting from sexual violence. Among health care workers surveyed, 90 percent reported seeing at least a few patients with unwanted pregnancies resulting from sexual violence, with 3 percent of those health care workers reporting observing unwanted pregnancies among all patients they treated who experienced sexual violence. (See Table 16 below) Additionally, among the surveyed health care workers who answered questions about the reproductive effects of exposure to sexual violence, 79 percent (216) saw patients who had experienced pregnancy in Tigray.

One health care worker interviewed described patients who experienced unwanted pregnancies as a result of sexual violence.

> "We have been serving women of reproductive age with unwanted pregnancies related to gender-based violence. Many of them were uncertain of who they got pregnant from, whether it was from their husbands or anyone else."
> A health officer in Tigray

Within the medical records reviewed, there were 10 percent (41) of unwanted pregnancies reported. For survivors in Tigray who experienced unwanted pregnancies, health care workers who were interviewed indicated that patients were often unable to access services for pregnancy termination and therefore gave birth to children resulting from rape.[66]

> "Another issue was because they were visiting the late stage of the pregnancy it was difficult to abort so the only option was to wait till term and deliver it."
> A health officer in Tigray

> "Approximately 20 percent of the women we have seen have experienced unwanted pregnancies, and of those, 30 percent have given birth to unwanted children due to lack of access to early services."
> A reproductive health coordinator in Tigray

Health care workers highlighted the specific challenges faced by child survivors of conflict-related sexual violence, particularly those experiencing unwanted pregnancy alongside other complications from sexual violence.

> "Child survivors often face significant health challenges related to pregnancy, including complications during delivery and abortions. Their bodies are not fully developed to handle the demands of pregnancy, increasing the risks of complications. Additionally, the psychological trauma experienced by child survivors can be profound, leading to long-term mental health issues. Beyond the physical and psychological consequences, child survivors are also at a higher risk of contracting sexually transmitted infections (STIs), HIV, and unwanted pregnancies."
> A reproductive health coordinator

A third of the health care workers surveyed (33 percent, 131) said that "most patients" sought abortion or pregnancy termination but 47 percent (181) of health care workers said that patients were "unlikely" or "somewhat unlikely" to access pregnancy termination. (see Tables 17 and 18 below)

Many health care workers in interviews shared that given the late stage of pregnancy at which survivors presented for care, as well as lack of access to supplies, it was often difficult for patients to access abortion services.

Table 17: Health Care Worker Reports of How Many Survivors of Sexual Violence in Tigray Sought Abortion or Pregnancy Termination

Frequency	N (391)	Percent
All patients	84	21.5%
Most patients	131	33.5%
Some patients	52	13.3%
Few patients	85	21.7%
No patients	39	10.0%

Source: Health Care Worker Survey

Table 18: Health Care Workers Reports of the Likelihood Of Patients Who are Interested in Being Able to Access Pregnancy Termination in Tigray

Likelihood	N (391)	Percent
Unlikely	46	11.8%
Somewhat unlikely	135	34.5%
Neutral	47	12.0%
Somewhat likely	96	24.6%
Likely	67	17.1%

Source: Health Care Worker Survey

> "There are women who have been become pregnant, and the pregnancy has been terminated at an early age. Many have become pregnant, most of whom have had an abortion. There were those who passed through the appropriate time abortion at that gestational age and went on to give birth. There are pregnant women came too late and we advised them continue with it and we told them there was no choice but to give birth."
> A case manager in Tigray

Survivors who gave birth to children resulting from conflict-related sexual violence faced mental health challenges including anger, shame, stigma, and trauma. Additionally, health care workers shared that survivors faced societal stigma and blame for having children born of rape whose fathers were not known or were not the survivors' spouses.

> "There are other women who are teenagers like 18, 12 years old who gave birth. (...) the troubling thing is the society blames them for having a kid from the soldiers who killed our children. Some also want to retaliate by killing the child considering their solider fathers as killers, some people are very ashamed of this."
> A nurse coordinator in Tigray

> "I have seen a couple of victims who gave birth as a result of the sexual incident. In Sudan there was one patient I followed, she was highly stigmatized, (...) And she was even telling me to, 'I don't know if there is any organization or any individual who can take the kid' or if she had the opportunity to give [the child] to an orphanage in Sudan. She was highly stigmatized. She was having a lot of mental health issues or psychological issues due to that, I think."
> A physician working with refugees in Sudan

Table 19: HIV and STI Transmission Among Survivors of Sexual Violence in Tigray

Transmissions	N (414)	Percent of Cases
Any STI		
Positive	207	50.0%
Negative	165	39.8%
Not tested/recorded	42	10.1%
HIV positive (reported or serology)	72	17.4%
HIV serology positive	69	16.7%
Hepatitis B Ag Positive	4	1.0%
STI complication	112	27.1%

Source: Medical Records

STIs including HIV

Health care workers also observed many patients who contracted STIs including HIV as a result of sexual violence. Within the medical records reviewed from Tigray, 50 percent (207) of patients tested were positive for STIs and 17 percent (72) were positive for HIV. (See Table 19 below).

In interviews, health care workers referred to STIs as being prevalent in almost their entire patient population.

> "(....) almost all of the sexually assaulted had STIs and most had HIV."
> A health officer in Tigray

Many of the health care workers spoke of the compounding health impacts patients faced from living with untreated, and sometimes chronic, STIs.

> "We are currently conducting cervical cancer screenings, and in the process, we have identified a significant number of women with chronic sexually transmitted diseases. If we were to screen for STIs more comprehensively, we would likely find many more cases (....) HIV prevalence is also high among these women."
> A reproductive health coordinator in Tigray

> "When we do laboratory investigation, almost 99 percent of them come infected with STI, and only the 1 percent are lucky enough to get STI prophylaxis on the first visit. (....) Regarding HIV, they tell you they were negative because they were tested before the rape, mostly in their previous child follow-up or delivery, but when we check them, they were HIV positive. It is clear, they got it from the rapist."
> A case worker in Tigray

Health care workers also provided treatment to children who had contracted STIs as a result of sexual violence.

> "There is a child I remember, she has been subjected to all sexual assaults including oral assaults and vaginal assaults by three Amhara soldiers. Subsequently, this chronic disease HIV is the result of the consequence. She is HIV positive. Now she is in a very bad condition, and we have also started counseling treatment to see if she will get a little better. But she couldn't heal."
> A case worker in Tigray

Consistent with the findings from the medical record review and interviews, 67 percent (340) of health care workers surveyed reported treating survivors who had STIs, including HIV, because of their exposure to sexual violence. (See Table 20 right)

Malnutrition

Health care workers observed signs of malnutrition as frequently co-occurring alongside other sequela of sexual violence within their patients. A large number of health care workers surveyed who treated survivors of sexual violence in Tigray (94 percent, 367) indicated that at least a few of the patients they treated also showed signs of malnutrition. (See Table 21 right)

The health care workers who were interviewed also spoke about malnutrition and undernutrition in both child and adult patients they saw.

> "Yes, this lockdown is hunger-centric. I have seen children whose feet are swollen or swollen from hunger and I have seen adults whose feet are swollen and have nothing to eat or drink. (.....) There is no Tigrayan who is still satisfied. There is no Tigrayan who is not starving. They have received no help. There is no relief."
> A midwife in Tigray

Mental Health

Survivors of sexual violence in Tigray who presented for care showed serious mental health impacts. Health care workers reported that patients displayed symptoms of depression, anxiety, post-traumatic stress disorder (PTSD), suicidal ideation, and substance use.

> "This is truly a horrific and disturbing situation. The physical and psychological trauma that these women have endured is devastating. The mental health impacts are immense and multi-faceted. In addition to the physical injuries, the women are now suffering from a range of new and deeply distressing mental health issues as a result of the violence and upheaval they have experienced. Thoughts of suicide are an especially alarming and heartbreaking consequence. The very fabric of these women's personalities and sense of self has been shattered by the trauma."
> A psychiatrist in Tigray

> "Currently younger girls perceive everyone who has [a] gun as [an] assailant or perpetrator. When they see a soldier they cry to their mother 'they will rape us.' Mentally they perceive everyone gun holder as perpetrators, not security."
> A public health officer in Tigray

Table 20: Health Care Workers Reports of Infectious Impact of Sexual Violence in Tigray

Infectious Impact	N (340)	Percent of Respondents Surveyed
Sexually Transmitted Infection	329	96.8%
HIV infection	252	74.1%
Bladder or urinary tract infection	223	65.6%

Reproductive System Effects of Exposure to Sexual Violence Reported by Health Care Workers	N (274)	Percent of Respondents Surveyed
Pregnancy	216	78.8%
Pelvic pain	199	72.6%
Pelvic Inflammatory disease	183	66.8%
Unwanted Pregnancy loss	128	46.7%
Sexual dysfunction	99	36.1%
Infertility	92	33.6%
Erectile Dysfunction	53	19.3%
Impotence	34	12.4%

Source: Health Care Worker Survey

Table 21: Health Care Workers Reports of Proportion of Patients Seen who Experienced Sexual Violence and also Showed Signs of Malnutrition or Starvation in Tigray

Frequency	N (391)	Percent of Respondents Surveyed
All patients	54	14%
Most patients	181	46%
Some patients	56	14%
Few patients	76	19%
No patients	24	6%

Source: Health Care Worker Survey

Health care workers detailed the impact of mental health on patients' recovery and reintegration into the community.

> "They came with difficulty of urination, urine incontinence, confined to their home, low self-confidence, depression, dangerous attacks of mental disorders, can't sleep at all, complete lack of interest including basic needs, and lack of appetite to move around and any hope. They come here collapsed and hopeless. The other victims, they came amputated and (...), they developed scars in their mind."
> A psychiatrist in Tigray

> "The mental health problem that I was dealing with the most was post-traumatic stress disorder. This disorder is dangerous. Currently, we are mainly seeing such cases. (...) Others, cannot do their jobs. They remember the problems that they faced. We usually observed them having panic attacks when they remember their prior violence."
> A psychiatrist in Tigray

In particular, health care workers noted the mental health effects of being forced to witness gruesome acts, including those committed against others, including family members.

> "Yes, some survivors report that children who witness their mothers being raped or loved ones being killed suffer severe psychological trauma. I know of one child who became deeply disturbed after witnessing their mother's rape and brother's murder. This child's behavior has deteriorated significantly (...) These traumatic events can have long-lasting effects, and many children require ongoing psychiatric support."
> A reproductive health coordinator in Tigray

Medical records from Tigray demonstrated the wide-ranging mental health impacts of conflict-related sexual violence on patients who presented for care, with 75 percent (312) of the survivors experiencing at least one form of psychological injury, with PTSD reported in 47 percent (196) of the cases. (See Table 22 below).

Additionally, of the health care workers surveyed in Tigray, 63 percent (321) had treated survivors with psychological and behavioral complications. The top three reported complications were depression, sleep disturbance, and PTSD. (See Table 23 below)

Economic, Social and Security Impacts

Beyond the physical and mental health impacts on patients outlined above, health care workers shared that survivors also experienced economic violence alongside sexual violence.

> "Women who returned to their homes after fleeing found their houses burned down and their livelihoods destroyed."
> A nurse in Tigray

> "Beyond just physical impacts, the victims also experienced economic consequences. Some had their homes deliberately burned by soldiers, leaving them displaced without possessions to support their lives. Even when provided financial assistance, the emotional trauma they endured made the support feel meaningless."
> A psychologist in Tigray

Health care workers perceived that many survivors chose not report sexual violence due to fear of stigma and the potential impact on their families. They also shared stories of survivors who had to leave their communities or face divorce when sexual violence was disclosed.

Table 22: Psychological Effects of Exposure to Sexual Violence in Tigray

Physical Injuries	N (414)	Percent of Cases
Any psychological injury	312	75.4%
PTSD	196	47.3%
Depression	97	23.4%
Anxiety	46	11.1%
Suicidal ideation	42	10.1%

Source: Medical Records

Note: Many patients had more than one documented psychological injury.

Table 23: Psychological Effects of Exposure to Sexual Violence in Tigray Reported by Health Care Workers

Physical Injuries	N (321)	Percent of Respondents Surveyed
Depression	300	93.5%
Sleep disturbance	299	93.1%
PTSD	297	92.5%
Anxiety	278	86.6%
Dissociative symptoms	254	79.1%
Suicidal ideation	233	72.6%
Substance Use	139	43.3%
Other	23	7.2%

Source: Health Care Worker Survey

"They [survivors] encountered a significant amount of stigma. Community, some of them were divorced from their marriage, their husband wouldn't stay with them because they were sexually abused in the community. A lot of people were even insulting them saying you're useless, you have been raped and things like that. They even feel bad about themselves, most of the survivors I have been following were suffering from depression, anxiety and post-traumatic stress disorder. Not only from the sexual assault incident but also from the community stigmatization. It was highly stigmatizing and highly, highly stigmatized in the community were suffering from that."
A physician working with refugees in Sudan

"Another child, aged 6 to 7, unintentionally disclosed their mother's rape to neighbors. This led to the mother's eventual decision to leave her community and seek refuge elsewhere. This child is also receiving psychiatric care and undergoing traditional healing rituals."
A reproductive health coordinator

For male survivors, stigma was compounded by the fact that sexual violence is often seen as only impacting women and therefore is not something that men face.

"In men, they are also very anxious to come to this service. (...) That is, they feel like he is losing his heroism, he is losing his manhood. So, there are guys who talk to you like that and personally ask you to help them with professional help. They are reluctant to come and register. There is a man who came here and was treated and recorded."
A case worker in Tigray

"The presence of a significantly larger number of women survivors in this particular location can create an intimidating atmosphere for male survivors. The deeply ingrained societal perception that rape is exclusively a woman's affliction further exacerbates this challenge, as men may fear judgment and stigmatization if they seek help alongside women. This pervasive fear can be so overwhelming that it deters many male survivors from coming forward and receiving the care they desperately need."
A public health officer in Tigray

Barriers to Accessing Health Care and Survivors' Health Needs

The conflict in Tigray impacted the ability of survivors to report sexual violence and access health care services. Among the health care workers surveyed, 86 percent (437) stated that the conflict had hindered survivors' access to care at their facilities. The most common barriers included lack of transportation, inability to pay for medication and services, interruptions in community-based care, movement restrictions due to security concerns, and fear of stigma and discrimination. (See Table 24 below).

Table 24: Conflict-Related Factors That Limited Survivors' Access to Health Care Services in Tigray

Language	N (437)	Percent of respondents surveyed
Lack of transportation	432	99%
Inability to pay for services/medication	424	97%
Interruptions in community-based care	416	95%
Movement restriction due to security concerns	408	93%
Fear of stigma/discrimination	337	77%
Fear of repeated victimization	278	64%
Fear of being identified by perpetrators	275	63%
Fear of retaliation by perpetrators	263	60%
Fear of legal repercussions for reporting (e.g. mandatory reporting)	169	39%
Other	2	1%

Source: Health Care Worker Survey

Interviews with health care workers and community leaders confirmed that survivors faced numerous barriers throughout the conflict in Tigray when trying to physically access health care services. Transportation blockades and active conflict severely restricted movement across the region. Additionally, the conflict limited access to medication and their ability to pay for necessary services as well as their follow-up needs.

> "Yes, many survivors face significant economic challenges. They often express concerns about affording psychiatric medications and antiretroviral therapy without a means to provide for basic necessities like food. Many survivors are living in internally displaced persons (IDP) camps, where access to food is limited and starvation is a real threat. This economic crisis affects all survivors, not just children."
> A reproductive health coordinator

> "When a survivor comes, they don't just need medical service. After treating them medically and providing access to investigations, they may ask about financial help. They also inquire about where to go and stay, saying things like 'I lost my children, where should I go?' Due to the psychological impact of their injuries, they may not know where to turn next."
> A nurse in Tigray

The lack of medication to receive timely treatment or private spaces to receive confidential care were reported by health care workers as deterrents to seeking care and reasons why survivors would not report or seek services.

> "There are no laboratory rooms for checkups and follow-ups, even if there are services to give. Every victim wants to keep their secrets very carefully. However, due to a shortage of medications, they are forced to go to other places and made their confidentiality exposed to others. The medications for STI and HIV are not enough. There is a huge deficiency. We treated them by collecting medicines from different places that came in a small amount."
> A psychiatrist in Tigray

> "Then there was one woman who was raped and examined for hepatitis, to take the vaccine immediately. It was available for a few days at first for a month and then totally nothing until now. In Tigray there is no 'hepatitis B' [vaccine] in all seven of them, especially not available as I am describing it in our hospital. Furthermore, we had a shortage of medicines for syphilis testing, which meant we were treating with guessing, there were no laboratory and there was also no Pregnancy test at the time."
> A midwife in Tigray

Male survivors faced greater challenges as services were largely not available for men or not accessible in a way that was tailored to the unique challenges that male survivors face in reporting.

> "Providing care for male survivors presents significant difficulties for our team, as most one-stop centers and facilities are designed and equipped to serve women and children. These centers often do not cater to adolescents or males. The women's affairs office primarily focuses on female sexual survivors and their psychological problems, limiting our ability to provide adequate care for male survivors. While we send women and children survivors to safe houses, we do not have such facilities prepared for male survivors, which presents a significant challenge."
> A public health officer in Tigray

> "I recall an incident when a male survivor came to our center, and we initially mistook him for a religious figure. Upon closer inspection, we realized his disguise was a coping mechanism to protect his identity as a survivor. We offered him care from a male caregiver to ensure his privacy and comfort, but he declined, expressing a preference for female caregivers. He believed that a male caregiver might not fully understand his experience and could potentially undermine his healing process. This encounter highlighted the need for more inclusive and supportive environments for male survivors. The center's current setup may not be entirely comfortable or accommodating for men, and there is a clear need to address these specific challenges."
> A midwife in Tigray

Security concerns, along with fear of stigma and discrimination from family and community members, were also significant barriers to care.

> "The reason they don't expose themselves is because they are afraid, they are worried, their safety is not secure (....) One woman did a secret interview when we came from Humera, and then they [the perpetrators] heard about it, they came and took her are away because she exposed them. They might have killed her - it is unknown where she is. Not only her but also the girl who made a video clip about the situation is still unknown where she is. I mean, after they watched the video on Facebook and they came to the girl's home, kidnapped her and took her away."
> A community leader in Tigray

> "Some survivors preferred to remain silent because they were afraid their husbands would leave them or their children would suffer discrimination if their stories became public."
> A health officer in Tigray

"As a counselor, I encountered two adolescent girls who had experienced sexual violence but had not reported it to anyone else. When they confided in you, you gained important insights into why they had remained silent. The girls expressed a deep fear of being mocked or stigmatized if they reported the sexual assault. They even went so far as to say they would potentially consider suicide if you shared their situation with others."

A psychologist in Tigray

These limitations delayed survivors' ability to access services; 77 percent (393) of health care workers surveyed said that they had seen patients who had experienced harm to their sexual and reproductive health because of delays in care. According to health care workers surveyed, vulnerable populations, specifically women and children, experienced the most hindered access and faced the greatest challenges in accessing health care services. In Tigray, health care workers indicated that HIV tests and pregnancy tests were not administered to all patients; the most common reason given was a lack of supplies. (See Tables 25 to 28 below)

Health care workers surveyed also indicated that STI and HIV testing services were the conflict-related sexual violence services most impacted by the conflict in Tigray, followed by mental health screening, treatment for physical trauma and maternal health screening. (See Table 29 next page).

