ETHIOPIA
Gender-based violence secondary data review report 2024

ACAPS ANALYSIS HUB ETHIOPIA

Thematic Report
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ABOUT THIS REPORT

Aim

This report provides analysis of gender-based violence (GBV) in 2024 in Ethiopia, examining its drivers (including traditional gender norms, conflicts, and natural hazards), forms, and the impact on survivors. It highlights the heightened risks faced by particularly at-risk groups, such as women and girls, people with disabilities, and displaced people. The report also features GBV response efforts, identifying operational gaps and challenges, as well as legal frameworks, with the aim of informing and influencing decision-making and planning of the GBV response.

Scope

This report analyses secondary data sources on GBV risks in Ethiopia from January–December 2024. It also explores the effects of the USAID funding freeze and cuts in early 2025 on GBV service provision, the vulnerability of the crisis-affected population to GBV, and its impact on the wellbeing of survivors.

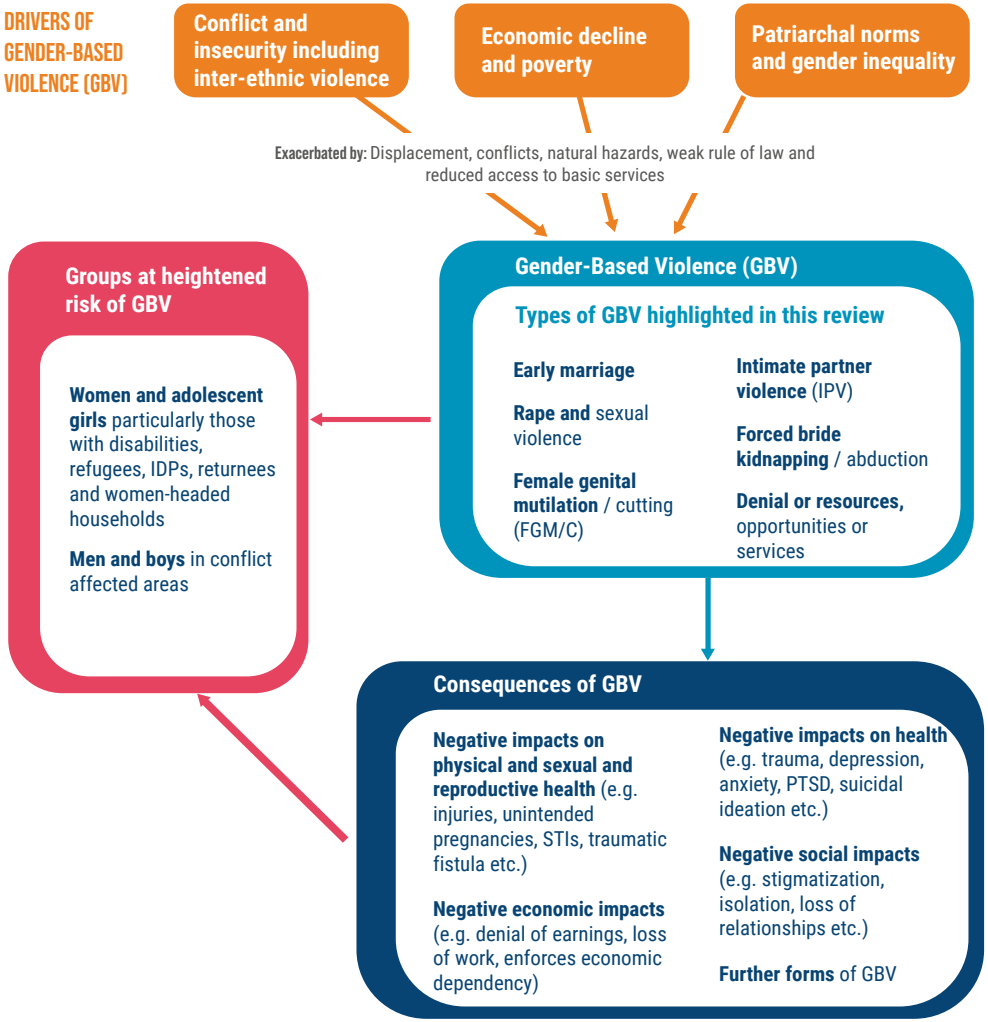
Methodology

This report is based on a desk review of publicly available literature, research studies, assessments, and media reports, non-public assessments on GBV in Ethiopia from previous years, with a focus on the most recent data from 2023–2024. Older research was used when recent assessments were unavailable and to provide contextual understanding. Key sources include reports from humanitarian organisations, academic institutions, government institutes, international bodies (such as the UN and INGOs), academic research, and media reports. The research was complemented by five expert interviews with GBV humanitarian responders.

Gender Based Violence AoR
Global Protection Cluster

This report was developed jointly in close collaboration with the Gender-Based Violence Area of Responsibility (GBV AoR) in Ethiopia. The GBV AoR Coordinator and Information Management Officer provided substantial support throughout the production process, including technical review and guidance. They also facilitated input from AoR members, which was instrumental in deepening the understanding of different crises contexts, particularly the GBV situation, availability of response services, and barriers to accessing those services.

Figure 1: GBV drivers, consequences, at-risk groups in Ethiopia



Source: ACAPS

* While all forms of GBV classified under the GBVIMS are likely present in Ethiopia, the types highlighted here are those most prominently reflected in the Report

Limitations

Lack of disaggregated population figures, limited information on population groups such as people with disabilities and older people, and limited data on the dynamics, effects, and drivers of GBV in areas facing conflicts and natural hazards constrained the depth of the analysis. To mitigate some of these limitations, qualitative analysis was conducted through expert interviews. There is a lack of recent data on both the extent and variety of harmful traditional practices (HTPs), as well as on GBV incidents in the current context of current multiple crises. This limits the understanding of how these overlapping crises are influencing GBV incidents.