Table 25: Health Care Workers Reports of Frequency of Administering an HIV Test to Patients who had Experienced Sexual Violence As Reported by Health Care Workers in Tigray

Frequency	N (391)	Percent of Respondents Surveyed
All patients	70	18%
Most patients	73	19%
Some patients	116	30%
Few patients	92	23%
No patients	40	10%

Source: Health Care Worker Survey

Table 26: Health Care Workers Reports of Frequency of Administering Pregnancy Tests to Patients Within Reproductive Age who had Experienced Sexual Violence in Tigray

Frequency	N (391)	Percent of Respondents Surveyed
All patients	69	18%
Most patients	99	25%
Some patients	105	27%
Few patients	79	20%
No patients	39	10%

Source: Health Care Worker Survey

Table 27: Health Care Workers Reports of Reasons for not Administering HIV Tests on all Patients in Tigray

Reason	N (391)	Percent of Respondents Surveyed
Clinically not indicated	7	2.8%
Supplies were not available	219	88.3%
Patient declined	14	5.6%
Other	18	7.3%

Source: Health Care Worker Survey

Table 28: Health Care Workers Reports of Reasons for not Administering Pregnancy Tests on all Patients When Indicated in Tigray

Reason	N (391)	Percent of Respondents Surveyed
Clinically not indicated	19	8.5%
Supplies were not available	181	81.2%
Patient declined	7	3.1%
Other	16	7.2%

Source: Health Care Worker Survey

Table 29: Health Care Workers' Reports of Conflict-Related Disruptions to Sexual and Reproductive Health Services in Tigray

Types	N (509)	Percent of respondents surveyed
Testing for STIs (e.g. hepatitis, syphilis, gonorrhea, chlamydia)	464	91.2%
Testing for HIV	458	90.0%
Mental health screening following sexual violence experience	444	87.2%
Treatment for physical trauma	443	87.0%
Maternal health care	437	85.9%
Vaccine Access	424	83.3%
Physical examination following sexual violence experience	423	83.1%
Pregnancy termination	420	82.5%
Provision of Required medications, including	419	82.3%
Mental health services/ counseling	409	80.4%
Legal services for survivors	406	79.8%
Referral to higher facility	389	76.4%
Collection of forensic evidence of sexual violence (e.g. use of a rape kit)	281	55.2%
Safe house service /social services	269	52.8%

Source: Health Care Workers Survey

Needs for Justice and Accountability

Since the signing of the CoHA in November 2022, the Government of Ethiopia, as well as many international and regional actors, has prioritized implementing the transitional justice process laid out in the agreement. This is despite ongoing violence in Tigray and other regions, as outlined below. Health care workers in Tigray emphasized that justice and accountability must include holding perpetrators accountable through impartial mechanisms and addressing survivors needs.

> "Justice is not just about punishing the perpetrators but also about addressing the needs of the victims. This includes mental health support, economic recovery, and ensuring their safety.
> A midwife in Tigray

> "The perpetrators must be punished, and the situation must be resolved, as the current lack of accountability is unacceptable. Victims have suffered economic, mental, and physical damage due to the actions of the perpetrators. True healing requires justice."
> A health officer in Tigray

Health care workers shared that reparations for survivors should focus on justice and also making amends through apology and economic compensation for survivors to rebuild and cover the ongoing costs of their recovery needs.

> "Without addressing the economic consequences of the conflict, justice will remain incomplete. Compensation is an essential part of rebuilding trust and stability."
> A gender-based violence (GBV) officer in Tigray

> "The perpetrators must apologize and provide reparations to show accountability and help victims move forward."
> A community leader in Tigray

> "Economic and mental health recovery are interconnected. Compensation is necessary to help victims regain their dignity and rebuild their lives."
> A nurse in Tigray

> "A person who has lost everything must be given resources for re-establishment and returned to their job. Without compensation and justice, healing is meaningless."
> A community leader in Tigray

Amhara and Afar – Impunity and Spreading Conflict

While the CoHA brought a fragile decline in conflict in Tigray, instability had already spread to the neighboring regions of Amhara and Afar.[67] The absence of justice and accountability for the atrocities committed during the Tigray conflict has fueled resentment and impunity, creating fertile ground for escalating violence. While the dynamics of the conflict in Amhara and Afar differ in key ways from those in Tigray, they remain deeply interconnected. The failure to address the root causes and consequences of the Tigray war has left these regions vulnerable to renewed and evolving forms of instability. The following section summarizes the combined results of the medical records, health care worker surveys, and qualitative interviews, highlighting findings from the Amhara and Afar regions. It is important to note that these regions were under-sampled, and the results may not be representative of the broader population or conflict dynamics in these areas but provide an opening for further investigation.

Experiences of Sexual Violence

Overview

Health care workers reported that the majority of sexual violence survivors who sought services in the Amhara and Afar regions were female.[68]

> "The majority of victims who seek help here for sexual violence issues are women."
> A nurse in Amhara

> "Most of the victims are women, we have only seen women victims, and the age of the perpetrators are at least older than them or stronger than the victims."
> A nurse in Amhara

Health care workers in Amhara and Afar mostly treated adolescents (13 to 17 years old) and young adult (18 to 25 years old) patients. The median age of patients in the medical records reviewed in Amhara was 19 years old, while in Afar it was 25 years old. Health care workers interviewed indicated that they saw many patients who were under the age of 18.

> "They are under 17 years old, most of them are children."
> A nurse in Amhara

> "Adolescent girls between the ages of 13 to 20 were victims of sexual violence."
> A case worker in Amhara

> "She was a nine-year-old girl who was a victim of early marriage… she was subjected to forced sexual intercourse by her husband, and as a result, she had health problems and came to our health center for medical treatment."
> A health officer in Afar

Above: Women currently residing at the Silsa Internally Displaced Peoples' (IDP) camp line up for aid provided by Islamic Relief. Photo: E. Countess/Getty Images

How was Conflict-Related Sexual Violence Perpetrated?

Health care workers surveyed in the Amhara and Afar regions indicated that the most common forms of conflict-related sexual violence experienced by the patients they saw were vaginal penetration; touching and groping of breasts and genitalia; sexual slavery; sexual exploitation and abuse; forced pregnancy termination; multiple perpetrator rape; and forced nudity and other forms of sexual humiliation. (See Tables 30 and 31 below).

Health care workers who were interviewed also shared that patients they treated had experienced similar forms of sexual violence. Survivors who sought health care had experienced rape by an individual or multiple perpetrator rape.

> "Majority of violence face[d] in women and girls was rape and dominantly personal and sometimes in group or gang rape."
> A nurse midwife in Amhara

Other survivors presenting for care had been raped by known individuals who were taking advantage of conflict-related instability to commit sexual violence.

> "Another woman was raped by a man, who was romantically interested in her, but she wasn't romantically interested in him and didn't want to have sexual intercourse with him, and since people were displaced during the conflict, he took advantage of the situation and raped her."
> A health officer in Afar

Health care workers shared in interviews that child survivors they saw as patients were subjected to multiple perpetrator rape, oral and anal rape, physical violence, and consequently were exposed to STIs and HIV.

Table 30: Five Most Common Forms of Sexual Violence Reported to have Been Experienced by Female Patients in Amhara and Afar

Amhara

Forms	N (34)	Percent of Respondents Surveyed
Vaginal penetration	27	79%
Touching, groping, or pulling of breasts and sex organs/pubic hair	9	27%
Sexual slavery	7	21%
Forced pregnancy termination	7	21%
Sexual exploitation/ abuse	6	18%

Source: Health Care Workers Survey

Afar

Forms	N (21)	Percent of Respondents Surveyed
Touching, groping, or pulling of breasts and sex organs/pubic hair	16	76%
Forced nakedness	16	76%
Sexual humiliation	15	71%
Sexual exploitation/ abuse	15	71%
Cavity searches (including of anus or vagina)	14	67%

Source: Health Care Workers Survey

Table 31: Five Most Common Forms of Sexual Violence Reported to have been Experienced by Male Patientsin Amhara

Responses	N (16)	Percent of Cases
Other acts of a sexual nature	5	31%
Sexual exploitation/abuse	4	25%
Touching, groping, or pulling of breasts and sex organs/pubic hair	2	13%
Multiple perpetrator rape	2	13%
Forced nakedness	2	13%

Source: Health Care Workers Survey

"At that time, adolescent girls were sexually abused through unusual oral and anal sex or using different tools for sexual intercourse. They were subjected to various forms of sexual violence. They were exposed to multiple diseases. They were exposed to sexually transmitted diseases. They were subjected to various UTIs, HIV, hepatitis, and other diseases as they were raped by a group of people."
A case worker in Amhara

"We handled various cases but let me share one story from the cases I have seen. There were sisters who were victims of sexual violence. Both of them were raped by members of a group associated with TPLF. Apart from the rape, one of the sisters was beaten and physically abused while her sister got pregnant and became a mother resulting from the rape."
A case worker in Amhara

Health care workers surveyed in Amhara (47 percent,16) reported treating patients, including both adults and children, who had experienced sexual violence committed by multiple perpetrators, including armed actors. Interviews with health care workers showed similar patterns in Amhara.

"For example, at the place where I was providing medical aid, there are people who have reported that they were raped and subjected to various sexual violence by TPLF members. There was a situation where different men took turns to rape sisters or women who were family members. The perpetrators covered the victims' mouths so they wouldn't scream while they raped them. There was also a situation where one man raped many women at the same time. Some women were victims of sexual violence perpetrated by a single perpetrator, while others by multiple perpetrators."
A physician in Amhara

"There was rape by single perpetrator and gang rape two to four men or boys against one women or girl, this was what happened on the survivors."
A nurse midwife in Amhara

In cases of multiple perpetrator rape, survivors' medical records from Amhara indicated a median of one perpetrator with a maximum of four perpetrators. In Afar, reports of multiple perpetrator rape were not frequent.

This experience was described by a health care worker in an interview.

"I have seen many cases, there were women who were raped by a group of individuals, even to the extent of being physically beaten. I have seen cases where married women were raped in front of their husbands, other raped women, and mothers who suffered trauma or psychological problems due to the incident."
A physician in Amhara

Survivors in the Afar region experienced sexual humiliation as part of the pattern of perpetration of sexual violence. Of health care workers surveyed in the Afar region, 71 percent (15) indicated that they had seen female patients who had experienced sexual humiliation. Similarly, within the medical records reviewed, 23 percent (11) indicated cases of sexual humiliation and 11 percent (5) indicated cases of forced nudity.

Forced witnessing of sexual violence was also experienced by survivors in both Afar and Amhara regions. In 15 percent (7) of medical records from Afar and 4 percent (2) of medical records from Amhara, incidents of forced witnessing were recorded. This was corroborated by interviews with health care workers who described the impact of forced witnessing on both male and female patients.

"Violence seen in men besides women was physical damage, loss of body or disability experienced. Second, there are also psychologically traumatized men who witnessed when their mother or their wife were being raped."
A nurse midwife in Amhara

In Amhara and Afar, survivors experienced physical violence alongside sexual violence. Within the medical records from Amhara, 18 percent (9) indicated use of force with hands, 16 percent (8) use of force with guns, and 12 percent (6) use of force with a stick or baton. The medical records from Afar included more incidents where use of physical force was recorded; 28 percent(13) of records showed use of force with hands and 26 percent (12) showed use of force with feet, the use of weapons was less frequently noted, knife use was recorded in 13 percent (6) of records, use of sticks/baton in 11 percent (5) of records, and the use of a gun was only indicated one time.

Health care workers surveyed did not observe higher rates of sexual violence among their patients in Amhara or Afar based on patient ethnicity, or on political, or religious affiliation.

When did Conflict-Related Sexual Violence Occur?

A review of 50 medical records from Amhara and 47 records from Afar documented cases of sexual violence that had occurred from February 2021 through July 2024. (Figure 2)

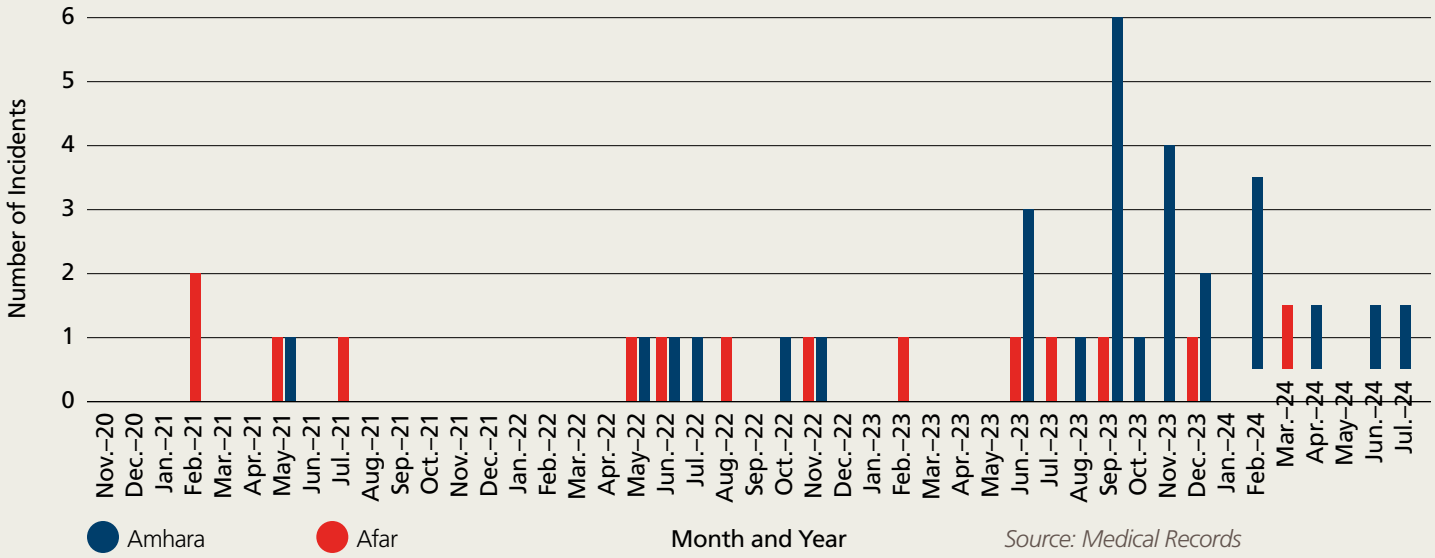
Of the medical records reviewed where the date of sexual violence incident was known, the highest number of records in both Amhara and Afar were for incidents that occurred in 2023 (34 percent, 17 incidents in Amhara; 10.6 percent, 5 incidents in Afar). For the Amhara region this was followed by 2024 (12.0 percent, 6). For Afar this was split evenly between 2021 and 2022 (8.5 percent, 4 each). (See Table 32 below) There were a substantial number of medical records reviewed for both Amhara and Afar where the date of sexual violence incident was not known.

In Amhara, 59 percent (20) of health care workers who treated survivors of sexual violence, reported witnessing conflict-related sexual and reproductive violence since the conflict in Tigray ended in November 2022. In Afar, 76 percent (16) of surveyed health care workers observed conflict-related sexual and reproductive violence since November 2023. However, in both regions, health care workers reported a decrease in the number of conflict-related sexual violence patients they had seen since the end of 2023.

Where did Conflict-Related Sexual Violence Occur?

Survivors in Amhara and Afar reported to health care workers that sexual violence occurring in a variety of locations including homes, on roads while in transit, and in other public places. One health care worker described sexual violence occurring during displacement.

Figure 2: Number of Cases of Sexual Violence per Month in Amhara and Afar Regions



Source: Medical Records

Table 32: Year of Sexual Violence Incident

Amhara

Year	Incidents	Percent
2021	1	2.0%
2022	5	10.0%
2023	17	34.0%
2024	6	12.0%
Date of incident not known	21	42.0%

Source: Medical Records

Afar

Year	Incidents	Percent
2021	4	8.5%
2022	4	8.5%
2023	5	10.6%
2024	1	2.1%
Date of incident not known	33	70.2%

Source: Medical Records

"For example, a girl that I saw [was caught] by them while she was moving to other place due to war and at that time she got tired and she couldn't keep moving with others. She said, 'they took me back by car to the place they controlled.' Then she was forced to lie down on a field of grass and [they] raped her. The Afar girl was from the place where people were displaced, when they were leaving the place from where they were displaced, she was attacked there."
A nurse in Amhara

Who Perpetrated Conflict-Related Sexual Violence?

In the Amhara region, survivors reported to health care workers that sexual violence was perpetrated by a range of different types of perpetrators. Medical records reviewed indicated 44 percent (22) of perpetrators were indicated as civilians, 20 percent (10) were affiliated with the military, and 28 percent (14) were classified as others. Additionally, in 36 percent (18) of the records the perpetrator was a stranger to the survivor and in 20 percent (10) of the records the perpetrator was known to the survivor as a family member or intimate or ex-partner.

Health care workers who were surveyed saw patients who had experienced sexual violence by several different perpetrator groups. The top three groups identified by patients were Tigray Forces (79 percent, 27), Ethiopian military (35 percent, 12), and Amhara Special Forces (24 percent, 8). (See Table 33 below) Within the medical records reviewed 56 percent (28) of perpetrators were indicated as speaking Amharic, 8 percent (4) were indicated as speaking Tigrigna, and 36 percent (18) were indicated as others.

Health care workers corroborated this in interviews and shared that survivors seeking care at health facilities identified the Tigray armed forces as perpetrators and used the language they spoke to identify them.

"Yes, it is difficult to distinguish of course, most of the time they are distinguished by the language they speak, so it is difficult to differentiate whether they are Tigray or Eritrea. However, at that time they were dominantly Tigray armed force, therefore it is unthinkable and unpredictable to become Eritrea force."
A nurse midwife in Amhara

In interviews, health care workers shared that survivors also identified members of the Ethiopia National Government and Amhara Defense Force as perpetrators.

"They often said that during the war, it was frequently claimed that attacks were carried out by the TPLF, the government, and the Amhara Defense Force."
A nurse in Amhara

In the Afar region, survivors reported to health care workers that perpetrators of sexual violence were both civilians and non-civilians affiliated with military and security forces. Medical records reviewed showed that in 17 percent (8) of cases, the survivor identified the perpetrator as a civilian, in 8.5 percent (4) cases perpetrators were identified as being non-civilians, either affiliated with the military or the police. Similarly,, health care workers who were surveyed identified that patients had experienced sexual violence perpetrated by a number of different perpetrator groups. The most common perpetrator classification identified were other perpetrators (62 percent, 13), followed by Tigray Forces (33 percent, 7), and Eritrean militias (9.5 percent, 2). (See Table 34). Alongside this, within the records, 19.1 percent (9) perpetrators were identified as speaking the Afar language, indicating potential civilians or perpetrators who were part of the Afar Special Forces. 4.3 percent (2) were identified as speaking Tigrigna and in one case the perpetrator was identified as speaking Amharic.

Table 33: Perpetrator Groups Identified by Survivors of Sexual and Reproductive Violence in Amhara

Perpetrator Groups	N (34)	Percent
Tigray Forces	27	79%
Ethiopian Military	12	35%
Amhara Special Forces	8	24%
Non-armed perpetrators (civilian)	3	9%
Eritrean Military	2	6%
Amhara Militias/Fano	1	3%
Other perpetrators	1	3%

Source: Health Care Workers Survey

Table 34: Perpetrator Groups Identified by Survivors of Sexual and Reproductive Violence in Afar

Perpetrator Groups	N (21)	Percent
Other perpetrators	13	62%
Tigray Forces	7	33%
Eritrean Militias	2	9.5%
Eritrean Military	1	5%
Amhara Militias/Fano	1	5%
Amhara Special Forces	1	5%

Source: Health Care Workers Survey

Interviews with health care workers also indicated that survivors seeking health care identified both civilian perpetrators and perpetrators affiliated with security forces. In some instances, health care workers who were interviewed indicated that survivors were raped by perpetrators who were known to them but were also part of the Afar Special Forces.

> "She was raped by a man she knew. The perpetrator couldn't be found at the time because he was part of the Afar Special Forces. Although it wasn't possible to find him, she told me that she was raped by someone she knew."
> A health officer in Afar

Those interviewed also said that patients identified members of the Tigray Armed Forces as perpetrators.

> "Based on their reports, those responsible for the violence are the Afar Special Force and the Tigray Special Force."
> A health officer in Afar

> "Some were raped by members of their own community, while others by members of the Tigray Special Forces."
> A health officer in Afar

Why was Conflict-Related Sexual Violence Perpetrated? – Intent

Survivors told health care workers in Amhara and Afar that perpetrators expressed different intentions when committing sexual violence, including terrorizing or punishing communities for conflict. Health care workers who were surveyed indicated that patients presenting for health care in Amhara and Afar had most frequently told them that perpetrators used language related to seeking vengeance, displacing them, killing them, forcing pregnancy, and to traumatize or belittle them. (See Table 35 below)

Within the survey health care workers reported that survivors said perpetrators had used phrases such as, "This is how we revenge", "We will erase you for the earth", and "You are animals."

Table 35: Reported Language Used by Perpetrators Related to the Intent to Harm a Survivor Because of Their Personal Characteristics in Amhara and Afar

Amhara

Reported Language	N (34)	Percent of Respondents Surveyed
Intent to seek vengeance/ vindictive motives	14	41%
Intent to kill them	11	32%
Intent to traumatize them/belittle them or violate their personal dignity	7	21%
Intent to infect with sexually transmitted infections (HIV or STI)	3	9%
Intent to displace them or remove them from their land	3	9%
Intent to destroy their ability to reproduce/have children, including by causing mental harm	2	6%
Intent to destroy their community	2	6%
Intent to force pregnancy	2	6%
Intent to force continuation of pregnancy	2	6%
Intent to destroy their ethnic group, including by preventing births of children of that group	1	3%

Source: Medical Records

Afar

Reported Language	N (21)	Percent of Respondents Surveyed
Intent to displace them or remove them from their land	11	52%
Intent to force pregnancy	8	38%
Intent to traumatize them/belittle them or violate their personal dignity	3	14%
Intent to seek vengeance/ vindictive motives	3	14%
Intent to kill them	2	10%
Intent to destroy their ability to reproduce/have children, including by causing mental harm	1	5%
Intent to infect with sexually transmitted infections (HIV or STI)	1	5%
Intent to destroy their community	1	5%
Intent to make infertile	1	5%
Intent to promote births within the perpetrators' own ethnic group	1	5%
Intent to force pregnancy termination	1	5%

Source: Medical Records

Impact of Sexual Violence

Similar to survivors from Tigray, sexual violence had both a short- and long-term impact on the physical and mental health of survivors from Amhara and Afar who sought health care and reported sexual violence to a health worker. Beyond health impacts, sexual violence and conflict had economic and social impacts and presented barriers to their ability to access necessary care and services.

Complex Physical Injuries and Trauma

Survivors of sexual violence in Amhara and Afar who presented for health care experienced physical injuries and psychological trauma which required care and follow-up, including access to medications, equipment, and mental health services. With ongoing conflict in these regions, there was concern amongst health care workers about the availability of these services for survivors.

In interviews, health care workers described patients experiencing injuries such as burns, lacerations, and vaginal bleeding resulting from extreme violence.

> "Survivors of sexual violence may exhibit similar physical symptoms such as abrasions, bruises, and injuries. They may also experience vaginal bleeding that lasts for days, joint pain, and lacerations."
> A health officer in Afar

> "During the war, survivors described experiencing vaginal bleeding, burns, and lacerations caused by severe physical abuse. One girl specifically had darkened skin from burns that had scarred over time."
> A health officer in Afar

They also described seeing survivors with both complex physical and mental health presentations due to extreme forms of sexual violence which required significant follow-up care.

> "There were cases seeking medical treatment for physical injuries and require ongoing follow-up for the complication they develop. Women and girls who were raped by 3 and 4 perpetrators who have bleeding and difficulty to walk were requested X-ray, ultrasound, and medications. In addition, they were requested mental health and follow up service to see their status and improvement".
> A nurse midwife in Amhara

The review of medical records also showed survivors experiencing a range of physical injuries, with 31 percent (15) of records from Amhara and 26 percent (12) of records from Afar indicating patients experienced physical injuries, including genital injuries, burns, fistula, and other physical injuries. (See Table 36 below)

Table 36: Physical Injuries Resulting from Sexual Violence in Amhara and Afar

Amhara

Physical Injuries	N (50)	Percent of Cases
Any physical injury	15	30.6%
Injury type		
Genital injury	15	30.6%
Burn or scar	1	2.0%
Fistula	1	2.0%
Other physical injury	4	8.2%
Forced abortion, n (%)	0	0.0%

Source: Medical Records

Afar

Physical Injuries	N (47)	Percent of Cases
Any physical injury	12	25.5%
Injury type		
Genital injury	9	19.2%
Burn or scar	0	0.0%
Fistula	0	0.0%
Other physical injury	3	6.4%
Forced abortion, n (%)	2	4.3%

Source: Medical Records

continued

These findings are consistent with the accounts of surveyed health care workers who also reported treating patients experiencing a range of physical injuries including bruising, lacerations, bone fractures, abrasions and burns, reproductive and anogenital injuries, and reproductive system impacts, among others. (See Table 37 below)

One health worker described caring for a child survivor who had died due the severity of injuries sustained due sexual violence in Amhara.

> "There have been rumors and reports of cases that came to our attention involving children aged 13 and under who have experienced serious harm, including rape and death. There were also children under the age of 13 who suffered the most severe injuries, leading to death."
> A humanitarian worker in Amhara

Table 37: Non-Genital, Anogenital and Reproductive Organ Injuries Effect of Exposure to Sexual Violence Reported by Health Care Workers in Amhara and Afar

Amhara

Injuries	N (61)	Percent of Cases
Non-genital injuries	8	23.5%
Bruising (non-genital)	4	50.0%
Laceration (non-genital)	1	12.5%
Bone fracture, joint dislocation, sprain	3	37.5%
Cut/cutting (non-genital)	1	12.5%
Abrasion (non-genital)	2	25.0%
Burn	1	12.5%
Electrocution	1	12.5%

Afar

Injuries	N (30)	Percent of Cases
Non-genital injuries	17	81.0%
Bruising (non-genital)	16	94.1%
Laceration (non-genital)	16	94.1%
Bone fracture, joint dislocation, sprain	3	17.6%
Cut/cutting (non-genital)	14	82.4%
Abrasion (non-genital)	17	100.0%
Burn	8	47.1%
Electrocution	2	11.8%

Amhara

Injuries	N (61)	Percent of Cases
Anogenital and reproductive organ injuries	4	6.6%
Reproductive system impact	9	14.8%
Infectious impact	6	9.8%
Bladder or urinary tract infection	4	66.7%
HIV infection	4	66.7%
Sexually Transmitted Infection	5	83.3%
Psychological and Behavioral	18	29.5%

Afar

Injuries	N (30)	Percent of Cases
Anogenital and reproductive organ injuries	13	43.3%
Reproductive system impact	14	46.7%
Infectious impact	5	16.7%
Bladder or urinary tract infection	4	80.0%
HIV infection	1	20.0%
Sexually Transmitted Infection	3	60.0%
Psychological and Behavioral	18	60%

Source: Medical Records

Source: Medical Records

Pregnancy, STIs, HIV and Other Reproductive Outcomes

Survivors of conflict-related sexual violence in Amhara and Afar regions experienced negative reproductive health outcomes, due to sexual violence including unwanted pregnancies and contraction of STIs. Within the medical records reviewed, there were few cases of unwanted pregnancies reported, there was one case from Afar and no cases from Amhara. However in Amhara, 41 percent (14) of health care workers surveyed observed "some patients" having unwanted pregnancies because of sexual violence, and in Afar, 29 percent (6) health care workers had seen "some patients" with unwanted pregnancies. (See Table 38 below)

A focus group participant from Amhara emphasized that they did see some cases of unwanted pregnancies within survivors of conflict-related sexual violence. But this participant noted they were not always able to access services for pregnancy termination and therefore gave birth to children conceived from rape.

> "I have seen cases of girls and mothers who were exposed to various sexually transmitted diseases and unwanted pregnancies. Women who have had unwanted pregnancies have experienced unplanned births since they couldn't have access to medical assistance and abortion or pregnancy termination services at the time. I have seen such cases where it has led them to unwanted pregnancy and unplanned child and their plans have gone awry."
> A physician in Amhara

Ezana Berhale IDP site 2022 in Afdera, Ethiopia. Photo: J. Countess/Getty Images

Table 38: Frequency of Health Care Workers Observing Patients with Unwanted Pregnancy Resulting from Experiences of Sexual Violence in Amhara and Afar

Amhara

Injuries	N (34)	Percent of Respondents Surveyed
All patients	1	3%
Most patients	2	6%
Some patients	14	41%
Few patients	8	24%
No patients	9	27%

Source: Health Care Workers Survey

Afar

Injuries	N (21)	Percent of Respondents Surveyed
All patients	–	–
Most patients	3	14%
Some patients	6	29%
Few patients	10	48%
No patients	2	10%

Source: Health Care Workers Survey

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continued

Health care workers surveyed in Amhara and Afar indicated that pregnant patients would sometimes seek pregnancy termination and that they were "somewhat likely" to be able to access those services 47 percent (16) in Amhara and 52 percent (11) in Afar. (See Tables 39 and 40 below)

Interviews also indicated that survivors of conflict-related sexual violence who sought an abortion were able to access the service if they sought care early enough in their pregnancy..

"There was a woman who came to have an abortion because of the sexual abuse she experienced. There was a one-month pregnant woman who came seeking medical treatment and an abortion."
A health officer in Afar

"One of the patients had psychological issues, so she came for counseling and treatment services. The other woman was experiencing vaginal bleeding. She was pregnant and seeking an abortion. There were women with such cases seeking medical care services."
A health officer in Afar

Table 39: Health Care Workers Reports of Frequency with Which Survivors of Sexual Violence in Tigray Sought Abortion or Pregnancy Termination

Amhara

Frequency	N (34)	Percent of Respondents Surveyed
All patients	4	12%
Most patients	9	27%
Some patients	9	27%
Few patients	7	21%
No patients	5	15%

Source: Health Care Workers Survey

Afar

Frequency	N (21)	Percent of Respondents Surveyed
All patients	3	14%
Most patients	2	10%
Some patients	2	10%
Few patients	12	57%
No patients	2	10%

Source: Health Care Workers Survey

Table 40: Health Care Workers Reports of Likelihood of Patients who are Interested in Pregnancy Termination to have Access to Such Care in Amhara and Afar

Amhara

Frequency	N (34)	Percent of Respondents Surveyed
Unlikely	–	–
Somewhat unlikely	4	12%
Neutral	5	15%
Somewhat likely	16	47%
Likely	9	27%

Source: Health Care Workers Survey

Afar

Frequency	N (21)	Percent of Respondents Surveyed
Unlikely	1	5%
Somewhat unlikely	1	5%
Neutral	2	10%
Somewhat likely	11	52%
Likely	6	29%

Source: Health Care Workers Survey

In addition to pregnancy, health care workers observed patients who contracted STIs, including HIV, as a result of sexual violence. Medical records reviewed showed that, 6 percent (3) of patients in Afar and 2 percent (6) in Amhara tested positive for STIs and the three patients from Afar tested positive for HIV while none of the patients tested positive in Amhara. (See Table 41 below)

Health care workers surveyed also reported patients who tested positive for HIV and STIs after enduring conflict-related sexual violence. (See Table 37).

Health care workers who were interviewed spoke about patients seeking testing and treatment for STIs and HIV as a top priority when seeking care.

> "When survivors come to the hospital the priority service they requested was HIV/AIDS test, sexual transmitted infection treatment, hepatitis B test. In addition to this to get medication they didn't get because of the war and for physical injury treatment."
> A nurse midwife in Amhara

Malnutrition

A lack of food leading to starvation, undernutrition and malnutrition was also observed in Amhara and Afar by health care workers as a result of sexual violence and the more general conflict. Health care workers surveyed in both the Amhara and Afar regions indicated that they saw patients who had experienced sexual violence who also showed signs of malnutrition and starvation.

Health care workers who were interviewed described the linkages between conflict, sexual violence, and malnutrition.

> "Among the patients I treated, there was a situation where many of them didn't have enough food or what one should eat in a day, so even though we don't refer to it as extreme hunger or starvation, they were partially showing signs of starvation."
> A nurse midwife in Amhara

> "During the war, displaced people were coming here. There was hunger and death, and there was also migration resulting from the conflict. The government attempted to help, but due to the ongoing conflict, it couldn't provide adequate food, resulting in widespread suffering, migration, and various other issues."
> A physician in Amhara

> "In addition, [children] less than 13 years old children were vulnerable for malnutrition. During that time due to the war it was difficult to [find] medication and additional milk for children. There were many children vulnerable for malnutrition, in addition there were many children [who] were not taking routine vaccination. Due to this many problems were observed in children."
> A nurse midwife in Amhara

In Afar specifically, those who were interviewed saw that starvation was deliberately used to cause suffering.

> "Starvation was used as a weapon of war, leading to deaths and severe malnutrition among children."
> A health officer in Afar

> "What children often experienced during the war was a lack of food."
> A health officer in Afar

Table 41: HIV & STIs Transmission Among Survivors of Sexual Violence in Amhara and Afar

Amhara

Frequency	N (50)	Percent of Respondents Surveyed
Any STI		
Positive	6	12.2%
Negative	28	57.1%
Not tested/ recorded	15	30.6%
HIV positive (reported or serology)	0	0.0%
HIV serology positive	0	0.0%
Hepatitis B Ag Positive	0	0.0%
STI complication, n (%)	1	2.0%

Source: Medical Records

Afar

Frequency	N (47)	Percent of Respondents Surveyed
Any STI		
Positive	3	6.4%
Negative	20	42.6%
Not tested/ recorded	24	51.1%
HIV positive (reported or serology)	3	6.4%
HIV serology positive	3	6.4%
Hepatitis B Ag Positive	0	0.0%
STI complication, n (%)	4	8.5%

Source: Medical Records

continued

Mental Health

Survivors of conflict-related sexual violence in Amhara and Afar experienced a range of mental health impacts from the trauma. Interviewed health care workers spoke about psychological trauma being a major issue that survivors and communities had to grapple with.

> "The main problem majority was suffered was psychological trauma in women's and girls' sexual violence survivors."
> A nurse midwife in Amhara

> "I believe the war has a detrimental impact. Firstly, it makes them feel overwhelmed. Secondly, it leads to misbehavior. I don't think children affected by the war have a positive outlook or attitude."
> A health officer in Afar

> "Yes, there are many victims of economic violence and there are peoples who lost their lives or die due to heavy weapons fired during the war and there are many victims of psychological traumatized."
> A nurse midwife in Amhara

> "If they have been subjected to sexual abuse, they may experience similar issues such as suffering from PTSD or severe depression, anxiety, and physical injuries."
> A health officer in Afar

Health care workers surveyed from Afar (18) and Amhara (18) indicated treating patients who developed psychological complications after experiencing sexual violence which included depression, anxiety, suicidal ideation, sleep disturbance, dissociative symptoms, and PTSD. (See Table 42 below)

Table 42: Psychological Effects of Exposure to Sexual Violence in Amhara and Afar Reported by Health Care Workers

Amhara

Effects	N (18)	Percent of Respondents Surveyed
Anxiety	8	44.4%
Depression	8	44.4%
PTSD	7	38.9%
Suicidal ideation	5	27.8%
Substance Use	1	5.6%
Sleep disturbance	7	38.9%
Dissociative symptoms	7	38.9%

Source: Health Care Worker Survey

Afar

Effects	N (18)	Percent of Respondents Surveyed
Anxiety	17	94.4%
Depression	18	100.0%
PTSD	15	83.3%
Suicidal ideation	16	88.9%
Substance Use	15	83.3%
Sleep disturbance	16	88.9%
Dissociative symptoms	16	88.9%

Source: Health Care Worker Survey

Medical records reviewed also indicated survivors suffered psychological injuries. With survivors from Afar specifically grappling with anxiety (19 percent, 9), depression (17 percent, 8) and PTSD (15 percent, 7) within the records reviewed. (See Table 43 below)

Health care workers who were interviewed shared that vulnerable groups, including children and male survivors, particularly faced challenges in sharing experiences of conflict-related sexual violence, which may have impacted their mental health outcomes.

> "As previously mentioned, children under the age of 13 may experience severe pain and vaginal bleeding, and they may tend to be secretive about what happened to them. They often do not openly communicate with us about their abuse. Children above the age of 13 are generally more mentally mature compared to those under 13 and can actively communicate with us about their experiences. These differences set them apart. However, regarding the similarities they have, both age groups may suffer from trauma, abrasions, anxiety, and depression."
> A health officer in Afar

> "There are also psychologically traumatized men who witnessed when their mother and his wife were being raped. But there are no male sexual violence survivors."
> A nurse midwife in Amhara

Social Impacts

In the Amhara and Afar regions, similarly to Tigray, conflict-related sexual violence survivors faced social consequences that compounded the physical and mental health challenges. Health care workers reported that patients who disclosed their experiences often faced retaliation, divorce, estrangement from family, and a loss of financial and social security for survivors.

> "There are many women who have been raped and got divorced or separated from their husbands due to the rape incident. There are financially challenged people who are unable to raise their children and live in poverty."
> A social worker in Amhara

> "One reason survivors of sexual violence may not come forward is the fear of judgment from their community and the subsequent social ostracization. Another reason could be if the perpetrator is someone they know or they are part of the same community, they fear further harm if they were to speak out."
> A health officer in Afar

Health care workers shared that the fear of personal and family consequences, as well as stigma, led survivors to often not disclose or seek services.

> "Primarily, women and girls who have experienced rape do not disclose the issue because of their family's safety. They do not want to talk about the rape for fear of stigmatization. They believe if the community knows, it will bring shame to their families. Therefore, they choose to live without revealing what happened to them."
> A nurse midwife in Amhara

Table 43: Psychological Effects of Exposure to Sexual Violence in Amhara and Afar

Amhara

Effects	N (50)	Percent of Cases
Any psychological injury, n (%)	3	6.1%
PTSD, n (%)	2	4.1%
Depression, n (%)	1	2.0%
Anxiety, n (%)	0	0.0%
Suicidal ideation, n (%)	0	0.0%

Source: Medical Records

Afar

Effects	N (47)	Percent of Cases
Any psychological injury, n (%)	11	23.4%
PTSD, n (%)	7	14.9%
Depression, n (%)	8	17.0%
Anxiety, n (%)	9	19.2%
Suicidal ideation, n (%)	0	0.0%

Source: Medical Records

"Yes, I think there are such individuals. One of my patients was scared when she first came in for treatment. When she finished treatment, she finally told me what had happened to her. When I asked her, she said she was afraid that her secret wouldn't be kept confidential. She was the first patient to tell me that she had been raped."
A health officer in Afar

"Many cases of abuse go unreported because victims are afraid of how their family, friends, or community will react. Unless the abuse is discovered when victims seek medical care for resulting health issues or when they are under extreme pressure, they may not feel able to report their cases or to openly talk about what happened to them."
A community leader in Amhara

Barriers to accessing health care and survivors' health needs

Conflict and instability impacted the ability of conflict-related sexual violence survivors in Amhara and Afar to access health care services and had an impact on their ability to receive timely care, impacting their sexual and reproductive health. Among the surveyed health care workers, 50 percent (15) in Afar and 54 percent (33) in Amhara reported that conflict has impacted the ability of sexual violence survivors to access care in the health facility where they worked. Lack of transportation, movement restrictions due to security concerns, fear of stigma and discrimination, inability to pay for medication and services, and interruptions in community-based care were the most common factors that limited survivors' abilities to access health care services in Amhara and Afar. (See Tables 44 and 45 below)

These limitations delayed survivors' ability to access services, with 59 percent (36) of health professionals surveyed in Amhara and 77 percent (23) in Afar said that they had seen patients who had experienced harm to their sexual and reproductive health because of delays in care. Health care professionals indicated that HIV tests and pregnancy tests were only administered to 50 percent of patients; the most common reason given was a lack of supplies. In interviews, health care workers also spoke about how testing for STIs and treatment for reproductive health complications were a priority for survivors.