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KEY MESSAGES

- In conflict-affected areas, such as Afar, Amhara, Oromia, and Tigray, GBV, including sexual violence, is widespread and disproportionately affects women and girls. Resource-driven inter-ethnic conflicts further heighten GBV risks. Sexual violence against men and boys is also reported, but in much lower numbers than women and girls. At the same time, natural hazards, such as droughts, floods, landslides, and earthquakes, drive displacement, increasing GBV risks, particularly for women and girls, through disrupted support systems and unsafe, overcrowded IDP sites.
- In 2024, natural hazards and conflict aggravated the risk of harmful traditional practices (HTPs), such as Early marriage and Female genital mutilation/cutting (FGM/C). Throughout the year, these practices reportedly resurfaced or intensified as coping mechanisms – early marriage being used to secure financial income through dowries and FGM/C to enhance a bride's perceived desirability – increasing protection risks for women and girls.
- There is a continued need for advocacy to eradicate HTPs among both communities and responders, recognising that the latter may also have been socialised within the same gender norms that risk normalising abusive practices.
- Legal gaps and inconsistencies, such as a loophole permitting marriage at 16, undermine enforcement of the national minimum marriage age of 18. At the same time, the absence of family laws in regions such as Afar and Somali hinders the effective criminalisation of HTPs, such as child marriage and FGM/C.
- A lack of service awareness, fear of stigma and retaliation, inadequate support facilities, institutional breakdown during crises, legal gaps, legal pluralist dispute resolution, and entrenched patriarchal attitudes in law enforcement hinder GBV survivors' access to justice.
- GBV services are mainly available in major towns and cities, leaving survivors in rural and remote areas with limited access owing to challenges such as transportation barriers, lack of information about available services, and other factors. Service provision across one-stop centres (OSCs) remain inconsistent owing to resource shortages and personnel gaps. At the same time, the US funding freeze has aggravated service provision by leading some organisations providing GBV response services to close nationwide.
- The limited availability of humanitarian assistance at IDP sites and to host communities are leading to coping strategies with potentially harmful outcomes, such as women and girls resorting to survival sex, begging, child marriage, and reducing food intake to ensure other family members have enough to eat.

INFORMATION GAPS

- Lack of updated census data limits the level of understanding of the disaggregated insights on at-risk groups (e.g. girls, women, people with disabilities), making it difficult to assess the scale and distribution of GBV risks.
- Lack of reliable and up-to-date data on people with disabilities in Ethiopia, both among displaced and non-displaced populations, and insufficient information on GBV risks affecting these populations hinder the accurate understanding of their situation needed to develop tailored, inclusive responses.
- Limited data on GBV in previous conflict-affected areas, such as Tigray, contested areas between Amhara and Tigray, current conflict-affected areas such as Amhara, and Oromia, hampers effective situational analysis, which is needed to design context-specific prevention and response strategies. The underreporting and invisibility of GBV incidents risk creating a false perception that GBV is less prevalent than in reality. This, in turn, risks the underprioritisation of GBV in emergency response and can result in resource gaps, reducing survivors' access to timely and potentially life-saving support.
- Insufficient data on service availability, accessibility, and quality at OSCs and health facilities limits the understanding of service gaps and the capacity to respond.
- Lack of recent data on HTPs and the effectiveness of current prevention and response interventions, especially in the context of multiple crises, limits the understanding of how these crises are potentially influencing the occurrence and dynamics of such practices and the extent to which programming is meeting current needs.

HUMANITARIAN PROFILE

Needs overview: the 2025 Global Humanitarian Overview does not specify the total number of people in need in Ethiopia, however, it identifies 10 million people as the target for humanitarian assistance (GHO 04/12/2024). The 2024 Humanitarian Needs Overview for Ethiopia estimated 21.4 million people to be affected by conflict and natural hazards, with 15.8 million estimated to be in need of emergency food assistance (OCHA 26/02/2024). An estimated 14.2 million people had general protection needs, including 7.2 million in need of GBV intervention – a consistent increase from 6.7 million in 2023 and 5.8 million in 2022 (OCHA 26/02/2024; UNFPA 10/06/2024).

Demographic context: according to UNFPA, in 2025, Ethiopia's population was an estimated 135.5 million people (49.9% women and 50.1% men). Adolescents (ages 10–19) comprised 48.6% of the population (24.1% girls and 24.5% boys), while an estimated 39% of the population was below 15 years old (UNFPA accessed 30/06/2025 and WB accessed 30/06/3035). By contrast, government estimates put the total population at 109.5 million people (49.9% female and 50.1% male) (ESS 26/12/2024). As per World Bank 2025 estimates, the population was predominantly rural, with around 75.8% residing in rural areas (WB accessed 30/06/2025).

Internal displacement: data collected by IOM/DTM between July–August 2024 estimated approximately 1.9 million IDPs nationwide, excluding Somali region where operational constraints prevented data gathering. Tigray (39%), Oromia (39%), and Amhara (8.6%) hosted the highest proportions of IDPs nationwide, although the number of IDPs in Amhara is expected to be higher as insecurity affected data collection. Conflict was the leading cause of displacement (affecting 82% of IDPs), followed by social tensions (8.6%) and drought (4.3%) (IOM 20/01/2025).

In the same period, IOM identified approximately 2.8 million IDP returnees in around 2,600 accessible villages across Ethiopia. Tigray (40%), Amhara (36%), and Oromia (7%) hosted the highest proportions of returnees nationwide. Actual figures may be higher considering access limitations (IOM 20/01/2025).

Refugees and asylum seekers: Ethiopia hosts more than one million registered refugees and asylum seekers, making Ethiopia one of the largest refugee-hosting countries in Africa and globally. Gender-disaggregated data shows that the refugee population consists of approximately 19% girls (0–11 years), 9% adolescent girls (12–17), 25% women (18 and above), 19% boys (0–11 years), 10% adolescent boys (12–17), and 18% men (18 and above) (UNHCR 30/04/2024; UNHCR accessed 23/01/2025). Most refugees and asylum seekers originate from South Sudan (40%), Somalia (34%), and Eritrea (17%) and are hosted in Benishangul Gumuz, Gambela, and Somali regions, which collectively host over 861,000 refugees and asylum seekers (UNHCR accessed 23/01/2025).

GROUPS AT PARTICULAR RISK OF GBV

In 2024, out of the 7.2 million people identified as needing GBV support, 45% were children, and 44% were women. 17.6% of the people in need of GBV also presented with a disability (OCHA 26/02/2024).

Women and adolescent girls in Ethiopia are at greatest risk of GBV owing to deeply rooted gender norms and traditional beliefs that relegate them as wives or mothers only, besides limiting their autonomy and decision-making power (UN Women 06/2024; Nutrition Cluster 06/2023). In many Ethiopian households, men often serve as the main providers, while women and girls bear a disproportionate share of unpaid domestic work, such as childcare, housekeeping, resource-gathering, and agricultural activities (NLI 01/03/2025). These vulnerabilities are further heightened during crises, when gender inequalities worsen and the specific needs of women and girls are often overlooked (Nutrition Cluster 06/2023). As gender norms impose reproductive roles on women and girls, they are forced into early marriage to take on domestic responsibility from an early age. These norms are more pronounced in rural areas; consequently, they are less likely to access education compared to boys (Pathfinder accessed 05/02/2024). Early marriage, FGM/C, forced bride kidnapping or abduction, and sexual and physical violence are among the different forms of GBV faced by women and girls.