"When survivors come to the hospital, the priority service they were requested was HIV/AIDS test, sexual transmitted infection treatment, and hepatitis B test at that time. In addition to this to get medication they didn't get because of the war and for physical damage treatment."
A nurse midwife in Amhara

Table 44: Conflict-Related Factors that Limited Survivors' Access to Health Care Services in Amhara

Factors	N (33)	Percent of Respondents Surveyed
Lack of transportation	24	73%
Movement restriction due to security concerns	24	73%
Fear of stigma/discrimination	21	64%
Inability to pay for services/ medication	20	61%
Interruptions in community-based care	20	61%
Fear of retaliation by perpetrators	15	46%
Fear of repeated victimization	12	36%
Fear of being identified by perpetrators	11	33%
Fear of legal repercussions for reporting (e.g. mandatory reporting)	11	33%

Source: Health Care Workers Survey

Table 45: Conflict-Related Factors that Limited Survivors' Access to Health Care Services in Afar

Factors	N (15)	Percent of Respondents Surveyed
Lack of transportation	14	93.3%
Movement restriction due to security concerns	13	86.7%
Fear of stigma/discrimination	12	80.0%
Inability to pay for services/ medication	11	73.3%
Interruptions in community-based care	11	73.3%
Fear of retaliation by perpetrators	8	53.3%
Fear of repeated victimization	8	53.3%
Fear of being identified by perpetrators	8	53.3%
Fear of legal repercussions for reporting (e.g. mandatory reporting)	5	33.3%

Source: Health Care Workers Survey

These limitations delayed survivors' ability to access services, with 59 percent (36) of health professionals surveyed in Amhara and 77 percent (23) in Afar said that they had seen patients who had experienced harm to their sexual and reproductive health because of delays in care. Health care professionals indicated that HIV tests and pregnancy tests were only administered to 50 percent of patients; the most common reason given was a lack of supplies. In interviews, health care workers also spoke about how testing for STIs and treatment for reproductive health complications were a priority for survivors.

> "When survivors come to the hospital, the priority service they were requested was HIV/AIDS test, sexual transmitted infection treatment, and hepatitis B test at that time. In addition to this to get medication they didn't get because of the war and for physical damage treatment."
> A nurse midwife in Amhara

Consistent with this, health care workers surveyed also indicated that the most impacted sexual violence services by conflict were related to testing, mental health screening, physical examination and treatment, and forensic evidence collection. (See Tables 46 and 47 below)

Table 46: Types Of Sexual and Reproductive Violence Related Services Impacted by Conflict in Amhara

Factors	N (61)	Percent of Respondents Surveyed
Testing for STIs (e.g. hepatitis, syphilis, gonorrhea, chlamydia)	34	55.7%
Testing for HIV	30	49.2%
Collection of forensic evidence of sexual violence (e.g. use of a rape kit)	24	39.3%
Physical examination following sexual violence experience	22	36.1%
Mental health screening following sexual violence experience	20	32.8%
Pregnancy termination	20	32.8%
Vaccine Access	16	26.2%
Treatment for physical trauma	14	23.0%
Maternal health care	14	23.0%
Referral to higher facility	14	23.0%
Mental health services/counseling	10	16.4%
Provision of Required medications, including	9	14.8%
Legal services for survivors	6	9.8%
Safe house service /social services	6	9.8%

Source: Health Care Workers Survey

Table 47: Types of Sexual and Reproductive Violence Related Services Impacted by Conflict in Afar

Factors	N (30)	Percent of Respondents Surveyed
Mental health screening following sexual violence experience	23	76.7%
Testing for STIs (e.g. hepatitis, syphilis, gonorrhea, chlamydia)	20	66.7%
Testing for HIV	20	66.7%
Treatment for physical trauma	20	66.7%
Mental health services/counseling	19	63.3%
Vaccine Access	18	60.0%
Physical examination following sexual violence experience	17	56.7%
Maternal health care	17	56.7%
Legal services for survivors	16	53.3%
Provision of Required medications, including	14	46.7%
Collection of forensic evidence of sexual violence (e.g. use of a rape kit)	13	43.3%
Pregnancy termination	6	20.0%
Referral to higher facility	6	20.0%
Safe house service/social services	2	6.7%

Source: Health Care Workers Survey

Needs for Justice and Accountability

Health care workers shared insights on what justice and accountability efforts and reparations for survivors of sexual violence in Amhara and Afar should focus on to ensure that survivors receive access to healing and resources.

There was an emphasis on ensuring that any process put in place is impartial and independent, free from influence of the Ethiopian government or other actors. Interviewees mentioned a balance between international actors, actors from the AU and actors from Ethiopia.

> "The transitional justice established by Ethiopia is politically influenced. It will not solve the situation since it is controlled by higher-level political leaders. It cannot bring accountability and justice for the damages and crimes committed during the war."
> A nurse midwife in Amhara

> "The investigation should involve both local and international bodies. A mix of Ethiopian, African Union, and international investigators is necessary for balanced accountability."
> A nurse midwife in Amhara

> "Justice must be served impartially by legal experts, both Ethiopian and international. The involvement of neutral parties is crucial to ensure transparency and fairness."
> A health officer in Afar

> "Justice requires the involvement of independent bodies that can thoroughly investigate and present the truth. This is the only way to restore trust and accountability."
> A health officer in Afar

Additionally, those interviewed highlighted the importance of ensuring that laws are clear, effective, and survivor-centered.

> "A firm law should be established to prosecute criminals and serve justice to victims. Without this, survivors will continue to live in fear, and future generations will have no assurance of safety."
> A health officer in Afar

> "If there are responsible parties who should be prosecuted, they must be punished by law. Victimized people should be given proper justice. Justice should be served to women who are victims of forced marriage."
> A health officer in Afar

Finally, when discussing reparations, the focus was on a mix of both financial compensation and ensuring that survivors have ongoing access to the necessary care and resources they need to continue healing.

> "Reparations must include financial compensation, psychological counseling, and support for rebuilding lives. Without these, survivors will never truly heal."
> A health officer in Afar

Analysis of Findings

The triangulation of data from medical records, surveys of health care workers, and interviews to understand the experiences of those who provided care to patients allows OJAH and PHR to draw important conclusions about the perpetration of conflict-related sexual and reproductive violence and the impacts on survivors in the Tigray, Amhara and Afar regions of Ethiopia with important implications for further investigation, research, justice and accountability.[69]

Tigray

In Tigray, survivors experienced brutal and deliberate forms of conflict-related sexual violence, which caused severe and permanent psychological and physical harm to survivors, their families and communities. This is consistent with numerous publicly available reports and peer-reviewed journal articles.[70] Sexual violence in Tigray was deployed as a tactic during the active conflict period between November 2020 and November 2022. However, these data, as well as OJAH's and PHR's previous research, make it clear that sexual violence crimes have continued despite the signing of the CoHA in November 2022.[71]

The most prevalent forms of sexual violence were those intended to maximize harm, humiliate survivors, instill terror, target vulnerable populations, exert control over survivors, and punish and destroy whole communities.

Above: A nurse moves scrap from a damaged part of the Wukro General Hospital 2021. Photo: Eduardo Soteras/AFP/Getty Images

Survivors of sexual violence in Tigray experienced multiple forms of sexual violence, including vaginal, anal, and oral rape; multiple perpetrator rape; sexual humiliation; forced nudity; groping and forced touching; and forced witnessing of sexual violence among others. A large percentage of survivors of conflict-related sexual violence in Tigray had experienced multiple perpetrator rape, a defining characteristic of conflict-related sexual violence in the region.[72] Many survivors in Tigray reported experiencing multiple perpetrator rape that was committed in diverse settings, including in their homes, in front of their family members, numerous times while they were in captivity, and in ways that caused permanent and complex physical injuries, such as fistula, because of the severity of the multiple perpetrator rape. Survivors described multiple perpetrator rape being committed by groups of armed actors affiliated with the military who, in committing these acts, seemed to see them as less than human – going so far as to use phrases such as, "You are animals."

Survivors in Tigray were forced to endure sexual violence in front of family members, friends, and other members of their community. Other survivors shared harrowing stories of instances where they were forced to watch sexual violence and physical violence, including killings committed against others. These experiences were traumatizing and humiliating. Children were often reported by health care workers to have experienced forced witnessing, indicating that this tactic was used to particularly target this vulnerable population in a way that caused lasting psychological trauma.[73] Health care workers described children with mental health presentations consistent with PTSD following forced witnessing as well as developmental delays and regression. Conflict-related sexual violence in Tigray was committed in public spaces and in ways that violated cultural norms, further humiliating, degrading, and terrorizing survivors and communities.

Health care workers in Tigray removed stones, nails, plastic, dirt, letters and other foreign objects from survivors' vaginas following sexual violence, including letters with explicitly written messages of revenge. These foreign objects were inserted to maximize harm, signal a desire for vengeance, and brutalize survivors' bodies, compounding already severe physical injuries and mental trauma, and aggravating the already brutal patterns of sexual assault. These survivors' stories left strong impressions on health care workers both for the cruelty of the acts, the brutality of the injuries and the impacts on survivors' reproductive organs from these actions.

Sexual violence perpetrated in Tigray was highly focused on exerting control over survivors' bodies and reproduction. Health care workers saw survivors who had become pregnant because of sexual violence and were not able to access pregnancy termination due to a lack of available supplies or abortion services. In other instances, health care workers saw patients who experienced sexual violence in conditions of captivity, became pregnant while still in captivity, and were then kept in captivity until the child was born. Survivors who gave birth to children as a consequence of sexual violence were faced with complex challenges related to the mental health impacts of having a child born of rape and the community stigma they faced.

Perpetrators of sexual violence in Tigray were affiliated with the ENDF and their allies, primarily the Eritrean military. Other perpetrators were from Amhara militias/Fano and Amhara special forces though survivors often shared that these groups were also operating in concert as allies of the Ethiopian national government.

Perpetrators of conflict-related sexual violence in Tigray were most often identified by survivors, based on speaking the Tigrigna language with a specific dialect, as being affiliated with the Eritrean military. This is consistent with findings from PHR and OJAH's August 2023 report as well as reports published by investigative mechanisms, human rights documenters, and media, which indicated that sexual violence in Tigray was largely committed by perpetrators affiliated with the Eritrean military.[74] The significant involvement of Eritrean military actors in the perpetration of sexual violence in Tigray and the fact that Eritrea is not party to the CoHA or current transitional justice process raises serious concerns regarding the ability of survivors of sexual violence perpetrated by Eritrean actors to receive justice, accountability or reparations for these crimes perpetrated in Ethiopia.

The Ethiopian government, its affiliated military groups and allies, including at the time the Amhara militias and Amhara special forces, perpetrated sexual violence in Tigray. This is likely aligned with reports of the ongoing occupation of Western Tigray, an area known to be contested between the Tigray and Amhara region and annexed by Fano and Amhara paramilitary at the outset of the conflict.[75]

ENDF, EDF, Amhara Special Forces and Fano targeted survivors because they were Tigrigna, with perpetrators expressing intent to cause harm to both individuals and communities. While persons of all ages and gender identities were subjected to sexual and gender-based violence, Tigrayan women and girls were disproportionately targeted with broad impacts on their physical and psychological health, socio-economic situation, and future development. Survivors shared with health care workers that perpetrators used language which underlined that the women and girls were targeted for sexual and gender-based violence because they were Tigrayan and because they were women.

Perpetrators had specific intent to commit sexual violence related to a desire to harm survivors' future reproductive capacities by making them infertile – either by raping them so severely that their reproductive organs would be permanently damaged or by inserting objects into their vaginas in a way that would cause permanent harm so that they could no longer bear children.

Perpetrators also expressed intentions to force pregnancies of non-Tigrayan children by impregnating survivors and in some cases holding them in conditions of captivity so that they would be forced to give birth or not have the option to terminate the pregnancy. Furthermore, there were sufficient barriers to care that existed should survivors seek pregnancy termination; often, the health system had been sufficiently attacked that abortion services were not available due to a lack of supplies.

Furthermore, perpetrators expressed the intent to harm reproduction and cause bodily harm through the intentional transmission of STIs including HIV.

The significant physical, including reproductive health harms, and mental health impacts of sexual violence on survivors observed by health care workers indicate that perpetrators' intentions are linked to medical outcomes within survivors in Tigray. Survivors in Tigray experienced extreme physical health harms including burns, amputations, paralysis, cancer, and significant injuries to their reproductive organs causing potential permanent injury and infertility. In addition, health care workers observed many patients who experienced malnutrition as co-occurring with other sequela of sexual violence. Many survivors experienced complex injury patterns, with co-occurrence of physical injuries, reproductive injuries, STIs, unwanted pregnancy, psychological impact, and stigma; and overall children suffered worse impacts from sexual violence because of their age, body size, and developmental stage.

Health care workers described their entire patient population as being impacted by STIs. The HIV positivity rate among patients seen in the medical records reviewed is well above the national HIV prevalence for Ethiopia of 0.09 percent.[76] The dramatic increase, more than doubled since the start of the conflict, in HIV prevalence in Tigray is a significant phenomenon that has been observed and documented by other researchers.[77]

Some survivors experienced unwanted pregnancies, and many were not able to access pregnancy termination services if they wanted. Survivors who gave birth to children faced mental health impacts, among them anger, shame, stigma, and trauma related to having a child resulting from sexual violence and high stigmatization within the community who often saw them as the enemy.

Patients exhibited mental health symptoms consistent with severe trauma experiences, including depression, anxiety, PTSD, suicidal ideation, substance use, and sleep disturbance. Mental health impacted not only survivors but also their families and community members who were forced to witness violence, displacement and grapple with its consequences.

The severity of sexual violence perpetrated, the physical injuries that were seen, and the stories of killings that accompanied sexual violence led us to believe that there are likely many survivors of sexual violence who did not survive the violations and therefore whose experiences are not captured in these data. Furthermore, the stigma that survivors faced when coming forward to report sexual violence, as well as the lack of available health care services due to attacks on health care that occurred as part of the conflict mean that it is likely that there are many more survivors who have not come forward to report sexual violence and therefore their stories are also not captured.

Overall, in Tigray sexual violence was committed in a widespread and systematic way indicating that sexual violence was an organized and deliberate weapon of the conflict, wielded to exert permanent harm.

Amhara and Afar

In the Amhara and Afar regions, the patterns of perpetration of sexual violence are indicative of ongoing conflict and instability, and lack of atrocity prevention, as seen within these data and other publicly available reports.[78] These patterns included acts targeting individuals and stemmed from broader insecurity across the country as well as the presence of ongoing, flaring conflict in these regions. The temporal analysis of sexual violence crimes in Amhara and Afar show incidents occurring from early 2021 through July 2024. This highlights how impunity for sexual violence crimes that occurred in Tigray after the CoHA in November 2023 and subsequent escalation of conflict in other areas of Ethiopia after that period have left civilians across Ethiopia susceptible to grave violations of human rights.[79]

Survivors of sexual violence in the Amhara and Afar regions experienced forms of sexual violence including multiple perpetrator rape, touching, groping, forced nudity, sexual humiliation, forced witnessing, and sexual abuse meant to cause individual harm, exert control, and violate their bodily autonomy.

Survivors in Amhara and Afar identified sexual violence perpetrators from military groups, including the TPLF and ENDF. The sexual violence that these perpetrators committed was very brutal and included multiple perpetrator rape, physical violence, and forced witnessing among others. Survivors reported to health care workers that perpetrators, particularly those affiliated with the TPLF, expressed intentions of seeking vengeance or revenge for the participation and actions of Amhara and Afar combatants in the conflict in Tigray. They also conveyed intentions to displace them from their land and to traumatize and belittle them. This is consistent with other reports of TPLF forces engaging in retaliatory violence in the Amhara and Afar regions.[80] These patterns of conflict-related sexual violence in Amhara and Afar suggest that, in some cases, these crimes were fueled by lack of justice, accountability or healing for crimes committed in Tigray. Additionally, the identification of perpetrators, particularly in Amhara from the ENDF suggests the active participation in abuse by Ethiopian forces as part of a broader response to fighting with Fano militias since late 2023.

In addition to sexual violence committed by military and security force affiliated perpetrators, survivors in Amhara and Afar shared with health care workers that they also experienced sexual violence committed by individuals who were known to them. In some cases, these were individuals who took advantage of broader insecurity to commit sexual violence. In other instances, rape occurred within the context of early and forced marriage. Broader community insecurity, displacement, and instability, caused by ongoing conflict in these regions and across the entire country of Ethiopia increased civilians' vulnerability to sexual violence and other forms of violence.

Survivors of sexual violence in Amhara and Afar suffered significant physical and psychological injury. Physical injuries included genital injuries, burns, fistulas, lacerations, and vaginal bleeding. Physical injuries to reproductive organs against children were also noted by health care workers specifically because of early and forced marriage, leading to death in one incident. Other reproductive health outcomes due to sexual violence, included unintended pregnancy and contraction of STIs, which survivors prioritized seeking care for. Psychological injuries were also commonly present in the Amhara and Afar regions including PTSD, depression, anxiety, suicidal ideation, sleep disturbance, dissociative symptoms, and substance use. Reporting some of these injuries, specifically mental health impacts, was low, raising questions about the accessibility of services particularly given the ongoing conflict in these regions.

Above: Maiani General Hospital in Shiraro on October 12, 2024. Photo: Michele Spatari/AFP/Getty Images

What do Survivors Need Now?

Across all regions, health care workers shared that the conflict has impacted the ability of survivors to access care due to ongoing challenges related to transportation, availability of medication and supplies, lack of community-based care structures, insecurity and restrictions on movement, and fear of the stigma, discrimination and community impact of disclosing experiencing sexual violence. Independent analysis of the humanitarian aid response in Tigray, Amhara, and Afar between November 2020 and April 2023 also indicated a systemic failure to meet essential needs, adhere to humanitarian principles and respond to large-scale sexual violence.[81] Given the impacts of sexual violence on survivors seen across Tigray, Amhara, and Afar, and the recognized lack of comprehensive services, there is a need to provide accessible comprehensive sexual and reproductive care, including mental health services for survivors of sexual violence in Ethiopia. Additionally, as many survivors may not disclose given concerns regarding stigma, it is very important for these services to be made available to all people without discrimination. Stigma and discrimination against survivors of sexual violence were highlighted as pervasive barriers of care as well as a source of pain for survivors, in line with that there is a need community level programming to support reduction of stigma and discrimination. Recent reductions in funding to support health care programs across Ethiopia raise additional concerns about the ability of survivors to access comprehensive services, this funding gap must be addressed to ensure that the needs of survivors of sexual violence may continue to be met.[82]

The continuation of sexual violence in Amhara and Afar, coupled with ongoing conflict and survivors' desire for justice and accountability, is also an indication that there is a need for a justice process that addresses the needs and desires of survivors. Currently, the transitional justice process as outlined in the CoHA is inadequate to do so as it is not impartial, is not independent from the Ethiopian government, and does not cover crimes committed outside of the Tigray region or outside of the period of November 2020 to November 2022 and does not include one of the key perpetrator groups of sexual violence crimes, the Eritrean military. For these reasons, the transitional justice process is insufficient to deliver justice, accountability, and reparations needed for survivors of sexual violence in Ethiopia.

Legal Analysis

The findings of this investigation into conflict-related sexual and reproductive violence reveal the ongoing commission of the crimes against humanity, including establishing for the first time the international crime of forced pregnancy as well as the crimes of sexualized enslavement and persecution of women and children in Tigray since the signing of the CoHA. The data further confirms that civilians, predominantly women and children, in Tigray, Amhara, and Afar have been subject to and harmed by sexual violence[83], reproductive violence[84], the slave trade[85], and slavery[86], in connection with the respective non-international armed conflicts in these regions. These acts are violations of international criminal law, IHL, and IHRL. Furthermore, the barriers survivors face in accessing health care, especially reproductive health services, constitute violations of IHRL and IHL in all three regions. While all parties have committed sexual and reproductive violence, our data demonstrates that the majority of cases across all regions were perpetrated by Ethiopian forces and their allies, which included Eritrean forces in Tigray.

Conflict-related sexual violence, which may include related reproductive violence, also constitutes a threat to international peace and security in violation of multiple United Nations Security Council (UNSC) resolutions1820, 1960, 2106, and 2122. Our investigative findings of conflict-related sexual violence and reproductive violence give rise to obligations on the international community to act as recognized in these UNSC resolutions and customary international law. Equally, the documented violations of the prohibition of slavery and the slave trade in Ethiopia come with attendant *erga omnes* obligations for States – that is, the obligation for all states to respond.[87]

Consistent with the legal findings by UN ICHREE, the Governments of Ethiopia and Eritrea bear State responsibility for the violations of international law committed by or on their territory, including but not limited to their armed forces, and persons and groups acting under their instruction, direction or control.[88] As such, the Governments of Ethiopia and Eritrea have a duty to investigate and prosecute such violations, provide remedies and reparations for them without delay.[89] While neither Ethiopia nor Eritrea is a signatory to the Rome Statute, if these states are unwilling or unable to investigate and prosecute those responsible for the violations of international law, third States are under an obligation to investigate and prosecute, in particular *jus cogens* violations of international law, such as slavery crimes, and other crimes of concern to the international community under the principle of universal jurisdiction.[90] On the basis of our investigative findings and credible reports of serious violations of international law, further investigation is warranted into the crime against humanity of extermination and genocide. These concerns are consistent with UN ICHREE's October 2023 findings on the risk of further international crimes.[91]

Significantly, harms and impacts caused by sexual violence, reproductive violence, slavery, and the slave trade must be distinctly recognized as categories of analysis in any justice processes, including transitional justice mechanisms.

1. International Criminal Law

1.1. Tigray

In Tigray, reported incidents confirm that the ongoing perpetration of the crimes against humanity, including enslavement,[92] through control of sexual and reproductive autonomy of women and girls of Tigrayan ethnicity,[93] deprivation of physical liberty,[94] torture,[95] rape, forced pregnancy, enforced sterilization, other forms of sexual violence of comparable gravity,[96] such as the forced insertion of objects containing notes of political messages, persecution on intersecting ethnic, gender, age, and political grounds as well as and other inhumane acts by ENDF, EDF, Amhara Special Forces and Fano. The crime against humanity of persecution requires that the perpetrator severely deprived one or more persons of fundamental rights, contrary to international law, and that such persons were targeted by reason of the identity of a group or collectivity, on grounds universally recognized as impermissible including but not limited to politics, race, nationality, ethnicity, culture, religion, and gender.[97] In *Al Hassan*, the Trial Chamber recently confirmed that an act of persecution may constitute an act [in article 7(1) of the Statute] but it can also be any discriminatory measure, provided it infringe[s] on basic rights and reach[es] the necessary level of gravity: deprivation of one or more fundamental right(s) that by themselves or in cumulation are severe.[98]

Women and children in Tigray were targeted because they are women and children of certain ethnicities. They were specifically targeted for sexual and reproductive violence and through such violence deprived of several fundamental rights, including the right to be free from torture, slavery, and the slave trade. The commission of such acts started in November 2020 and is still, despite the CoHA, ongoing. In particular, the 82 incidents of sexual and reproductive violence documented by OJAH and PHR after the cessation of hostilities in Tigray demonstrate, consistent with findings by UN ICHREE[99] and regional as well as international human rights organizations[100], the ongoing commission of widespread and systematic attacks against the civilian population in Tigray.

The reported incidents of rape by ENDF, EDF, Amhara Special Forces and Fano in Tigray amount to the war crime of violence to life and person, in particular cruel treatment and torture.[101] Other forms of sexual and reproductive violence perpetrated, such as forced witnessing of sexual violence, including against dead family members and sexual humiliation, amount to outrages upon personal dignity, in particular humiliating or degrading treatment.[102] These reported incidents also amount to rape[103], sexual slavery[104] and any other form of sexual violence[105] also constituting a serious violation of Article 3 common to the four Geneva Conventions and customary international law.[106]

Reported acts and indications of intent during perpetration of sexual, gender-based and reproductive violence to destroy the Tigrayan ethnicity by causing serious bodily or mental harm or by preventing births within the group expressed by perpetrators are consistent with the crime of genocide under Articles 2 (b) and (d) of the Genocide Convention and requires further investigation to determine if genocide occurred, in line with conclusions drawn by other organizations.[107]

1.2. Amhara and Afar

The reported incidents of sexual and reproductive violence committed by Tigrayan forces and ENDF in Amhara between July and December 2021 and in Afar by between November 2021 and March 2022 by Tigrayan forces and ENDF amount to war crime of outrages upon personal dignity, in particular humiliating or degrading treatment.[108] Rape as reported in Amhara and Afar may also constitute the war crime of violence to life and person, in particular cruel treatment and torture.[109]

The data also includes accounts of forced abortion that merit further investigation; if further confirmed, these acts would also constitute war crimes of violence to life and persons as well as outrages upon personal dignity.[110]

Respectively, any reported incidents of sexual and reproductive violence perpetrated by ENDF and Fano in Amhara as of August 2023, amount to war crimes of outrages upon personal dignity, in particular humiliating or degrading treatment.[111]

While all parties have committed sexual and reproductive violence, our data demonstrates that the majority of cases across all regions were perpetrated by Ethiopian forces and their allies, which included Eritrean forces in Tigray.

2. International Humanitarian Law

2.1. Tigray

During the non-international armed conflict in Ethiopia, ENDF, EDF, Amhara Special Forces and Fano violated IHL in Tigray between November 2020 and November 2023. Rape, other forms of sexual violence, and reproductive violence, such as forced pregnancy, forced sterilization, preventing births, lack of access to health and abortion care[112] violate common Article 3 to the Geneva Conventions, in particular a) the violence to life and person, in particular cruel treatment and torture and b) outrages upon personal dignity, in particular humiliating and degrading treatment.[113] Through acts of abductions, kidnapping and sexualized enslavement, ENDF, EDF, Amhara Special Forces and Fano in Tigray violated customary IHL, in particular rule 94 of the International Committee of the Red Cross (ICRC) study and Article 4 (2) (f) of the Additional Protocol II to the Geneva Conventions , which prohibit slavery and the slave trade in all their forms during non-international armed conflict.[114] Rape, other forms of sexual and reproductive violence against children by these forces is in violation of customary IHL, specifically Article 4 (3) of Additional Protocol II.[115]

2.2. Amhara and Afar

As established by UN ICHREE, there was a non-international armed conflict in Amhara between July and December 2021 as well as in Afar between November 2021 and March 2022.[116] Thereafter, according to the ICRC, an armed conflict broke out between the ENDF and Fano in several parts of the Amhara region at the end of July and the first week of August 2023.[117] Since then, reports of regular clashes and fighting have caused restrictions to movement that inhibit access to health care facilities for the wounded and the sick,[118] including survivors of sexual and reproductive violence.

Rape committed by Tigrayan forces or ENDF in Afar and Amhara and by ENDF or Fano in Amhara after August 2023 violate common Article 3 of the Geneva Conventions, namely the a) violence to life and person, in particular, cruel treatment and torture and b) outrages upon personal dignity, in particular humiliating and degrading treatment.[119] The reported incidents of forced abortion which occurred in Amhara by Tigrayan forces or ENDF and Afar by Tigrayan forces or ENDF during the respective non-international armed conflicts also are consistent with violations of common Article 3 of the Geneva Conventions, specifically the violence to life and person, in particular cruel treatment and torture, and outrages upon personal dignity, in particular humiliating and degrading treatment and explicitly under Article 4 (2) (e) of Additional Protocol II.[120]

3. International Human Rights Law (IHRL)

Ethiopia, which ratified most international[121] and several regional[122] human rights law treaties, is responsible under IHRL for its failure to protect anyone on its territory from violations committed, including by the EDF and non-State actors.[123] Such obligations apply during conflict, post conflict, and the transitional justice process. While applicable international law may differ depending on the context in which conflict-related sexual violence is occurring, for example whether or not a situation meets the criteria for the application of IHL to a non-international armed conflict, most acts of a criminal nature are prohibited under the IHRL and therefore binding on Ethiopia and Eritrea[124]. States also have an obligation to provide victims of human rights violations, including specifically sexual violence, with an effective remedy in satisfaction of their rights to truth, justice, and reparation.[125] This obligation includes ensuring effective prosecution, punishment, and remedy for sexual violence committed by both state and non-state actors.[126]

3.1. Tigray

3.1.1. Targeting of Tigrayan Women and Girls for Sexual and Reproductive Violence

ENDF, EDF, Amhara Special Forces and Fano targeted women and girls in Tigray for sexual and gender-based violence, including reproductive violence, slavery and the slave trade, on grounds of gender identity, ethnicity, age, and relatedly reproductive capacity.[127] While persons of several ethnic minorities as well as persons of all ages and gender identities were subjected to sexual and gender-based violence, Tigrayan women were disproportionately targeted with broad impacts on their physical health, psychological health as well as socio-economic situation, including discrimination from their own family or community they experience as a result of the violence they have been subjected to.[128] Perpetrators used discriminatory language against them which demonstrated that the women were targeted for sexual and gender-based violence because they are Tigrayan and because they are women.[129] Children of Tigrayan ethnicity, in particular girls, were targeted for severe forms of sexual violence, including multiple perpetrator rape and sexualized enslavement, with distinct impact on children.[130] Such targeted acts constitute a violation of the right to non-discrimination.[131]

3.1.2. Rape and Other Forms of Sexual Violence

The perpetration of rape in Tigray from November 2020 until June 2024 by ENDF, EDF, Amhara Special Forces and Fano violates IHRL that gives rise to State Parties obligation before, during and after conflict.[132] These violations included multiple perpetrator rape of women and children with genital organs, other body parts or objects[133]], forced rape of family members, including deceased family members[134] and rape with the intention to infect with STIs, including HIV.[135] The commission of such acts violates the right to freedom from torture and other cruel, inhuman or degrading treatment or punishment.[136] They are in violation of a child's right to protection from all kinds of physical or mental violence, including sexual violence and all forms of sexual exploitation and sexual abuse.[137] Regionally, the reported acts of rape and other forms of sexual violence, violate the right of women to protection from all forms of violence, particularly sexual and verbal violence and the right of women to protection in armed conflict.[138] As per the Maputo Protocol, State Parties are obliged "to protect internally displaced women against all forms of violence, rape and other forms of sexual exploitation and to ensure that such acts are considered war crimes, genocide and/or crimes against humanity and that their perpetrators are brought to justice before a competent criminal jurisdiction".[139]

3.1.3. Abduction, Kidnapping and Sexualized Enslavement

Slavery and the slave trade are also non-derogable human rights violations that must be respected during periods of armed conflict, as well as in times of peace. The kidnapping, abduction and transfer of Tigrayan women and girls into situations of slavery by ENDF, EDF, Amhara Special Forces and Fano in Tigray during which they were subjected to sexual and gender-based violence, including reproductive violence[140], constitute violations of their right to freedom from slavery and the slave trade.[141] Any children born to enslaved mothers who are in situations of slavery are considered enslaved children whose human rights have been violated.[142] Acts of slavery and the slave trade are forms of gender-based violence, which Ethiopia as a State Party is obligated to prevent, investigate and punish on its territory.[143] Acts of the slave trade are also in violation of Article 29 of the African Charter on the Rights and Welfare of the Child obligating States to prevent the abduction of children.

3.1.4. Forced Pregnancy, Forced Sterilization and Prevention of Births

Reported incidents of rape and other forms of sexual violence in captivity resulting in forced pregnancy, the forced removal of contraceptive devices prior to rape resulting in pregnancy thereof and the forced continuation of pregnancies as a result of rape while in situations of slavery constitutes sexual, reproductive, and gender-based violence in violation of IHRL. The ENDF, EDF, Amhara Special forces and Fano perpetrated forced pregnancies against Tigrayan women and girls and thereby violated their right to freedom from torture and from other cruel, inhuman or degrading treatment or punishment.[144]

Forced sterilization is a form of gender-based and reproductive violence, which may involve sexual violence. In the present context, ENDF, EDF, Amhara Special Forces and Fano committed forced sterilization in combination with rape and other forms of sexual violence. The reports of insertion of foreign objects into the vagina and womb of Tigrayan women and girls after rape causing infertility combined with the reported use of language indicating intent to destroy the ability to reproduce indicate the commission of enforced sterilization in violation of IHRL, including the right to freedom from torture and from other cruel, inhuman or degrading treatment or punishment[145] and the right to determine the number and spacing of children as guaranteed in Article 16 (1) (e) of CEDAW and Article 16 (1) (b) of the Maputo Protocol.

These acts of forced pregnancy, forced sterilization and preventing births in Tigray also constitute violations of numerous other rights under international and regional human rights law, including the right to health, which includes the right to sexual and reproductive health and to reproductive decision-making,[146] and the right to be free from arbitrary or unlawful interference with privacy, family, home or correspondence and the rights to family protection.[147] Such forms of reproductive violence are all considered forms of gender-based violence, which violates women's sexual and reproductive health and rights resulting in discrimination against women[148] and "may amount to torture or cruel, inhuman or degrading treatment."[149] Forced pregnancy and preventing births, like forced sterilization, also violate the right under Article 16 (1) (e) to decide freely and responsibly on the number and spacing of their children.[150]

Further, our findings indicate that these acts violating reproductive autonomy were coupled with the use of language that explicitly indicates an intention to prevent births[151] as a way to "cleanse" the Tigrayan ethnicity[152] indicating serious violations of the right to non-discrimination and equality and intersectional discrimination.[153] IHRL affirms that State Parties, such as Ethiopia and Eritrea, must "prevent, investigate and punish gender-based violations such as forced pregnancies of women and girls in conflict-affected areas"[154] and "provide effective and timely remedies that respond to the different types of violations experienced by women and ensure the provision of adequate and comprehensive reparations; address all gender-based violations, including sexual and reproductive rights violations."[155] The documented incidents of forced pregnancy, forced sterilization, and preventing births committed against children violate their right to protection from all kinds of physical or mental violence, including sexual violence,[156] their right to protection from all forms of sexual exploitation and sexual abuse[157] and their right to protection from sexual exploitation.[158]

3.1.5. Lack of Access to Health Care, including Abortion Care with Reproductive Consequences

The reported incidents of sexual and reproductive violence against women and girls in Tigray come with broad, short- and long-term health effects which constitute an array of violations under IHRL, including the right to life, health, non-discrimination and equality, privacy, and freedom from torture and ill-treatment.[159] The destruction of the entire health system in Tigray has compounded health effects of the violence experienced, which has impacted care for survivors of conflict-related sexual violence who require medical and psychological health care.[160] Such health effects infringe the right of women in Tigray to freedom from discrimination in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.[161]

The lack of access to health care, including abortion care, in Tigray for survivors of sexual and reproductive violence is in violation of the right to health with a compounding effect on Tigrayan women and girls on the grounds of their ethnicity, gender identity, and age (in the case of children).[162] Women's rights to access specific educational information to help to ensure the health and well-being of families, including information and advice on family planning and freedom from discrimination in the field of health care to ensure equal access to health care services, including those related to family planning, have been violated in Tigray.[163]

Ethiopia as a State Party to CEDAW must ensure that sexual and reproductive health care includes access to sexual and reproductive health and rights information; psychosocial support; contraceptive information and services, including emergency contraception; maternal health services, including antenatal care, skilled delivery services, prevention of vertical transmission and emergency obstetric care; safe abortion services; post-abortion care; prevention and treatment of HIV/AIDS and other sexually transmitted infections, including post-exposure prophylaxis; and care to treat injuries such as fistula arising from sexual violence, complications of delivery or other reproductive health complications.[164] Further, under Article 12 of CEDAW, Ethiopia is obligated to ensure that adequate protection and health services, including trauma treatment and counselling, are provided for women in challenging circumstances, such as those trapped in situations of armed conflict.[165]

The inability of women and girls in Tigray to access services for pregnancy termination resulting in pregnancies and other health consequences, which were particularly severe for child survivors experiencing unintended pregnancy and other complications from sexual violence, amount to several international and regional human rights violations.[166] Lack of access to abortion for women and child survivors of conflict-related sexual violence in Tigray also amounts to a violation of their right to freedom from torture and from other cruel, inhuman or degrading treatment or punishment.[167]

On the basis of our investigative findings and credible reports of serious violations of international law, further investigation is warranted into the crime against humanity of extermination and genocide.

3.1.6. Access to Justice for Survivors of Sexual Violence, Reproductive Violence, Slavery Crimes

Survivors have a right to access justice for sexual violence, reproductive violence, and slavery crimes.[168] The right to access to justice as enshrined in Articles 1 to 3, 5 (a) and 15 CEDAW, requires State Parties such as Ethiopia "to address all violations of women's rights as well as the underlying structural sex and gender-based discrimination that underpinned such violations." Further, OHCHR has confirmed that transitional justice processes must be victim-centered and gender-sensitive, ensuring victim participation at every stage and adopting a specific focus on sexual and gender-based violations and their root causes.[169]

Despite these obligations, this report indicates that access to justice which considers the distinct harms, gender dimensions and impacts of sexual, reproductive and slavery crimes in Ethiopia remains elusive for survivors. Ethiopia's Transitional Justice Policy (Policy), adopted in April 2024, and the context in which it is meant to be implemented,[170] raise a range of concerns as to the credibility of the proposed process and its apparent failure to adhere to international human rights norms.[171] While some consider it a step in the right direction, the policy is riddled with several critical gaps, with a significant one being that it is government led.[172] The gross human rights violations allegedly perpetrated by national and subnational force raise concerns about the accountability of civil and military leaders through a government-controlled justice mechanism.[173] specially in the face of a dwindling civic and political space.[174] Moreover, while reports have repeatedly shown the involvement of Eritrean forces in the war[175], the policy does not address the provisions to prosecuting foreign actors.

Despite stipulating the accountability for those "most responsible", and outlining a pathway for conditional amnesty for less culpable individuals it leaves out the individuals that fall in neither categories.[176] The policy does not explicitly address whether ongoing gross human rights violations by the incumbent government and other warring parties will be included as recommended by TJ experts[177], while in fact the country is still experiencing ongoing violent conflicts and gross human rights violations.

Perhaps more concerning is that there haven't been any significant steps taken or reported by the government, in the policy or practical implementation of the TJ process, after the adoption of the TJ policy in April 2024,[178] including the establishment of a comprehensive framework to provide protection and support for victims who testify against the perpetrators, as stated in the adopted policy.