Women and girls with disabilities

They face an increased risk of GBV given the compounded effects of gender- and disability-based discrimination (Habtemariam 11/2015). Although there is a lack of reliable and up-to-date data on displaced and non-displaced people with disability in Ethiopia, the most recent data from 2016 estimated that around 7.8 million people in Ethiopia lived with some kind of disability (UNICEF et al. 2019; Health Cluster 06/08/2024). Given the various conflicts across the country, the number of people with disabilities might have since increased. Women and girls with disabilities are at heightened risk of the denial of resources, opportunities, or services, with gender- and disability-related barriers working together to impede their access to services such as health and education. A 2016 survey identified significant gaps in the labour force participation of men and women with disabilities, with women with disabilities showing the lowest participation compared to both men with disabilities and their counterparts without disabilities. People with mental health difficulties or intellectual impairments were the most excluded from the labour market (UNICEF et al. 2019). A study in Addis Ababa revealed women with disabilities face additional barriers to health access, including negative social attitudes, infrastructure issues, financial constraints, transportation challenges, and limited information on sexual and reproductive health (Alemu et. al. 23/10/2024). Girls with disabilities across the country also face barriers to education, such as discrimination, lack of assistive devices, and higher risks of violence (UN Women 06/2024; VSO 06/2021; DAWN Feminist 20/02/2019). Limited access to education restricts employment opportunities for people with disabilities, especially women (UNICEF et al. 2019).

Women-headed households

They face heightened risk of gender-based discrimination (including the denial of resources) and legal challenges. They typically have lower incomes and education levels compared to their male counterparts, and many have limited resources to support their families and limited decision-making power in their communities (IOM 22/10/2021). For instance, Ethiopia is predominantly agricultural, with 75.8 % of the population estimated to be residing in rural areas. Women make up over 40% of the agricultural workforce and head 25% of farming households, yet they have less access to land and other factors of production compared to men, leading to lower yields than men (WB 2019; WB accessed 30/06/2025). Given natural hazards and conflicts, the number of women-headed households is increasing. For example, in Tigray, displacement has altered household structures, with the death, disappearance, or migration of men for work as the conflict limits income-generating activities, producing more women-headed households (RI 29/02/2024; IRC 03/05/2021).

Internally displaced women and girls

Limited humanitarian assistance increases IDP women's and girls' exposure to forms of GBV, such as sexual harassment and rape, owing to inadequate shelter, long walks to water points and toilets, and poor lighting near WASH facilities. Insufficient food aid may also push them towards coping strategies with potentially negative outcomes, exposing them to GBV risks, including sexual exploitation and abuse (further discussed under the Section: Response Environment).

Internally displaced woman and girl returnees

Upon return to their place of origin, IDP returnees mostly report damage and destruction to their housing, land, and property as both a cause of displacement and a barrier to durable solutions. Returnees could face difficulty in asserting their rights to their property or restitution in return areas given various factors, including gendered barriers impeding lack of documentation, as well as reduced protections and access to justice for women and girls in the event of land grabbing or illegal sale (OCHA 26/02/2024). Women-headed households face challenges in reclaiming property particularly in areas where government structures have collapsed and land or property is under secondary occupation (KII 21/08/2024). For example, before the war in Tigray, land was typically registered under a single household head, usually

a man (Dokken 2015). As a result, female returnees often struggle to reclaim land after the death of a husband, facing greater barriers than male returnees. Without support, woman and girl returnees face increased protection risks and may resort to coping strategies with potentially harmful outcomes, such as begging, child labour, or survival sex, to meet their immediate basic needs.

Where homes have been damaged or destroyed in conflict-affected areas, IDPs may be unable to return, forcing them to stay in IDP sites (AS 20/08/2024; Sheger FM YouTube 06/07/2024). This places women and girl returnees at increased risk of sexual violence and exploitation owing to sites being insecure, overcrowded, and often lacking privacy and protection.

Women and girl refugees

Women and girl refugees in camp settings are particularly exposed to protection risks including women and girls with disabilities (UNHCR 01/08/2023 and 03/12/2024). For example, women and girl refugees, mainly from Sudan and Eritrea, hosted in Amhara region continue to be exposed to protection risks, including GBV, as a result of insecurity in the region (TNH 21/11/2024). Sudanese refugees in West Gondar zone have faced months of insecurity, including kidnappings and sexual violence in Kumer and Awlala sites (ACAPS 05/07/2024; Radio Dabanga 20/02/2024 and 26/04/2024; UNHCR 12/06/2024). Given the challenging security situation at these sites, refugees have been moved to a new site (Aftit in West Gondar zone) (UNHCR 22/11/2024). In Aftit, concerns over limited services persist, and GBV risks, such as sexual harassment and rape, remain high given the presence of armed host community members (TNH 21/11/2024; UNHCR 12/06/2024). The refugee response in Benishangul Gumuz is also challenged by limited resources, including inadequate shelter, long distances to water points, and overcrowded sites, all of which increase the vulnerability of women and girls to GBV, including sexual harassment and rape (KII 24/04/2025 b). Limited humanitarian assistance within the camps heightens woman and girl refugees' risk of exposure to various forms of GBV, including sexual exploitation (survival sex), rape, sexual harassment, early marriage, and trafficking, besides impeding their access to healthcare and legal protection.

Men and boys

Sexual and other forms of violence against men and boys are a protection risk in conflict and displacement settings (GAGE 20/05/2019; NLI 01/03/2025). Cultural norms portray men as protectors, making sexual violence against them a powerful weapon of war as it is perceived to emasculate them (NLI 01/03/2025). Deep-rooted gender norms, taboos, and limited services often prevent male survivors from disclosing abuse or seeking support (NLI 01/03/2025; HBS 06/2024; UNHCR 07/2012). As a result, survivors often stay silent and struggle to access support. Even when services exist, they are rarely equipped to meet the specific needs of male survivors given gaps such as a lack of essential examination equipment and clear treatment protocols (GBV AoR 15/11/2023; GAGE 20/05/2019; NLI 01/03/2025; VSO 06/2021). During the northern Ethiopia conflict, conflict-related sexual violence against men and boys was reported, and it is also reported in the current conflict in Amhara region (EHRC 04/2024; Mukwege Foundation 10/2022; OCHA 13/12/2024). But it remains largely underreported given stigma surrounding the issue (NLI 01/03/2025; ICRC 22/08/2022). Providing inclusive services for survivors of sexual violence against men and boys remains a challenge at health centres.

GBV DRIVERS

Traditional gender norms: although Ethiopia is culturally diverse, overarching patriarchal norms shape the economic, social, political, and cultural spaces (NLI 01/03/2025; ACAPS 02/11/2023). Conservative gender norms reinforce discrimination by upholding the hierarchical system dominated by men, which limits women to traditional roles (NLI 01/03/2025).

Simultaneously, patriarchal gender norms underpin GBV against women, which is entrenched in cultures across the country normalising acts of GBV and making the effort to eradicate them more complex. Gender norms also underpin HTPs, including early marriage and FGM/C, and the use of violence against women as a form of discipline and control (Cohen et al. 01/06/2022; NLI 01/03/2025; ACAPS 02/11/2023; Protection Cluster 09/10/2024; UNFPA 10/06/2024).

Conflict: during conflict, GBV against women and girls, including sexual violence and the consequences of these acts, are tied to community and masculine honour often committed to assert, damage, or restore or avenge the reputation of the male guardian and community rather than the survivor herself (NLI 01/03/2025).

Conflict, natural hazards, and displacement also **heighten existing forms of GBV** by further reducing women's and girls' access to essential services, such as schools and GBV services (including the health response), and dismantling community networks. The closure of schools owing to either conflict or natural hazards increases the use of traditional practices with harmful consequences, such as early marriage, which in some cases is accompanied by FGM/C (Girls Not Brides 10/2024; Protection Cluster 09/10/2024). Both conflict and natural hazards disrupt intervention efforts and institutional structures that protect women and girls. At the same time, these crises weaken progress and make past intervention approaches less effective in the current context (Protection Cluster 09/10/2024; Girls Not Brides 10/2024; Share-Net 30/04/2024; UNFPA 10/06/2024; RFI 07/03/2025). Based on available data, there appears to be a re-emergence of HTPs that were less frequent before the northern Ethiopia conflict (2020–2022), such as FGM/C and early marriage. An increased level of intimate partner violence (IPV) compared to pre-conflict time has also been reported in Tigray, especially in IDP sites (UN Women 01/04/2024; IRC 03/05/2021).

Economic decline and poverty: poverty has increased nationally over the past eight years, especially in urban and conflict-affected areas (WB 10/2024; OCHA 26/02/2024). Natural hazards and conflict have reduced agricultural production and income, limiting access to essential goods and making it harder for communities to afford food and basic necessities (CARE 12/2024). Loss of livelihoods and limited income options have increased the use of coping strategies with potentially harmful outcomes for women and girls, such as early marriage and survival sex, and increased the risk of human trafficking. FGM/C may have risen to potentially increase girls' marriage prospects (Cohen et al. 01/06/2022; Protection Cluster 09/10/2024; KII 24/04/2025 a; KII 24/04/2025 b). Economic hardship and the stress of being unable to provide are often linked to increased IPV (UNFPA 05/09/2024). Women's limited financial autonomy can also make it harder to leave abusive relationships.

TYPES OF GBV

In the Ethiopian context, it is likely that all forms of GBV (as per the Gender-Based Violence Information Management System or GBVIMS) are present, including rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse (GBV SOP 04/2024). This section focuses on forms of GBV on which there is sufficient secondary data.

Early marriage

Early marriage is a widespread form of GBV across the country, especially in rural areas. Different factors drive early marriage in Ethiopia. These include social, religious, and cultural norms that link family honour to the bride's virginity, resulting in young girls being married at the start of puberty to prevent sexual activity outside of marriage. Economic strains from recent and current conflicts and natural hazards such as drought also contribute to the rise in the incidence of early marriage among crisis-affected communities. In these contexts, bridal dowries often serve as a financial coping mechanism, and marriage can also be seen as a way to reduce the number of dependents a household must support (Protection Cluster 09/10/2024; Girls Not Brides 10/2024; MOWCY 08/2019; Share-Net 30/04/2024; KII 24/04/2025 a; KII 24/04/2025 b). The practice of early marriage is especially reported in drought and conflict-affected regions, such as Afar, Amhara, Oromia, Somali, and Tigray, as well as the previous Southern Nations, Nationalities and Peoples' (SNNP) region, given economic challenges. Early marriage is more common in rural areas, where it occurs at even younger ages, sometimes as early as 12—14 years old (Protection Cluster 09/10/2024; Girls Not Brides 10/2024; UNICEF 28/06/2022; KII 24/04/2025 a; KII 30/04/2025). Forms and manifestations of early marriage include bride kidnapping or abduction, forced or arranged marriages, polygamy, and marriages by 'choice' that see girls requesting to be married, demonstrating the strength of socialisation on gender norms in some communities (UN Women 2018; Herman 01/2025; Cohen et al. 01/06/2022; MOWCY 08/2019).

Female genital mutilation/cutting

The practice of FGM/C is a widespread form of GBV across the country and is in some cultures linked with early marriage (Protection Cluster 09/10/2024 and 02/05/2024). FGM/C involves the removal or injury of healthy female genital tissue, affecting the natural function of girls' and women's bodies (WHO 31/01/2025 and 14/04/2025). The 2005 Criminal Code of the Federal Democratic Republic of Ethiopia criminalises the practice but not the failure to report its planning or execution (Cohen et al. 01/06/2022; Orchid Project 07/2018; Musawah 02/2019). Women and girls in rural communities and those with limited educational attainment within the family are at greater risk of FGM/C, with FGM/C rates decreasing as educational attainment increases (UNICEF 02/2020 and 2021; Cohen et al. 01/06/2022; MOWCY 08/2019). The reasons for subjecting girls and women to FGM/C, as well as the age at which it is performed and the type of procedure, vary significantly across different cultures, but the practice is often driven by a combination of religious beliefs, perception of marriageability, economic factors, and longstanding cultural traditions (Cohen et al. 01/06/2022; UNICEF 2021). For example, in some cultures in Amhara, Oromia, and Tigray and in parts of the southern regions, it is believed to suppress girls' sexual activity before marriage and preserve premarital chastity. In some cultures in Amhara, it is seen as a way to avoid childbirth difficulties. In some cultures in Tigray, it is thought to facilitate easier penetration for males. In some Afar and Somali cultures, it is believed to prevent rape. While FGM/C is not endorsed by religious bodies in Ethiopia, some people view it as a religious practice, as in Afar (Cohen et al. 01/06/2022; Herman 01/2025; Orchid Project 06/2023).

Different forms of FGM/C are prevalent in Ethiopia, including the most severe, which is the sewing of the vaginal opening, commonly in Afar and Somali regions. Flesh removal is the most common form across different regions, including Addis Ababa, Amhara, Benishangul Gumuz, Dire Dawa, Harari, Oromia, and the former SNNP region (UNICEF 02/2020; MOWCY 08/2019; Orchid Project 06/2023; WHO 31/01/2025).