Logistical and operational challenges, including an open-ended and expansive mandate, risk overburdening the capacity of the Truth Commission. Ethiopia's pluralistic legal system, which combines national laws with customary practices, may allow for wider discrepancy in ensuring an alignment of the transitional justice process with international human rights standards.[179] As such, recent evaluations of the implementation of the Transitional Justice Policy suggest that the "quasi-compliance" strategy identified by ICHREE in October 2023 persists.[180]

While it may require further investigation and research, the right to access to justice for survivors of conflict-related sexual violence in Tigray, particularly women and girls, requires any justice processes, including the ongoing transitional justice process in Ethiopia, to consider structural drivers, harms and impacts, among them health impacts of sexual violence, of reproductive violence and slavery crimes as *distinct categories of analysis*. The category of "women" or even "sexual violence" will not be sufficient to recognize the harms and impact of reproductive violence and slavery crimes, including their particularly severe impacts on persons under 18 years of age. A failure to employ such distinct categories of analysis, as employed in the transitional justice process in Colombia with respect to reproductive violence[181], violates survivors' access to justice under IHRL. Critically, key stakeholders, including survivors of sexual and reproductive violence as well as slavery crimes,[182] were excluded from key consultations.[183]

3.2. Amhara and Afar

3.2.1. Targeting of Women and Girls in Amhara and Afar on Grounds of Gender for Sexual and Reproductive Violence

The targeting of women and girls in Amhara and Afar presents violations of their right to be free from gender-based discrimination and violence in the form of sexual and reproductive violence.[184]

3.2.2. Rape and Other Forms of Sexual Violence

The various forms of rape documented in Amhara and Afar including multiple perpetrator rape against adults and children as well as other forms of sexual violence including forced witnessing of sexual violence violate several international and regional human rights. They include the right to freedom from torture and other cruel, inhuman or degrading treatment or punishment.[185]

The commission of conflict-related sexual violence against women constitutes violations of women's rights to non-discrimination and the enjoyment of *de jure* and *de facto* equality[186] which may amount to torture or cruel, inhuman or degrading treatment.[187] Under the Maputo Protocol, affected women in Amhara and Afar experienced violations of their right to protection from all forms of violence, particularly sexual and verbal violence and the right of women to protection in armed conflict.[188]

Reported incidents of rape or other forms of sexual violence against children in Amhara and Afar violate their right to protection from all kinds of physical or mental violence, including sexual violence,[189] and all forms of sexual exploitation and sexual abuse respectively.[190] Lastly, rape incidents against children in Amhara and Afar violate the right of the child to protection from sexual exploitation in accordance with Article 27 of the ACRWC.

3.2.3. Abduction, Kidnapping, Forced Marriage and Sexualized Enslavement

Situations of enslavement and forced or early marriage involving rape and other forms of sexual or reproductive violence, such as the ones reported in Amhara and Afar, constitute slavery. Any acts involved in moving persons from or to such situations are considered situations of the slave trade.

Forced marriage describes a situation in which a person, such as in the reported incidents involving children "married" in Amhara and Afar, is compelled to enter into a conjugal union with another person by the use of physical or psychological force, or threat of force, or taking advantage of the environment.[191] Situations of sexualized enslavement and forced marriage are in violation of the women's and children's right to freedom from slavery and the slave trade enumerated in Article 8 of the ICCPR, Article 5 of the African Charter and Article 35 CRC.[192] On the regional level child marriage infringes Article 21 (2) ACRWC, which considers child marriage, the marriage of children under the age of 18, a harmful and prohibited social and cultural practice. The abduction, kidnapping, or any kind of transport into slavery situations, such as the ones described in the report in Amhara and Afar, are also in violation of Article 29 of the ACRWC obliging States to prevent the abduction of children.

3.2.4. Forced Abortion

Forced abortion is a violation of a person's reproductive autonomy. It can be defined as the intentional termination of a pregnancy, at any gestational age and by any means, without the consent of the pregnant person. Forced contraception includes all nonconsensual actions intended to prevent [a person] from reproducing biologically without preventing the reproductive capacity permanently.[193] Reports of forced abortion against women in Afar and the reported forced pregnancy termination in Amhara merit further investigation, as these reports indicate violations of the right to freedom from torture and other cruel, inhuman or degrading treatment or punishment][194] and the right to health.[195] Furthermore, the reported forced abortion against women entails a violation of women's rights to decide freely on the number and spacing of children under Article 16 (1) (e) of CEDAW.[196]

3.2.5. Health Effects of Sexual Violence and Reproductive Violence

The reported health effects of sexual and reproductive violence amount to a violation of the right to health.[197] With respect to health effects of sexual and reproductive violence on women, they constitute an infringement of women rights in Amhara and Afar to freedom from discrimination in the field of health care and access thereto.[198] It flows from this right that States Parties, such as Ethiopia, are recommended to ensure that sexual and reproductive health care includes access to sexual and reproductive health and rights information; psychosocial support; family planning services, including emergency contraception; maternal health services, including antenatal care, skilled delivery services, prevention of vertical transmission and emergency obstetric care; safe abortion services; post-abortion care; prevention and treatment of HIV/AIDS and other sexually transmitted infections, including post-exposure prophylaxis; and care to treat injuries such as fistula arising from sexual violence, complications of delivery or other reproductive health complications.[199]

3.2.6. Lack of Access to Health Care, including Abortion Care with Reproductive Consequences

In Amhara and Afar, the lack of access to health, including abortion care, infringes the right to health,[200] with a compounding effect on women and girls in Amhara and Afar on ground of their gender identity and age (in the case of children).

Under CEDAW, the lack of access to health care with reproductive consequences in Amhara and Afar are violations of Article 10 (h) and 12 (1). Adequate protection and health services that are non-discriminatory include trauma treatment and counselling and are provided for women in especially difficult circumstances, such as those trapped in situations of armed conflict.[201] Even in rural areas in Amhara and Afar, in which sexual and reproductive violence occurred during conflict in both regions, Ethiopia is relatedly obliged to provide access to emergency contraception, maternal health services, safe abortion services and post-abortion care as well as prevention and treatment of HIV/AIDS.[202]

States also have an obligation to provide victims of human rights violations, including specifically sexual violence, with an effective remedy in satisfaction of their rights to truth, justice, and reparation. This obligation includes ensuring effective prosecution, punishment, and remedy for sexual violence committed by both state and non-state actors.

Conclusion and Recommendations

Data collected by OJAH and PHR in the Afar, Amhara, and Tigray regions of Ethiopia show that sexual violence has been committed in a widespread and systematic manner, intimidating and terrorizing individuals and communities. In some cases, this violence has caused lasting and permanent harm to survivors' physical health, including their reproductive capacities, and mental health. Health care workers reported that all armed groups engaged in conflict in Ethiopia have perpetrated sexual violence. Unaddressed conflict-related sexual violence in Tigray has fueled further violence in Amhara and Afar. Survivors of sexual violence, their families and communities need comprehensive survivor-centered care and services, as well as justice, accountability and reparations for the violations they have endured.

Based on the data presented in this report, OJAH and PHR make the following recommendations to international, regional, national, and local actors:

- Ensure compliance with obligations under IHL and IHRL prohibiting sexual violence.
- Facilitate access to physical and mental health services and other forms of rehabilitation for all survivors of conflict-related sexual and reproductive violence, without discrimination.
- Ensure impartial, independent documentation and investigation of serious human rights violations and atrocity crimes that have occurred, including the preservation of evidence of serious crimes under international law, by reestablishing international and regional investigative mandates to monitor and document human rights violations and other violations of international law in Tigray, Amhara, and Afar.
- Hold all parties responsible for conflict-related sexual and reproductive violence accountable and ensure reparations to survivors in Tigray, Amhara, and Afar.
- Ensure compliance with international and regional standards in the implementation of the transitional justice process mandated under the CoHA for violations in Tigray from November 2020 to November 2022, including allowing for involvement of independent international "experts with international experience in investigating and prosecuting significant human rights violations" as committed to in the CoHA.

To realize these recommendations, we call for the following measures by specific actors:

To the Ethiopian Government, Federal, and Regional Authorities:

- Direct the Ministry of Justice to suspend, investigate, and bring to justice members of Ethiopia's armed forces and regional special forces who have overseen or participated in violations of IHRL and IHL, including those violations and abuses that may amount to war crimes or crimes against humanity, in accordance with international and regional standards and national law.
- Ensure that survivors of sexual violence, and communities disproportionately impacted by sexual violence, are meaningfully engaged in designing transitional justice efforts, that they can participate without risk of retaliation, and that their perspectives, safety, and needs are prioritized.
- Allow and facilitate the unfettered delivery of impartial humanitarian relief for civilians in need of supplies essential to their survival; support the reconstruction and rehabilitation of health care facilities to strengthen the availability, accessibility, acceptability, and quality of sexual and reproductive health services and other forms of rehabilitation, without discrimination, including for survivors of sexual and reproductive violence, across Tigray and other conflict-affected areas.
  - These services should include the clinical management of rape, safe abortion, and post-abortion care, as well as mental health and psychosocial support for survivors and their families.
- Ensure prompt reparation, justice and accountability measures that are credible and survivor-centered and engage those directly affected by conflict-related sexual violence to meaningfully address sexual violence committed by armed forces and all other actors. Ensure survivors can participate without risk of retaliation, and that their perspectives, safety, and needs are prioritized.
- Conduct prompt, independent, and thorough investigations into all allegations of violations of IHL, as well as conduct that may constitute war crimes and crimes against humanity in Tigray, and Amhara states, and ensure that perpetrators are brought to justice through transparent and credible processes.
- Rigorously and immediately implement all recommendations of the UN International Commission of Human Rights Experts on Ethiopia in their reports to the UN Human Rights Council (A/HRC/51/46).
- Cooperate fully with investigations by all local, and international non-governmental human rights monitors, including to ensure unrestricted access to all regions of Ethiopia and protection from reprisal for their work.
- Accept the inquiry procedure under the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.

- Extend an invitation to the UN Special Rapporteur on violence against women and girls and Working Group on Discrimination against Women and Girls to Ethiopia.
- Ratify the Rome Statute and implement the statute in national legislation, including by incorporating provisions to investigate and prosecute atrocity crimes in accordance with international law.

To all Parties to the Conflict, including the Governments of Ethiopia and Eritrea:

- Uphold IHL prohibitions on attacks against civilians and civilian infrastructure, by adhering to the fundamental principles of distinction, proportionality, and precaution, and authorizing independent, impartial investigations of all serious laws-of-war violations.
- Halt all forms of violence, including rape, enslavement and sexual slavery, forced pregnancy, and other forms of conflict-related sexual and reproductive violence; protect civilians; and condemn sexual and reproductive violence, as mandated under IHRL and IHL.
- Publicly condemn and issue orders to prevent and cease immediately all violations and abuses, including all forms of sexual, reproductive, and gender-based violence, and fulfill the obligation owed to the survivors of these violations and abuses to investigate and prosecute the perpetrators and provide legal remedies and comprehensive reparations.
- Exclude from any peace agreement the provision of amnesty or immunity for serious violations of international law.

To the International Community:

- Ensure well-resourced, ongoing impartial, independent documentation of and public reporting on human rights and IHL violations since the onset of hostilities on November 3, 2020, including by supporting a succession plan for ICHREE. This includes a plan for preservation of evidence marshaled by ICHREE as well as the designation of a similarly empowered investigative mechanism.
- Promptly support the investigation of and accountability for those credibly implicated in serious rights abuses in Ethiopia by all perpetrators from both Ethiopia and Eritrea under international law, including through universal jurisdiction.
- Condition non-humanitarian funding for the government of Ethiopia on its demonstrable, measurable progress in providing accountability and justice for atrocity crimes, including public acceptance of this commitment and the establishment of clear benchmarks and timelines for implementation.
- Monitor and ensure full compliance with the commitments and obligations agreed to in the CoHA.
- Ensure that domestic accountability and justice processes are only endorsed if they are impartial, transparent, nondiscriminatory, inclusive of survivors of the conflict, including survivors of sexual violence, and ensure their safety and rights in engaging such processes.
- Fund and provide technical support to strengthen knowledge of the transitional justice process among survivors and build capacity among health, law enforcement, and justice sector actors to support investigations and prosecutions of conflict-related sexual violence and facilitate access to remedies and reparations for survivors of sexual violence.
- Prioritize funding for survivor-centered, trauma-informed care and physical and psychological rehabilitation for survivors of conflict-related sexual violence in humanitarian support to Ethiopia, with specialized care for children and adolescents.
- Continue to monitor Ethiopia's domestic transitional justice and accountability processes and establish clear benchmarks with which to evaluate and report on its implementation, including a focus on human rights protections and addressing the needs of survivor populations. While monitoring the process and its implementation, continue to think creatively on how to proceed in the event that benchmarks for evaluation are not met.
- Urge the federal, regional and local governments, as well as armed groups, to seek, without preconditions, political resolutions to their disputes and end long-standing armed conflicts that threaten the stability of the country, including in Amhara.

To the Office of the United Nations High Commissioner for Human Rights:

- Continue to release public updates, including annual reporting, on the situation of human rights in Ethiopia, and efforts to secure accountability and justice for past violations as well as to prevent further atrocities.

To the African Commission on Human and People's Rights:

- Promptly reinstate the mandate of the Commission of Inquiry and ensure the mandate is able to publish a report of its findings when available.
- Call upon the AU, AU Monitoring, Verification and Compliance Mission and others to publicly release more reporting on the CoHA and hold the Ethiopian federal government and Tigrayan regional authorities accountable for its full implementation.

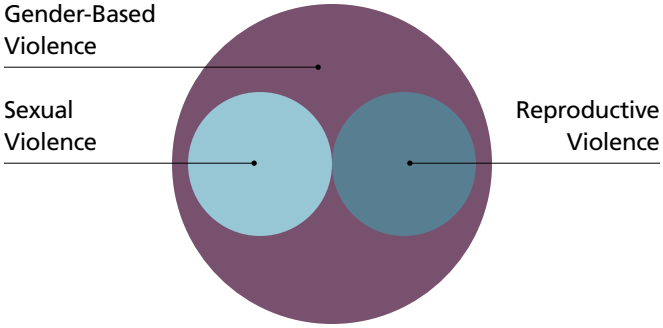
Appendix

Glossary

Definitions

Sexual Violence
Sexual violence refers to any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion or without consent, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching, and other non-contact forms.[203]

Reproductive Violence
Reproductive violence refers to any form of violence that affects an individual's reproductive health, rights, and autonomy. This can occur through acts that control, harm, or limit a person's reproductive choices. Reproductive violence can constitute crimes against humanity, war crimes, acts of genocide, and violations of IHL and human rights.[204]



Source: "Policy on Gender-Based Crimes", ICC Office of the Prosecutor. December 2023

Survivor/Victim
For the purpose of this report, we use the term "survivor" to refer to individuals who experienced sexual violence. We also use the term "victim" when referring to a legal classification, specifically referring to individuals who experienced sexual violence or other crimes who are no longer living.[205] We recognize that the use of this terminology is complex, and a survivor-centered approach allows individuals to choose the terminology that most aligns to their personal experience, identity, and preference. As we did not speak with survivors directly for this research, we were not able to assess these individual preferences and have chosen this terminology to align with our research values.

Shabia
A colloquial term used to describe Eritrean soldiers.[206]

Age groups were defined in the research as follows
Infants (birth through 11 months); Children (one year through 12 years); Adolescents (13 years through 17 years); Young adults (18 years through 25 years); Adults (26 years through 64 years); and Older adults (65 years and older).

N
Represents the sample size.

Inter-Quartile Range (IQR)
IQR is the difference between the upper and lower quartile values of a continuous variable. IQR is used to describe continuous variables when they are not normally distributed. Therefore, the IQR is a measure used to describe the spread of data. It focuses on the middle 50 percent of the values in a dataset, helping to exclude the influence of extreme outliers.

Median
The median is the midpoint of a set of numbers, with 50 percent of the values being less than the median and 50 percent of the values being more than the median.[207]

Appendix 1: Healthcare Worker Survey

Section A: Background

1A. Respondent Age: How old are you?

2A. Respondent Sex

- Male
- Female

3A. What is your profession within healthcare?

- Community Health Worker
- Public Health/Health Officer
- Paramedic
- Nurse
- Midwife
- Physician (If yes, please specify)
  - General practitioner
  - Pediatrician
  - OB Gyn
  - Internist
  - Family Medicine
  - Surgeon
  - Emergency Medicine
  - Urologist
  - Forensic Medicine
  - Other
- Mental Health professional (If yes, please specify)
  - Psychiatric Nurse
  - Psychiatrist
  - Clinical Psychologist
  - Counseling Psychologist
- Case Manager/Social Worker
- Administrative and Support Staff
- Other [INSERT]

4A. What would best describe the setting where you work the majority of the time?

- Tertiary/specialized Hospital
- Referral Hospital
- General Hospital
- Primary Hospital
- Health center
- One stop Center
- Safe house
- IDP camp Mobile Clinic
- Refugee outreach clinic (outside of a refugee camp)
- Hospital within a refugee camp
- Health center or clinic within a refugee camp
- Other space within a refugee camp (please specify)
- Other [INSERT]

5A. How long have you been serving in your current role?

6A. What is your current geographic/work location?

- Inside Ethiopia
  - i. Addis Ababa (chartered city)
  - ii. Afar Region
  - iii. Amhara Region
  - iv. Benishangul-Gumuz Region
  - v. Central Ethiopia Regional State
  - vi. Dire Dawa (chartered city)
  - vii. Gambela Region
  - viii. Harari Region
  - ix. Oromia Region
  - x. Sidama Region
  - xi. Somali Region
  - xii. South Ethiopia Regional State
  - xiii. South West Ethiopia Peoples' Region
  - xiv. Tigray Region
- Outside of Ethiopia
  - i. Sudan
  - ii. Kenya
  - iii. Other Country [INSERT COUNTRY NAME]

7A. What kind of health facility do you work in?

- Government hospital
- Government one stop center
- Government Other (please specify)
- Non-Governmental Organization (NGO)
- Other (specify)

8A. Do you work in an urban or rural area?

- Urban
- Rural
- Peri-urban (an area immediately adjacent to a city or urban area)

Section B: Experience of Conflict in Ethiopia

1B. Have you treated patients for injuries or other conditions related to the conflict beginning in Ethiopia in November 2020?

- Yes
- No (If response is "NO" skip to Section D: Impact of Conflict in Ethiopia on healthcare provision)

2B. What types of injuries or other conditions due to the conflict have you seen in your patient population? (Select all that apply)

i. Soft tissue injuries (cuts, abrasion, bruises, swelling, scratches)
ii. Fractures
iii. Dislocations
iv. Sprains and strains
v. Gunshot wounds
vi. Stab injury
vii. Amputations
viii. Burns
ix. Starvation
x. Malnutrition
xi. Mental health issues
xii. Reproductive health issues
xiii. Other [INSERT]

3B. Around what time did you start to see injuries related to the conflict in Ethiopia?

- Enter Month and Year [Ethiopian calendar] [Gregorian calendar]

Section C: Experience with Survivors of Conflict-Related Sexual Violence in Ethiopia

1C. Have you treated patients who experienced sexual or reproductive violence related to conflict in Ethiopia?