There has been a concerning trend of FGM/C being performed by health workers in health facilities, particularly in urban areas. While this decreases some health risks, it does not prevent many of the harmful impacts of the act and risks its framing as a medical or safer way of performing FGM/C. Although banned by the Ministry of Health in 2017, there is no legislation preventing health professionals from performing FGM/C (Herman 01/2025; UNFPA 10/06/2024; Orchid Project 06/2023; UNICEF 02/2020).

According to the last demographic and health survey (DHS) from 2016, the occurrence of FGM/C decreased between 1991–2016 thanks to different intervention measures. There were significant decreases in Oromia and Addis Ababa, while levels did not change significantly in Afar, Gambela, Somali, and the previous SNNP region (UNICEF 02/2020; UNFPA 10/06/2024). Since the last DHS, conflicts and natural hazards have been threatening progresses by

disrupting intervention efforts, and the practice of FGM/C is reportedly increasing, especially among crisis-affected communities in Afar and Somali regions where people consider the act a validation of premarital chastity and a prerequisite for marriage eligibility (Protection Cluster 09/10/2024; Orchid Project 06/2023; Cohen et al. 01/06/2022).

Forced bride kidnapping or abduction

Forced bride kidnapping or abduction refers to a longstanding tradition where a man abducts, hides and rapes a girl or woman and then asserts his right to marry her as the father of her potential child. This practice occurs mostly in rural areas and is a culturally accepted way of marriage in some communities (Girls Not Brides 10/2024; Cohen et al. 01/06/2022). There is no recent data on the prevalence of forced bride kidnapping or abduction across the regions nor on how current humanitarian crises influence this HTP. Despite the absence of recent data, however, it is believed to remain a widespread practice rather than rare. In cases of forced abduction or kidnapping, girls and women have no say in the matter. For example, in southern regions, a woman may be compelled to stay with her abductor and live as his wife without her consent. Those who resist are often forced to flee their families and communities, leaving them vulnerable to exploitation (Cohen et al. 01/06/2022). Given the cultural significance placed on virginity prior to marriage, survivors also face stigma and are forced to marry their abuser to preserve family honour or avoid exile (NLI 01/03/2025; Cohen et al. 01/06/2022).

Intimate partner violence

Gender norms justifying male violence and control reinforce inequality within relationships. A 2023 Afro Barometer survey in Ethiopia found that 70% of respondents opposed wife-beating, with the perception being more widespread among urban respondents than rural. That said, 63% viewed IPV as a private matter not requiring law enforcement intervention (Afro Barometer 23/09/2024). These widespread perceptions may deter survivors from seeking formal justice. Even where survivors report cases of abuse, they may face further victimisation, as traditional conflict resolution mechanisms mostly favour and justify men's actions and can endanger the survivor (UN Women 01/04/2024). In some cases, cultural norms granting men control over household income lead to cash assistance being spent on alcohol for the man instead of food, as observed in Borena, Oromia (Nutrition Cluster 06/2023). This likely worsens family hardships and aggressive behaviour.

Challenges of addressing harmful traditional practices (HTPs) in the Ethiopian context

Although both national and international stakeholders are involved in projects aiming to eradicate HTPs that expose women and girls to GBV, projects are often short-term, time-bound, or geographically limited. This may create resistance if communities feel outsiders are attempting to alter their way of life. Community-based organisations and movements are effective, but they operate locally in their own regions and in regional languages, lacking nationwide reach (DIIS 18/11/2024; Girls Not Brides 10/2024). Advocacy efforts that exclude religious leaders often face rejection (Orchid Project 06/2023; Girls Not Brides 10/2024).

Since humanitarian responders coming from the target communities have been socialised on the same gender norms, in some cases, potentially harmful beliefs around HTPs, such as viewing less severe forms of FGM/C as acceptable, exist among the responders as well (KII 15/05/2025). This highlights the need for continued advocacy, not only within communities that practise HTPs but also among those working in the response.

Rape and sexual violence

In conflict-affected areas of Ethiopia, there have been numerous reports of armed groups perpetrating sexual violence (NLI 01/03/2025; UNGA 14/09/2023; PHR 24/08/2023; Insecurity Insight 03/02/2024, 07/06/2024, 10/09/2024, and 11/10/2024). In Ethiopian communities, where a women's virginity is closely tied to her family's and community's honour, armed groups use rape and sexual violence as warfare tactics. These acts intend to not only inflict harm on the survivor but also degrade and shame her male relatives and broader community. Men and boys are also subjected to sexual violence, with rape used a tool to stigmatise survivors and threaten their sense of masculinity (NLI 01/03/2025; HBS 06/2024). In Ethiopia, rape and sexual violence are also reported in areas not affected by conflict.

Denial of resources

Despite legal proclamations granting women equitable land rights, cultural norms hinder women's property rights, financial control, and access to farming technologies (Cohen et al. 01/06/2022; Komatsu et al. 10/2022; CARE 06/2023; Oxfam 08/05/2025). The main access to land ownership is through inheritance from parents, and inheritance culture follows paternal

inheritance customs, favouring the eldest son (Cohen et al. 01/06/2022; Komatsu et al. 10/2022). Women mostly gain access to land through marriage to land-owning men or by residing with an adult son who has inherited land rights (Komatsu et al. 10/2022; Oxfam 08/05/2025). In some cultures, widows may face eviction if they refuse to remarry within the deceased husband's family. The participation of women in farming and cultivation differs across the country based on different cultures across the regions. In some cultures in Tigray and Amhara, women are not allowed to use land, while in Oromia and southern regions, their access is typically limited to marriage (Cohen et al. 01/06/2022). A study conducted in Amhara in 2023 revealed that women-headed households face challenges as cultural beliefs restrict women from managing their land; it is believed to be bad luck if a woman approaches a harvested crop (CARE 06/2023). As ploughing by oxen is perceived as a man's activity, it is believed that women who own land should hire a male labourer or rent the land out (Cohen et al. 01/06/2022). When renting out the land, they can only manage the portion allocated by the tenant farmer, leaving them with little decision-making power (CARE 06/2023; Cohen et al. 01/06/2022).

CONSEQUENCES OF GBV

GBV can have severe short- and long-term effects on survivors, affecting their physical, sexual, and reproductive health, mental wellbeing, and overall personal, social, and economic stability, including their full participation in society (Protection Cluster 09/10/2024; UNFPA accessed 06/06/2025; IRC 23/11/2022). Consequences depend on many factors, including but not limited to the survivor's relationship with the perpetrator, the type of GBV perpetrated, the age of the survivor, and whether the survivor can access timely survivor-centred response services to mitigate possible harms. This signals a need for survivor-centred services tailored to their needs (Protection Cluster 09/10/2024).

Where GBV is perpetrated against adolescent girls, the consequences may extend from childhood into adulthood. For example, **early marriage** can harm girls' mental and physical health and increase their risk of early pregnancy and subsequent maternal health problems, such as obstetric fistula. It also endangers the health of infants born to young mothers, limits survivors' opportunities for education and employment, limits their decision-making power within a marriage, and heightens their exposure to other forms of GBV, such as IPV (UNICEF 03/2016; MOWCY 08/2019; Herman 01/2025).

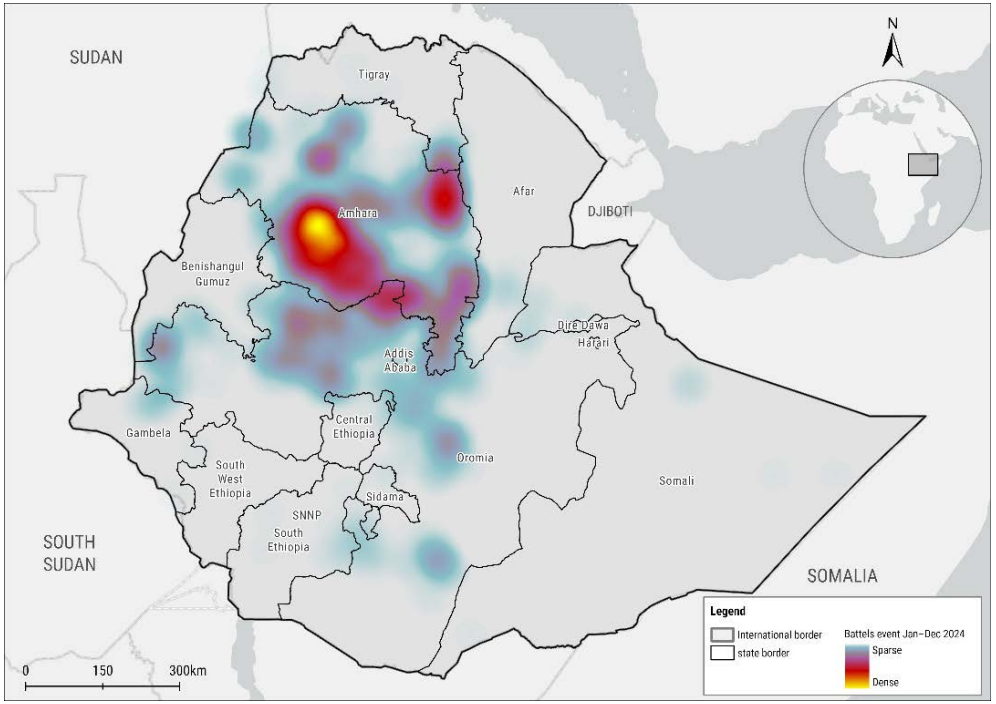
Similarly, all forms of **FGM/C** can have both immediate and long-term consequences, with more severe forms of FGM/C posing higher risks – affecting a woman's physical health, mental wellbeing, and social life throughout her life (WHO 31/01/2025 and 14/04/2025). Immediate complications include severe pain, shock, excessive bleeding, genital tissue swelling, infections, urinary problems, tissue injury, and even death. Long-term effects range from urinary, vaginal, and menstrual problems to sexual problems, childbirth complications, repeated cutting based on the type of FGM/C, and psychological trauma (WHO 31/01/2025; Pallitto et al. 14/04/2025).

IPV can affect survivors' physical and mental health, leading to injuries, adverse reproductive outcomes, psychological distress, depression, and suicidal ideation (UN Women et al. 08/2022).

Possible consequences of **sexual violence** include death, injuries, unwanted pregnancies, sexually transmitted infections, ostracisation, movement restrictions, and severe mental health disorders, such as depression, anxiety, post-traumatic stress disorder, and suicidal ideation (WHO 25/03/2024; PHR 24/08/2023).

GBV WITHIN DIFFERENT CRISIS CONTEXTS

Map 1: Geographical distribution of conflict in Ethiopia in 2024



Source: ACAPS using data from (ACLED accessed 16/06/2025)

The conflict in Tigray (2020-2022)

Although the conflict in northern Ethiopia ended in November 2022, when the Cessation of Hostilities Agreement (CoHA) was signed, the impact continues to be felt through widespread displacements, the destruction of livelihoods, and disruptions to public services, including GBV response sectors, such as health, across Tigray (ECHO 15/01/2025; VOA 14/02/2024; Shelter Cluster 27/02/2024 and 12/02/2024; EHRC 20/02/2024; VOA 14/02/2024). The conflict also affected parts of Afar and Amhara.

Sexual violence was widely reported during the 2020–2022 conflict, affecting women, girls, men, and boys (The Guardian 30/06/2025; DIS 10/2024; UN SG 06/07/2023; PHR 24/08/2023; Insecurity Insight 28/01/2022; TWP 26/11/2023; Mukwege Foundation 12/10/2022). In Tigray, sexual violence has resulted in long-term impacts on survivors, including unintended pregnancies, organ injuries, and sexually transmitted infections, such as HIV. Various studies underscore the continued need for consistent mental health and psychosocial support (MHPSS) services for survivors of gender-based and other forms of violence in the region (PHR/OJAH 24/08/2023; UNHCR 20/10/2023).

Even after the signing of the CoHA, reports of sexual violence cases have persisted in areas not under the control of the Tigray interim administration (AS 27/01/2025). Concurrently, increasing GBV incidents continued to be reported across Tigray in 2024, with gender-based murders, rapes, kidnappings, and attempted murders recorded between August 2023 and July 2024, with many other cases unreported (DW 08/07/2024; AS 08/07/2024; TNH 24/08/2024; WF 31/10/2024). Within Tigray, there has also been an increase in reports of GBV, especially IPV and HTPs, including forced marriage and FGM/C (UNFPA 10/06/2024).

The post-war humanitarian situation in areas of northern Afar and Amhara (see the section on Amhara below) that were affected by the 2020–2022 conflict remains dire, as basic infrastructure remains damaged and the crisis has worsened from the drought-like conditions that persisted in early 2024 (UN Women 01/04/2024; DIS 10/2024; OCHA 01/10/2024). In Afar, critical infrastructure, such as health facilities and schools, was already limited before the conflict, which further damaged these facilities, weakening the GBV response and disrupting education in areas such as Kilbati and Fanti. Reportedly IDPs have yet to return to the border areas (UN Women 01/04/2024; DIS 10/2024; Share-Net 07/2024).