- Yes
- No (If response is "NO" (a) review the definition of sexual violence with respondent and ask again. (b) If response is still "NO" skip to Section D: Impact of Conflict in Ethiopia on Healthcare Provision)

2C. Of the patients you have treated who experienced sexual violence, what was their sex? (Select all that apply)

- Female
  [If selected] Approximately how many [INSERT NUMBER or RANGE]
- Male
  [If selected] Approximately how many [INSERT NUMBER or RANGE]

3C. Of the patients you have treated who experienced sexual violence, what was their estimated age? (Select all that apply)

- Infants (birth through 11 months)
- Children (1 year through 12 years)
- Adolescents (13 years through 17 years)
- Young adults (18 years through 25 years)
- Adults (26years through 64 years)
- Older adults (65 years and older)

4C. Of the patients you have treated who experienced sexual or reproductive violence related to the conflict, what medical effects did you observe? (Select all that apply)

Non-genital injuries:

- Bruising (non-genital)
- Laceration (non-genital)
- Bone fracture, joint dislocation, sprain
- Cut/cutting (non-genital)
- Abrasion (non-genital)
- Burn
- Electrocution

Ano-genital and reproductive organ injuries

- Bruising
- Tearing
- Abrasions
- Lacerations
- Burns
- Fistula
- Genital mutilation
- Electrocution

Reproductive system impact

- Pregnancy
- Unintended Pregnancy loss
- Pelvic pain
- Infertility
- Pelvic Inflammatory disease
- Erectile Dysfunction
- Sexual dysfunction
- Impotence

Infectious impact

- Bladder or urinary tract infection
- HIV infection
- Sexually Transmitted Infection

Psychological and Behavioral

- Anxiety
- Depression
- PTSD
- Suicidal ideation
- Substance Use
- Sleep disturbance
- Dissociative symptoms
- Other (Please specify)

Appendix 1: Healthcare Worker Survey, *continued*

5C. For the patients you treated who experienced sexual or reproductive violence related to the conflict, what forms of violence were reported? (Select all that apply)
[FORMS OF SEXUAL VIOLENCE SHOULD BE RECORDED BY AGE GROUP]

Forms of Sexual Violence	Under 18 years of age	Over 18 years of age
Vaginal penetration		
Anal penetration		
Oral penetration		
Touching, groping, or pulling of breasts and sex organs/pubic hair		
Forced sexual acts on or with others (which may include family members)		
Sexual slavery		
Sexual or reproductive violence while in captivity		
Sexual exploitation/abuse		
Trafficking		
Forced pregnancy		
Forced pregnancy termination		
Forced sterilization		
Forced contraceptive use		
Forced witnessing of sexual violence committed against others		
Forced nakedness		
Sexual humiliation		
Mutilation of genitalia or breasts		
Multiple perpetrator rape		
Foreign body insertion		
Infection with HIV or other STIs		
Cavity searches (including of anus or vagina)		
Other acts of a sexual nature [PLEASE DESCRIBE]		

6C. Of the female cases you treated who experienced sexual or reproductive violence related to the conflict, what forms of violence did they report experiencing? (Select all that apply)

- Vaginal penetration
- Anal penetration
- Oral penetration
- Touching, groping, or pulling of breasts and sex organs/pubic hair
- Forced sexual acts on or with others (which may include family members)
- Sexual slavery
- Sexual and reproductive violence while in captivity
- Sexual exploitation/abuse
- Trafficking for sexual exploitation/abuse
- Forced pregnancy
- Forced pregnancy termination
- Forced sterilization
- Forced contraceptive use
- Forced witnessing of sexual violence committed against others
- Forced nakedness
- Sexual humiliation
- Mutilation of genitalia or breasts
- Multiple perpetrator rape
- Foreign body insertion
- Infection with HIV or other STIs
- Cavity searches (including of anus or vagina)
- Other acts of a sexual nature [PLEASE DESCRIBE]

7C. Of the male cases you treated who experienced sexual or reproductive violence related to the conflict, what forms of sexual violence did they report experiencing? (Select all that apply)

- Anal penetration
- Oral penetration
- Touching, groping, or pulling of sex organs/pubic hair
- Forced sexual acts on or with others (which may include family members)
- Sexual slavery
- Sexual and reproductive violence while in captivity
- Sexual exploitation/abuse
- Trafficking
- Forced sterilization
- Forced contraceptive use
- Forced witnessing of sexual violence committed against others
- Forced nakedness
- Sexual humiliation
- Mutilation of genitalia
- Multiple perpetrator rape
- Foreign body insertion
- Infection with HIV or other STIs
- Cavity searches (including of anus or vagina)
- Other acts of a sexual nature [PLEASE DESCRIBE]

8C. Of the patients you treated who had experienced sexual or reproductive violence related to the conflict, were more patients children/adolescents (under 18 years of age) or adults?
- Mostly children/adolescents
- Somewhat more children/adolescents
- Equally children/adolescents and adults
- Somewhat more adults
- Mostly adults
- Not sure

9C. Of the child and adolescent survivors who you treated, did you observe higher rates of sexual violence among males or females?
- Mostly males
- Somewhat more males
- Equally male and female
- Somewhat more females
- Mostly females
- Not sure

10C. Of the patients you treated who had experienced sexual or reproductive violence, did they describe experiencing sexual violence one time or more than one time? (Select all that apply)
- One time
- More than one time
- Not sure

11C. Of the patients you treated who had experienced sexual violence related to the conflict, did they describe having sexual violence perpetrated by a single or multiple perpetrators? (Select all that apply)
- Single
- Multiple
- Not sure

12C. Of the patients you treated who had experienced sexual violence related to the conflict, did they describe experiencing sexual violence alone or with other victims/survivors? (Select all that apply)
- Alone
- With other victims/survivors
- Not sure

13C. From which ethnic groups did the survivors of sexual or reproductive violence who you treated come from (if known)? Enter all that apply.

14C. Did you observe higher rates of sexual violence among certain ethnic groups/among patients with a certain ethnicity?
- Yes [If yes, which?]
- No
- [IF MORE THAN ONE ETHNIC GROUP IS SELECTED] From which group did the majority of cases come from?
  - [Select from list of groups indicated]
  - Not sure

15C. Did you observe higher rates of sexual or reproductive violence among patients with a certain political affiliation?
- Yes (If yes, which?)
- No

16C. Did you observe higher rates of sexual or reproductive violence among patients with a certain religious affiliation?
- Yes (If yes, which?)
- No

17C. Did you observe higher rates of sexual or reproductive violence among patients who with a certain marital status?
- Yes (If yes, which?)
- No

18C. If sexual or reproductive violence occurred within marriage did patients report that those marriages were forced or occurred within situations of captivity or slavery?
- Yes (If yes, which?)
- No

19C. Of the patients you have treated who are survivors of sexual or reproductive violence, did they identify their perpetrators as any of the following groups? (Select all that apply)
- Non-armed perpetrators (civilian)
- Tigray Forces
- Ethiopian Military
- Amhara Special Forces
- Amhara Militias/Fano
- Ethiopian Federal Police
- Eritrean Military
- Eritrean Militias
- Gambela special forces
- Sidama special forces
- Gumuz special forces
- SNP special forces
- Other [ENTER NAMES]

Appendix 1: Healthcare Worker Survey, *continued*

20C. Did your patients share any information about perpetrators using language that indicated intent to harm because of their personal characteristics (e.g national, ethnical, racial or religious group, political affiliation or sexual orientation)? (Select all that apply)
- Intent to kill them
- Intent to destroy their ability to reproduce/have children, including by causing mental harm
- Intent to force pregnancy
- Intent to force continuation of pregnancy
- Intent to infect with sexually transmitted infections (HIV or STI)
- Intent to make infertile
- Intent to seek vengeance/vindictive motives
- Intent to traumatize them/belittle them or violate their personal dignity
- Intent to force pregnancy termination
- Intent to destroy their community
- Intent to destroy their ethnic group, including by preventing births of children of that group
- Intent to promote births within the perpetrators' own ethnic group
- Intent to displace them or remove them from their land

21C. Do you recall any particular statements or phrases your patients shared that indicated the intent of perpetrators?
- [ENTER PHRASES]

22C. Did your patients share the specific names of any perpetrators?
- [ENTER NAMES]

23C. Have you observed sexual or reproductive violence occurring since the cessation of hostilities agreement between the government of Ethiopia and the Tigray People's Liberation Front (TPLF) in November 2022?
- Yes
- No

24C. Have you seen a change in the number of sexual violence patients that you have seen since the Cessation of Hostilities Agreement between the government of Ethiopia and the Tigray People's Liberation Front (TPLF) in November 2022?
- Increase
- Decrease
- Stayed the same
- Not sure

25C. Of the patients you treated who experienced sexual violence, how often did you administer an HIV test to these patients?
- All patients
- Most patients
- Some patients
- Few patients
- No patients

[IF ANYTHING OTHER THAN "ALL PATIENTS"]
Why were HIV tests not administered to all patients?
- Clinically not indicated
- Supplies were not available
- Patient declined
- Other

26C. Of the patients you treated who experienced sexual violence, how often did you administer a pregnancy test to women/girls within reproductive age?
- All patients
- Most patients
- Some patients
- Few patients
- No patients

[IF ANYTHING OTHER THAN "ALL PATIENTS"]
Why were HIV tests not administered to all patients?
- Clinically not indicated
- Supplies were not available
- Patient declined
- Other

27C. Of the patients you treated who experienced sexual violence, how often did you observe unintended pregnancy resulting from experiences of sexual violence?
- All patients
- Most patients
- Some patients
- Few patients
- No patients

28C. Of the patients you treated who experienced sexual violence, how often did they seek abortion or pregnancy termination?
- All patients
- Most patients
- Some patients
- Few patients
- No patients

29C. Of patients who were interested in pregnancy termination, how likely were they to access such services?
- Unlikely
- Somewhat unlikely
- Neutral
- Somewhat likely
- Likely

30C. Of the patients you treated who experienced sexual violence, how often did those patients also show signs of malnutrition or starvation that was related to the conflict?
- All patients
- Most patients
- Some patients
- Few patients
- No patients

Section D: Impact of Conflict in Ethiopia on Healthcare Provision for CRSV

1D. Has the health facility where you work experienced any of the following due to the conflict in Ethiopia? (Select all that apply)
- Physical attack on the health facility infrastructure (drone attack, bombing, shelling, arson etc.)
  [IF YES, INSERT DATES AND LOCATIONS IF KNOWN AND DROPDOWN FOR TYPE OF ATTACK]
- Shortage in medical supplies
  [IF YES, INSERT THE SUPPLIES MISSING]
- Shortage of blood
- Shortage or loss of clean water
- Supply chain interruptions
- Shortage of capital budget (for payment of salary etc.)
- Loss of electricity for a sustained period/longer than usual
- Loss of communication infrastructure (phone or internet)
- Cyberattacks/ransomware attacks
- Data loss (records being destroyed or taken)
- Attacks on or destruction of immediate surface roads outside of health facility
- Attacks on or destruction of ambulances
- Attacks against health workers working in the health facility
- Attacks against health workers working in a home setting
- Armed takeover of health facility
- Obstruction of daily operations but armed group
- Physical attacks (including sexual violence), threats, harassment of health care workers
- Detention of health care workers
- Kidnapping of health care workers
- Theft or looting of the facility
- Other

2D. Have you been targeted or experienced violence during the conflict in Ethiopia because of your role as a health care worker?
- Yes (If so, HOW?)
- No

3D. Do you have colleagues who have been targeted or experienced violence during the conflict in Ethiopia because of their role as a health care worker?
- Yes (If so, HOW?)
- No

4D. Has the conflict in Ethiopia impacted the ability of survivors of conflict-related sexual violence to access care in the health facility where you work?
- Yes
- No (If response is "NO" skip to 5D)

5D. If yes, what conflict related factors do you think limited survivors' access to health care services that your facility is providing? (Select all that apply)
- Lack of transportation
- Inability to pay for services/medication
- Interruptions in community based care
- Movement restriction due to security concerns
- Fear of stigma/discrimination
- Fear of being identified by perpetrators
- Fear of retaliation by perpetrators
- Fear of repeated victimization
- Fear of legal repercussions for reporting (e.g. mandatory reporting)
- Other (Please describe)

6D. What types of conflict-related sexual violence and reproductive health related services have been impacted by the conflict in Ethiopia? (Select all that apply)
- Physical examination following sexual violence experience
- Mental health screening following sexual violence experience
- Testing for STIs (e.g. hepatitis, syphilis, gonorrhea, chlamydia)
- Testing for HIV
- Collection of forensic evidence of sexual violence (e.g. use of a rape kit)
- Treatment for physical trauma
- Pregnancy termination
- Maternal health care
- Provision of Required medications, including
  - HIV prophylaxis (PEP)
  - STI Treatment
  - Emergency Contraceptive
  - Other contraceptives, including oral contraceptives, IUDs, etc.
  - Medication abortion
  - Surgical Abortion

Appendix 1: Healthcare Worker Survey, *continued*

- Vaccine Access
- Legal services for survivors
- Mental health services/ counseling
- Referral to higher facility
- Safe house service /social services

7D. Have you observed patients who have experienced harm to their sexual or reproductive health because of delays in receiving necessary medical care ?
- Yes
- No

8D. Have you observed that any of these patient populations have faced particular challenges accessing care as survivors of sexual violence? (Select all that apply)
- Men
- Women
- Children
- Adolescents

9D. The conflict in Ethiopia impacted the availability of care for survivors?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

10D. The conflict in Ethiopia impacted the accessibility of care for survivors?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

11D. The conflict in Ethiopia impacted the acceptability of care for survivors (survivor centeredness, trauma-informed care, developmentally appropriate care for child survivors)?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

12D. I believe the conflict in Ethiopia impacted the quality of overall health care?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

13D. I believe the conflict in Ethiopia impacted the quality of post-rape care services being provided to survivors of conflict-related sexual violence?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

14D. I believe the conflict in Ethiopia impacted the quality of health care services being provided to child/adolescent survivors (under the age of 18) of sexual violence specifically?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

15D. I believe the conflict in Ethiopia impacted the safety of health care services being provided?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

16D. I believe the conflict in Ethiopia impacted the safety of health care services being provided to child/adolescent survivors (under the age of 18) of sexual violence specifically?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

17D. I believe the conflict in Ethiopia has impacted my ability to provide an acceptable standard of care to survivors of sexual violence?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

18D. I believe the conflict in Ethiopia has impacted my ability to provide an acceptable standard of care to child/adolescent survivors (under the age of 18) of sexual violence specifically?
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Section E: Reparations

Some international conventions and human rights advocates believe the government of Ethiopia or the international community should give reparations to people like you, for what happened as part of the conflict. 'Reparations' are actions that those responsible for harming somebody take to help the people who were harmed.

Below are some actions that the Ethiopian government/International community could do to help "repair" the harm they did to you and others like you. There is no guarantee they will take these actions, but it is useful to know which of the actions would be most important to you.

1E. A public apology to you and to people like you, or statement of responsibility on behalf of the government that acknowledges how bad these actions were against you or others.
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

2E. A public process to investigate, understand, and document publicly how these actions against you happened. For example, a Truth Commission could be created where you would be able to tell your story.
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

3E. Identifying those responsible for these actions and prosecuting them in a criminal justice system (this may be in your home country, regionally, or in international courts).
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

4E. Who should be responsible for impartially investigating what happened during the conflict? [SELECT ALL THAT APPLY]
- National (The Ethiopian Government)
- Regional (The African Union)
- International
- Other [ENTER]

5E. Who should be responsible for pursuing accountability/ prosecuting the crimes that occurred as part of the conflict? [SELECT ALL THAT APPLY]
- National (The Ethiopian Government)
- Regional (The African Union)
- International
- Other [ENTER]

6E. Financial compensation to you for the harm you suffered (damages).
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

7E. Health care for you or others affected, including free physical and mental health treatment restoration of access to healthcare, improved services, specialized services for survivors, etc.
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

8E. Establish laws and mechanisms in your country to ensure that such events/actions never happen again.
- Absolutely necessary
- Very important
- Somewhat important
- Not very important
- Not at all important

Thank you for participating in this survey.

Appendix 2: Systematic Medical Record Review Form

Background

- Case ID
- Date of Systematic Review
- Source of Medical Record
- Paper Medical Record [yes/no]
- Electronic Medical Record [yes/no]
- Patient ID number assigned by Study team
- Enter the patient's year of birth
- Enter the patient's age (as a whole number)
- Gender of the patient [male/female/other]
- Ethnicity of the patient (if known)
- Marital status of the patient [Single/Married/Widowed/Divorced/Separated/N/A]
- Date of examination [day/month/year]

Patient History Related to their Sexual and Reproductive Health

- Known pregnancy? [yes/no]
- Date of last consensual intercourse [day/month/year/NA]
- Parity
- Number of live births
- History of abortion (Please indicate if spontaneous or induced)
- Does the record indicate that the patient sought an abortion following sexual violence incident? [yes/no]
- Does the record indicate if the patient was able to receive an abortion if they sought one? [yes/no]

Details Related to Nature, Cause and Source of the Injury

- Does the record indicate that the patient experienced pregnancy resulting from the sexual violence incident? [yes/no]
- Does the record indicate that the patient experienced a live birth from a pregnancy resulting from the sexual violence incident? [yes/no]
- Any other information in the record related to pregnancy history (e.g. number of pregnancies; number of live births; history of miscarriage; maternal morbidities including fistula etc.)
- STI [yes/no]
- HIV [yes/no]
- Hepatitis B surface antigen [yes/no]
- RPR/VORL [yes/no]
- Any information in the record related to STI status (e.g. current STI status if noted; HIV status; any tests ordered for STIs and their results if noted; Was any medication for STIs ordered? If so was the medication given?)
- Any information in the record related to previous injuries
- Type of sexual violence
  - Rape (single perpetrator)
  - Gang Rape (Multiple Perpetrators)
  - Forced Witnessing
  - Forced Pregnancy
  - Forced Abortion
  - Sexual Slavery
  - Sexual violence while enslaved or in conditions of captivity
  - Forced transmission of infection
  - Forced Touching
  - Sexual Humiliation
  - Beating
  - Sex Trafficking
  - Other
- Was a condom used? [yes/no]
- Location where injury occurred (in Ethiopia or outside of Ethiopia)
  - Inside Ethiopia
  - Outside Ethiopia
- Location where injury occurred (region, zone, woreda, kebele)
  - Region
  - Zone
  - Woreda
  - Kebele
- Use of Force
  - Stick/Baton
  - Knives
  - Blindfold
  - Hands
  - Guns
  - Restrains
  - Gag
  - Feet
  - Forced Nudity
  - Suspension
  - Electrical Torture
  - Forced Witnessing of Violence
  - Other: _____
  - Unknown
- Did the patient report being held in captivity as part of the sexual violence incident? [yes/no]
- Did the patient report being held in captivity after becoming pregnant following an incident of sexual violence? [yes/no]
- Date of incident (if known) [day/month/year]

Clinical Findings related to the Nature, Cause and Source of the Injury

- Number of perpetrators
- Languages spoken by perpetrators
  - Amharic
  - Tigrinya
  - Arabic
  - Afar
  - Other

- Estimated Age of perpetrator(s) [years]
- Relationship of perpetrator(s) to the patient
  - Acquaintance
  - Family Member
  - Intimate partner/ex-partner
  - Stranger
  - Not Known
  - Other:
- Perpetrators status as civilian, police, military, other
  - Civilian
  - Police
  - Military
  - Militia
  - Unknown
  - Other: _____
- (for military/militia perpetrators) Affiliation of perpetrator
  - Tigray Forces
  - Ethiopian Military
  - Amhara Special Forces
  - Amhara Militias/Fano
  - Ethiopian Federal Police
  - Eritrean Military
  - Gambela special forces
  - Sidama special forces
  - Gumuz special forces
  - SNP special forces
  - Unknown
  - Other:
- Did the patient report any insignia on the clothing of the perpetrator?
- Other details about perpetrator(s)?
- Summary of events reported by patient
- Any other information in the record related to the nature, cause, and source of the injury
- Type of finding
  - [Select all that apply] Abrasion, Bite, Burn, Debris, Deformity, Dry secretion, Ecchymosis (bruise), Erythema (redness), Foreign body [open entry], Fiber (include hair), Gunshot wound, Incision, Laceration, Moist secretion, Other injury describe), Sensitivity (include pain), Swelling, Begetation (include soil, dirt)
- Cause of finding
- Sexual violence findings
  - Penetration of female genitalia with a. penis/ b. finger(s)/c .foreign body
  - a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Penetration of anus with penis/finger(s)/foreign body a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Oral Contact with genitalia a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Oral contact with anus a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Genital touching / contact a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Ejaculation a. inside body orifice of patient, b. outside body orifice of patient, c. specify location of ejaculation
  - a. perpetrator to patient b. third party to patient c. Patient to perpetrator d. patient to third party e. patient to self (if applicable)
  - Other (describe)
- Injuries/findings and their location on the body
- Injuries to the front of the body
- Injuries to the back of the body
- Injuries to the inner thighs
- Injuries to the external genitalia
- Injuries to the perineal area
- Injuries to the anal area
- Behavior and psychological state
- Lab results
  - HIV Serology YES/NO [if Yes, Result: _____]
  - Syphilis YES/NO [if Yes, Result: _____]
  - Hepatitis B YES/NO [if Yes, Result: _____]
  - PAP Smear YES/NO [if Yes, Result: _____]
  - Pregnancy test YES/NO [if Yes, Result: _____]
  - Urinary analysis YES/NO [if Yes, Result: _____]
  - Wet mount for sperm/ infection YES/NO [if Yes, Result: _____]
  - Ultrasound YES/NO [if Yes, Result: _____]
  - Other testing YES/NO [if Yes, Name of Test:_____ Result: _____]
- Any indication of starvation or malnutrition? [yes/no]
- Any other information in the record related to the clinical findings related to the nature, cause and source of the injury?
- Any information in the record related to the medical sequelae related to the cause of injury/results of the physical examination

Appendix 3: Guide for Conducting Semi-Structured Interviews of Health Care Workers on Sexual and Gender-Based Violence and Attacks against Health Care in Ethiopia

Questions of this nature will be asked during the semi-structured interview which will be guided by the respondent.