Situation in areas outside the control of the interim administration of Tigray

In areas reportedly controlled by Eritrean forces, different forms of violence have been reported. Alongside more general protection threats, such as property looting and arbitrary arrests, there have also been reports of violence that may or are even likely to be gender-based, including rape and abductions (ACSS 24/03/2025; OHCHR 27/02/2025; France 24 14/11/2024; FFM 12/2024; La Croix 12/07/2024). In parts of Eastern zone that are under the Eritrean forces' control, residents are allegedly subjected to strict laws, including a ban on cars and a nighttime curfew. As a result, people have to travel to Ethiopian-controlled areas by foot or on livestock to access humanitarian aid (France 24 14/11/2024). This increases the risk of GBV, especially for women and girls, along the way.

Contested areas

Intense clashes in Alamata town in April 2024 displaced around 50,000 people to Kobo town, North Wello zone, and Sekota town, Wag Hamra zone, in Amhara region (OCHA 01/05/2024). The situation has since calmed down. Although the situation in the contested areas between Amhara and Tigray remains unresolved, government-led returns of IDPs to contested areas began in June and July 2024, with 38,000 returning out of the planned 688,800 to the contested areas in Southern and North Western zones, although returns to contested Western zone have yet to start. In return areas, high levels of GBV have been reported, primarily affecting adolescent girls and women residing in schools occupied by armed groups. Early marriages are also largely driven by economic hardship (KII 21/08/2024). Displaced people from the contested areas currently residing in Tigray continue to demand return, citing poor living conditions and limited aid at displacement sites (AS 13/01/2025 and 23/01/2025; DW 20/01/2025). The dire needs in return areas may expose women and girls to coping strategies with potentially harmful outcomes, such as sexual exploitation, early marriage, and survival sex (KII 21/08/2024).

The conflict in Amhara

In the context of the current conflict in Amhara since July 2023, sexual violence continues to be reported. Regional sources indicate that the violence is heightening GBV risks, particularly sexual violence, which disproportionately affect women and girls (OHCHR 06/2024; Health Cluster 06/08/2024; OCHA 13/12/2024 and 25/03/2024; Sheger FM 10/03/2025; Insecurity Insight accessed 04/02/2025; KII 30/04/2025). Incident reports are coming from only a limited number of health facilities, with significant underreporting driven by fear of stigma, retaliation, and access challenges (OCHA 13/12/2024; OHCHR 06/2024; KII 30/04/2025). Movement constraints also limit GBV survivors' access to essential response services.

The protracted conflict has disrupted community and government structures, further undermining the protection of women and girls (KII 30/04/2025; OCHA 06/05/2025). Areas affected by the 2020–2022 northern Ethiopia conflict, such as North and South Gondar, North Shewa, North and South Wello, and Wag Hamra, are again facing conflict in Amhara (BMC 03/01/2024; ACLED accessed 22/04/2025). Continued violence disrupts essential services, increasing GBV risks for women and girls by limiting their access to health and education facilities.

Insecurity has led to the limited presence of organisations providing GBV response services, such as in West Gojam and South Gondar zones (KII 30/04/2025). The conflict limits humanitarian access and operations in Amhara (OCHA 16/05/2025). In 2024 alone, seven humanitarian workers were killed in the region (OCHA 14/08/2024; PI 02/10/2024; HRW 03/07/2024). At least 14 incidents of kidnapping for ransom targeting humanitarian staff were reported, primarily in Central and North Gondar zones (OCHA 14/08/2024; VOA 14/08/2024).

Persistent sporadic fighting continues to hinder communities' access to basic services, including GBV services, and disrupts commercial transport, market supplies, and aid delivery, especially in rural areas (OCHA 25/03/2024).

The conflict in Oromia

Despite limited data, there have been anecdotal reports of GBV across conflict-affected areas in Oromia. The conflict has heightened protection risks and led to a noticeable increase in GBV against women and girls (AS 13/12/2024 and 01/03/2024; Protection Cluster 09/10/2024; NOAS 01/2025; KII 29/04/2025 b). In conflict-affected areas, the absence of protection mechanisms and the presence of armed groups significantly heighten GBV risks – particularly in rural or peripheral areas far from administrative oversight. There is a correlation between conflict-affected areas and increased reports of GBV, including sexual violence, physical assaults, and, in some cases, femicide (KII 29/04/2025 b; NOAS 01/2025; AS 01/03/2024 and 13/12/2024).

By August 2024, some woredas in Horo Gudru Wellega zone and those bordering Amhara were facing access challenges because of insecurity (Logistics Cluster 20/08/2024; Protection Cluster 31/05/2024; OCHA 16/05/2025). Limited humanitarian assistance because of insecurity in western Oromia have also led to young girls engaging in survival sex to meet their basic needs (KII 29/04/2025 b).

Inter-ethnic clashes across the country

Resource-driven inter-ethnic conflicts – including the Afar-Issa conflict, clashes along the Amhara–Oromia border, and unrest in Benishangul Gumuz and Gambela – have aggravated the humanitarian crisis and increased GBV risks both through direct violence and by displacing communities (EHRC 14/06/2024; Shelter Cluster 08/04/2025; ACLED accessed 25/03/2025; Protection Cluster 09/10/2024; RVI 01/2025 and 02/2025; KII 24/04/2025 a; KII 24/04/2025 b). In 2024, renewed **Afar–Issa clashes** displaced around 30,000 people in Afar and over 37,000 in Somali region (OCHA 10/06/2024). GBV incidents linked to inter-ethnic conflicts also remain largely underreported (KII 24/04/2025 a).

In the border areas between Amhara and Oromia, ethnic tensions continue to fuel identity-based violence. Civilians remain vulnerable to being caught in crossfire and pressured into ethnic alliances, escalating conflict, protection risks, and internal displacement. In Oromia, women-headed households have been particularly targeted during attacks and looting in the context of inter-ethnic conflict, with numerous reports of violence against women and girls in border areas, including cases of rape and physical attack (KII 29/04/2025 b; NOAS 01/2025). Escalating ethnic violence since 2019 has led to the targeting of ethnic Amharas in border areas and Western Oromia, resulting in increased displacement into Amhara, overcrowded IDP sites, strained humanitarian resources, and heightened GBV risks for women and girls (Shelter Cluster 08/04/2025; KII 30/04/2025).

In Kamashi zone, Benishangul Gumuz, inter-ethnic violence that began in 2018 has continued to flare up over the years. Although security conditions have improved since mid-2022, the conflict's impact persists: livelihoods have been disrupted, and critical infrastructure, including health facilities and schools, remains damaged (KII 24/04/2025 b). An assessment conducted in Benishangul Gumuz showed that incidents of sexual violence, including rape, have been reported in both IDP communities and host communities during long-distance travel to collect firewood and water, as well as while engaging in labour such as domestic work and in gold-mining areas (KII 06/2024). Conflicts in neighbouring Amhara and Oromia also continue to drive displacement into Benishangul Gumuz (KII 24/04/2025 b; RVI 01/2025). Roadblocks resulting from these conflicts hinder some of the GBV response in Benishangul Gumuz. For example, with no fistula treatment centres in the region, patients must travel to Addis Ababa or Amhara, but road disruptions limit referral transport. These access challenges also contribute to shortages of medical supplies, including those needed for GBV health response (KII 24/04/2025 b).