A. Inclusion Criteria

1. Are you a healthcare worker who treated patients who were in Ethiopia after November 2020?
- YES, Continue to Section B.
- NO, Continue to question 2.

2. Are you a community leader or humanitarian aid worker who supported survivors who experienced sexual violence in Ethiopia after November 2020?
- YES, Continue to Section C.
- NO, Terminate interview.

B. Healthcare Workers – Experience Treating Patients

1. Can you please describe your professional background in some more detail?

2. When did you start seeing patients coming to your hospital/clinic for conflict-related care?
- (If individual is still working in Ethiopia) Are you still seeing patients with conflict-related care needs?

3. What kinds of care was required by your patient population since November 2020?
- What kind of injuries or medical or psychological effects have you seen in your patient population?
- Where did patients say that these injuries or attacks take place?
- Did patients say anything about who perpetrated or committed the injuries or attacks?

4. Have you seen patients who have experienced conflict-related sexual or gender-based violence?
- Conflict-related sexual and gender-based violence can include sexual assaults, forced sexual acts, rape, rape by multiple perpetrators, forced witnessing of sexual violence such as rape of a parent or sibling, slavery including sexual slavery, sexual humiliation, forced pregnancy or continuation of pregnancy, measures to prevent births such as separation of men and women or forced contraception, forced abortion or sterilization, touching without consent, forced or coerced marriage, mutilation of genitals or breasts, forced sex within the context of captivity, sex trafficking among other forms of violence.

The following questions will be more about your experience treating patients who had experienced injuries sustained through violence, conflict related sexual violence, and/or gender-based violence. Have you seen patients who suffered sexual and gender based violence?

1. To start, can you please describe what you have seen in your patient population in terms of conflict-related sexual and/or gender-based violence?

2. What prompted survivors to come to your hospital/clinic?
- Can you share stories of the conflict-related violence that some survivors experienced?

3. Did you encounter any patterns or similarities amongst the attacks and subsequent injuries and cases you have seen in those patients, since November 2020? If so, please describe them.
- Probes: types of sexual or reproductive violence experienced ; consequences of sexual violence (eg. Unintended pregnancy, contracting STI or HIV etc.); patients seeking pregnancy termination;
- What patterns, if any, did you observe in the conflict-related sexual violence cases you saw? This can include: Patterns in the violence itself (form of violence, etc.), Patterns in harm/trauma caused (modus operandi), Patterns in perpetrators (uniforms, what they said (including any threats made), language spoken, etc.)

4. Have any patients disclosed who perpetrated the sexual or reproductive violence, if yes, who did they identify as the perpetrator(s), and provide any identifying information of the perpetrators?

5. Can you describe where cases of sexual and gender-based violence have occurred according to patients' recollections? (eg. in detention, in people's homes, in refugee camps, etc).
- Probes: If patients experienced sexual violence in conditions of captivity what did they share about that captivity? The nature of the captivity, the duration, the location etc.

6. Did you note any patterns or similarities' about the characteristics of the survivor (gender, ethnicity, geography, age)?

7. Are other forms of non-sexual violence common in patients that you have seen (i.e., reproductive violence, other forms of gender-based violence, starvation, economic violence, burning, torture etc.)?
- Can you tell me about these patients?

8. In general, can you describe the mental health status of patients that you treated?

9. Have you seen patients whom you suspect were victims of sexual and gender-based violence but did not disclose?
- If yes, why did you suspect this and what were your clinical observations?

10. Have you interacted with survivors of sexual violence who are not female, such as men, boys, or survivors with other gender identities?
- Can you describe any unique features about working with those populations?

CONTINUE TO SECTION D: Children and Adolescents

C. Community Leaders/Humanitarian Workers – Supporting Survivors

1. Can you please describe your background in some more detail?

2. What kinds of conflict-related injuries or challenges have you seen among people in your community since November 2020?

3. Have you seen people in your community who have experienced conflict related sexual or gender-based violence?

The following questions will be more about your experience supporting people in your community who had experienced physical or mental health injuries sustained through violence, sexual violence, and/or gender-based violence.

1. To start, can you please describe what you have seen in your community in terms of sexual and/or gender-based violence related to the conflict?

2. Have survivors of sexual violence in your community sought care and support? If so from where? Under what circumstances?
- For survivors in your community who have not sought care and support, what reasons are you aware of for why they have not?

3. Did you observe any patterns or similarities in the injuries or incidents you have seen in those survivors, since November 2020? If so, please describe them.

4. Have any of the survivors disclosed who perpetrated the sexual and gender-based violence, if yes, who did they report did it?
- For survivors who have not shared who perpetrated the violence, did they share why they did not?
- If they did not/could not disclose who perpetrated the violence, did survivors share any other general information about their attacker(s)?

5. Are other forms of non-sexual violence common in survivors that you have supported (i.e., intimate partner violence, economic violence, starvation, burning, etc.)? Can you tell me about these survivors?

6. In general, can you describe the mental health status of survivors you have interacted with?

7. Have you seen community members whom you suspect were victims of sexual and gender-based violence but did not disclose or seek help?
- If yes, why did you suspect this?

8. Have you interacted with survivors of sexual violence who are not female, such as men, boys, or survivors with other gender identities?
- Can you describe any unique features about working with those populations?

D. Children and Adolescents

1. What impacts of the conflict have you seen on children?

2. Have any patients you have encountered been children/adolescents (under the age of 18)?
- Did you encounter any patterns or similarities in the injuries you have seen in these patients? If so, please describe them.
- Did you see differences between children (under the age of 13) and adolescents (13 years of age and older)?

3. Have you encountered children/adolescents who have experienced sexual violence?
- Have parents/guardians described their children experiencing sexual or gender-based violence? Please describe
- What forms of sexual and violence have been reported? (e.g. oral/vaginal/anal penetration, forced nudity, forced witnessing, forced marriage etc.) Please describe
- What patterns did you observe in the child/adolescent cases you saw? This can include: Patterns/similarities in the violence itself (form of violence, etc.), Patterns/similarities in harm/trauma caused (modus operandi), Patterns in who was impacted (ethnicity, geography, etc.) Patterns/similarities in perpetrators (uniforms, what they said, language spoken, etc.).
- Have you heard of children being subject to sexual exploitation or abuse? Please describe.

4. Have you encountered families where there are children born of rape?
- Have you seen any social, economic, medical or mental health effects of this?

5. Did you observe differences in the acts or types of violence experienced by children versus adolescents? Children/adolescents vs. adults?

Appendix 3: Guide for Conducting Semi-Structured Interviews of Health Care Workers on Sexual and Gender-Based Violence and Attacks against Health Care in Ethiopia, *continued*

6. Are there any special health needs you see for children specifically because of the conflict?
- Have you seen children experiencing mental health harm or needing mental health care because of the conflict?
- Have you noted developmental delays in the children you have interacted with that are related to the conflict?
- Have you noted reproductive health harms or issues related to the conflict in the children you have interacted with?
- Have parents/guardians expressed concerns for their children related to the conflict? If so what are they?
- Have you been able to meet these needs? Why or why not?

7. How have attacks against health care impacted your ability to provide care to children?
- Have attacks on health care in context of conflict limited your ability to provide services to address children/adolescents special health needs?

8. What particular services have you been able to provide for children? Have those services been successful in providing care?

9. Have you heard about child survivors of sexual violence or their parents/guardians who have reported these violations to the authorities (law enforcement, etc.)? Did they share why/why they did not report?
- Did child survivors/their parents/guardians mention alternative reporting channels (through schools etc.)?

E. Assessing Challenges in Addressing Trauma And Care

1. Have you experienced any challenges providing care to your patients/clients? To survivors of sexual violence specifically?
- Have you experienced challenges related to the availability of testing and medication for survivors? Particularly for STI/HIV testing; materials for forensic documentation of sexual violence (rape kits); access to post-rape and SV care including emergency contraception and PEP as well as abortion and maternal health care? How about mental health care?

2. Have you experienced attacks on health care facilities, or personnel, in the facility where you work or in your community since November 2020? If so please describe them.
- Probe: What happened during these attacks? Have attacks against health care impacted your ability to provide care to your patients? If so how.

3. Have documentation practices for cases of sexual violence changed (either positively or negatively) since the start of the conflict? If so, how?

4. What challenges, if any, have you faced in reporting cases of sexual violence to authorities?
- Did the patients who did disclose what they saw or experienced report to authorities (law enforcement, etc.)? Did they share why/why not?
- Did patients ever share that they had a desire to report to authorities but faced specific barriers in doing so?
- Were you or survivors more likely to report to authorities after the Cessation of Hostilities Agreement between the Government of Ethiopia and the Tigray Peoples Liberation Front in November 2022?

5. How has the conflict affected your own health and well-being since it started in November 2020?

6. What has changed since the peace agreement between the government of Ethiopia and the Tigray Peoples Liberation Front (TPLF) was signed in November 2022? How so?
- How have experiences of violence changed?
- How have health care services and access to acceptability, availability, quality of health care changed?

F. Closing

1. What do you think justice and accountability should look like for survivors of the conflict?
- What specifically should they receive?
- Who should provide the remedy/reparation? (government, international community, others)?

2. What is your view of the transitional justice process underway in Ethiopia?
- How do you feel about it?
- Is it adequately addressing the needs of survivor populations?
- Have you or anyone you know have been included in transitional justice consultations by the Government of Ethiopia?
- If not who do you think should be included in the transitional justice consultations and process?

3. Is there anything else that you would like to add? Is there anything else you want to say regarding your experiences? Do you have any questions for me?

4. Do you know of any other healthcare providers/community leaders who treated survivors who may want to speak to us about this topic?
- Particularly those who have worked with children or adolescents?

5. Are there any other questions we should ask to further our understanding of sexual and gender-based violence experienced in Ethiopia during the recent conflict?

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59. Throughout this report the term "female" and "women" is used to refer to survivors who are cis-gender women. The term "female" is used as this is consistent with how a survivor's biological sex was recorded within the medical records reviewed. The term "women" and "female" is consistent with how health care workers who were surveyed and interviewed in Ethiopia referred to patient's gender identity.

60. Similarly to the footnote above, throughout this report the term "male" and "men" is used to refer to survivors who are cis-gender men. The term "male" is used as this is consistent with how a survivor's biological sex was recorded within the medical records reviewed. The term "men" and "male" is consistent with how health care workers who were surveyed and interviewed in Ethiopia referred to patient's gender identity.
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62. It is important to note that the vast majority of health care professionals working at health care clinics during the conflict in Tigray were also of the Tigrayan ethnicity. This could potentially influence care seeking and reporting of conflict-related sexual violence for survivors who were not Tigrayan or for survivors who experienced perpetration of conflict-related sexual violence by perpetrators affiliated by the TPLF or other Tigrayan groups.
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65. It is important to note that the impacts of conflict-related sexual and reproductive violence detailed here represent those impacts observed within a population of survivors who presented for care at health facilities in Tigray. Given the limitations of the methodologies used, OJAH and PHR are not able to draw conclusions about the impacts of conflict-related sexual and reproductive violence on survivors who did not present for care either because they died due to the severity of injuries, were not able to access health care due to logistical, economic, social or cultural barriers, sought care outside of the health care system or through traditional methods, or did not seek health care services due to having injuries that were not severe or chronic enough to warrant clinical intervention.
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112. Experts have underlined that abortion services for survivors of sexual and reproductive violence during armed conflict arise from the rights granted to the "wounded and sick" even during non-international armed conflict.[30] Pregnant women and girls in armed conflict are to be collected and cared for and receive the medical care required by their condition and are entitled to treatment without adverse distinction.[30] Reversely, the denial of abortions violates the right to humane treatment and the right to be free from cruel and inhuman treatment.[30] Article 7 of the Additional Protocol II to the Geneva Convention clarifies that protection and care are to be provided, including to survivors of sexual and reproductive violence. Common Article 3 provides in paragraph 1, sub-paragraph (2), that "the wounded and sick shall be collected and cared for". The commentary to Article 7 of the Additional Protocol II to the Geneva Convention clarifies that the wounded and sick "cover maternity cases, new-born babies and other persons who may be in need of immediate medical assistance or care, such as the infirm or expectant mothers, and who refrain from any act of hostility". Moreover, they must be provided to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition, with no adverse distinction made on any grounds other than medical ones, see: Radhakrishnan, A., Sarver, E., & Shubin, G. (2017). Protecting safe abortion in humanitarian settings: overcoming legal and policy barriers. Reproductive Health Matters, 25(51), 40–47.
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122. African Charter on Human and Peoples' Rights (African Charter), African Charter on the Rights and Welfare of the Child (ACRWC), Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), Protocol to the African Charter on the Rights of Older Persons in Africa, the African Youth Charter, African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), African Charter on Democracy, Elections and Governance, Charter for African Cultural Renaissance. Eritrea has signed but not ratified the Maputo Protocol and the Kampala Convention and must by way of its expression to be bound in good faith refrain from acts that would defeat the object and purpose of these instruments.
123. Jean-Marie Henckaerts & Cornelius Wiesener, Human Rights Obligations of Non-State Armed Groups: An Assessment Based on Recent Practice, in International Humanitarian Law And Non-State Actors: Debates, Law And Practice 195 (Heffes, Kotlik, & Ventura eds., 2020), https://link.springer.com/chapter/10.1007/978-94-6265-339-9_8.
124. Eritrea has ratified the International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), International Convention on the Elimination of all Forms of Racial Discrimination (CERD), Convention on the Rights of the Child (CRC), including its Optional Protocols on the Involvement of Children in Armed Conflict (OP-CRC-AC) and on the Sale of Children, Child Prostitution and Child Pornography (OP-CRC-SC).
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127. p. 18, 19.
128. p. 15.
129. p. 24, 25.
130. p. 18, 19.
131. Articles 2 and 26 ICCPR, Article 2(2) ICESCR, Article 2 CEDAW, Article 2 CERD, Article 2 CRC, Article 2 and 18 African Charter, Article II Maputo Protocol and Article 3 ACRWC.
132. Article 2 and 3, CEDAW; CEDAW, CG No. 30, para. 8-12; See also: United Nations General Assembly Rape as a grave, systematic and widespread human rights violation, a crime and a manifestation of gender-based violence against women and girls, and its prevention G21/089/99, https://documents.un.org/doc/undoc/gen/g21/089/99/ pdf/g2108999.pdf.
133. Up to 23 perpetrators, p.18.
134. p. 18.
135. p. 30.
136. Article 2 and 4 CAT, Article 7 ICCPR, Article 37 CRC, Article 5 African Charter, Article III Maputo Protocol and Article 16 ACRWC.
137. Article 19 and 34 CRC.
138. Article III (4) and XI Article Maputo Protocol.
139. Article XI (3) Maputo Protocol.
140. p. 19.
141. Article 8 ICCPR, Article 5 African Charter, Article 35 CRC, Article 35 CRC refers to the sale of a child for any purpose or form. See comparatively, OTP-ICC Policy on Slavery Crimes, p. 16, footnote 53.
142. OTP-ICC Policy on Slavery Crimes, p. 18, para. 40.
143. Article 2 and 3 CEDAW; CEDAW GR 35, para. 16; CEDAW GR 30, para. 23.
144. Article 2 and 4 CAT, Article 7 ICCPR, Article 37 (a) CRC, Article 5 African Charter, Article III Maputo Protocol and Article 16 ACRWC.
145. Article 2 and 4 CAT, Article 7 ICCPR, Article 37 (a) CRC, Article 5 African Charter, Article III Maputo Protocol and Article 16 ACRWC CAT Committee, Conclusions and recommendations of the Committee against Torture: Peru, CAT/C/PER/CO/4; UN General Assembly, Interim report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, A/63/175, para. 60 (2008).
146. Article 12 ICESCR, Article 24 CRC, Article 16 African Charter, Article XIV Maputo Protocol, Article 14 ARCWC, Article 5 (iv) ICERD.
147. Article 17 ICCPR and Article 23 (1) ICCPR.
148. Article 1 CEDAW.
149. CEDAW, GR 35, para. 18.
150. CEDAW, GR 30, para. 64.
151. p. 24, 25.
152. p. 24, 25.
153. CERD continues the application of ICERD in situations of international and non-international armed conflict.
154. CEDAW, GR 30, para. 65 (a).
155. CEDAW, GR 30, para. 81 (g).
156. Article 19 (1) CRC.
157. Article 34 CRC.
158. Article 27 ACRWC.
159. Article 6, ICCPR ; Human Rights Committee, GC 36, para. 8 ; Article 12 ICESCR, Article 5 (iv) ICERD, Article 24 CRC, Article 16 African Charter, Article XIV - in particular (1) and (2) - Maputo Protocol and Article 14 ARCWC ; Article 12 (1) CEDAW.
160. p. 33 – 36. See also: Fisseha et al., "War-Related Sexual and Gender-Based Violence in Tigray, Northern Ethiopia."
161. Article 12 (1) CEDAW.
162. Article 12 ICESCR, Article 5 (iv) ICERD, Article 24 CRC, Article 16 African Charter, Article XIV - in particular (2) and (2) (c) with respect to lack of abortion care - Maputo Protocol and Article 14 ARCWC.
163. Article 10 (h) and 12 (1) CEDAW.
164. CEDAW GR 30, para. 52(c).

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Solomon Terefe walks through debris that litters the floor of the medical lab at the Mersa Health Center in North Wollo on Janua. Photo: E. Countess/Getty Images

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