Drought

Between 2020 and early 2023, Ethiopia faced one of the most severe droughts in its history, marked by five consecutive failed or below-average rainy seasons and largely linked to the effects of climate change (UN 22/04/2022; WWA 27/04/2023). By February 2023, close to 11 million people in the drought-affected southern and eastern regions of the country were estimated to face food insecurity because of the severe disruption of food production and livelihoods (OCHA 10/03/2023).

From June 2023 to February 2024, El Niño-induced below-average precipitation and above-average temperatures contributed to drought in parts of Afar, Amhara, Oromia, South Ethiopia, South West Ethiopia, and Tigray regions (FEWS NET 14/12/2024 and 20/08/2024; GOE et al. 01/02/2024; OCHA 10/01/2024). In Amhara, drought has worsened the humanitarian crisis, with around 77,000 people affected and 10,000 displaced in Bugna and Lasta woredas,

North Wello zone, given the combined effects of drought and conflict (ECHO 30/12/2024). The drought that lasted from 2020–2023 in southern and southeastern pastoral areas of Somali and Oromia regions also affected communities particularly in Borena zone, Oromia region, and Afder, Dawa, Liban, and Shabelle zones in Somali region (FEWS NET 31/03/2024; OCHA 10/01/2024).

In 2025, the February–May Belg season brought generally below-average rainfall, which is expected to lead to reduced crop yields (GEOGLAM 05/06/2025; FEWS NET 20/05/2025).

In areas of Amhara, Oromia, and Somali where communities are facing the effect of droughts, coping strategies with harmful outcomes have been reported, including early marriage and FGM/C (Protection Cluster 09/10/2024; GAGE 30/04/2024; UN Women 01/2024; KII 25/04/2025 ; KII 29/04/2025 b; KII 30/04/2025). The scarcity of water caused by drought often results in the need to travel long distances to fetch water, increasing protection risks for women and girls who, owing to traditional gender roles, often bear this responsibility. Drought disrupts scarcely available health and support services by causing displacement, hindering GBV survivors' timely access to GBV response services, including medical care, counselling, and support, in turn potentially heightening the effects of the violence. During droughts, gender inequalities worsen, further limiting women's agency and decision-making power, which can increase their vulnerability to violence (ACAPS 02/11/2023). Assessments carried out in selected woredas of Fafan and Siti zones, Somali region, found that women and girls faced the risk of physical and sexual violence while fetching water or collecting firewood (Protection Cluster 02/05/2024).

Floods

Flooding from heavy rains from April–May 2024 affected over 590,000 people and displaced around 95,000 across Afar, Amhara, Central Ethiopia, Oromia, Sidama, Somali, South Ethiopia, and Tigray. Somali region was the most affected, with around 51,000 people displaced. Further flooding and landslides from excessive Kiremt rains (June–September) affected Afar, Amhara, Gambela, Oromia, Somali, and South Ethiopia. The landslide in Gofa zone, South Ethiopia, in (July 2024) killed over 240 people and affected thousands more in Bench Sheko and Kefa zones in South West Ethiopia (OCHA 24/05/2024; Health Cluster 06/08/2024 and 01/08/2024; Shelter Cluster 28/02/2025).

Flood risk remains high in 2025, as seasonal forecasts anticipate above-average precipitation between June–August, especially in northern and eastern regions (ICPAC accessed 12/06/2025).

Floods drive people into displacement, disrupt livelihoods and critical infrastructure, including health, WASH, and education facilities, and hinder access to healthcare and humanitarian aid, further limiting the GBV response (ACAPS 02/11/2023; OCHA 13/12/2024; WHO 24/05/2024).

Earthquakes

Since late 2024, increased seismic activity around the Fentale volcanic complex has affected southern Afar, western Amhara, and northern Oromia, particularly Awash Fentale and Dulecha woredas in Afar, Fentale woreda in Oromia, and Eferatana Gidem, Hagere Mariam, and Tarema Ber woredas in Amhara (Fana BC 04/01/2025; OCHA 23/01/2025; IFRC 22/01/2025). In early January 2025, over 20 earthquakes, including one with a magnitude of 5.8, have displaced around 70,000 people and affected 99,000 across Afar, Amhara, and Oromia (IFRC 22/01/2025). The earthquakes have damaged homes and critical infrastructure, such as health centres, schools, and roads.

More recent information on GBV in the context of these earthquakes and the resulting displacement is unavailable. The IDP sites in Fentale woreda in Oromia region and in Dulecha and Amibara woredas in Afar region are overcrowded, with limited food and non-food assistance. An assessment conducted in January 2025 revealed that many people were living in open spaces with makeshift shelters, with inadequate and unsafe sanitation facilities without proper lighting – conditions that increase the risk of GBV for women and girls (OCHA 23/01/2025 and 01/2025). In Fentale, the lack of water forces women and girls to walk over six hours daily to fetch water, heightening their vulnerability to sexual violence and exploitation on journeys to water points. As of January 2025, mobile health services were not deployed to Fentale, and existing health facilities lacked adequate resources. While mobile teams have been established in Gabi zone in Afar, they remain severely underresourced, leaving survivors without access to critical services, including the clinical management of rape and psychosocial support (OCHA 23/01/2025 and 01/2025; IMC 23/01/2025; AS 16/01/2025 and 27/01/2025).

Disease outbreaks

Cholera, malaria, and measles outbreaks continue to affect Ethiopia (Health Cluster 23/12/2024; WHO 31/10/2024; Health Cluster 24/01/2025). Women and girls, given their traditional caregiving roles, face increased exposure to communicable diseases such as cholera, as they care for sick family members, fetch water, prepare food, and clean latrines. Malnourished children, pregnant women, and breastfeeding mothers are also at higher risk of complications from diseases such as cholera (UN Women 01/2024; CARE 06/04/2023).

LEGAL FRAMEWORK AND STRUCTURES FOR PREVENTING AND RESPONDING TO GBV

Laws and policies on GBV in Ethiopia

Ethiopia has ratified several international and national laws and policies that outlaw most forms of GBV. Ratified international treaties and protocols that endorse gender equality and the rights of children, among others, include:

- the Convention on the Elimination of All Forms of Discrimination against Women
- the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, also known as the Maputo Protocol
- the Convention on the Rights of the Child
- the International Covenant on Civil and Political Rights
- the African Charter on the Rights and Welfare of the Child (OHCHR accessed 01/04/2025; CHR UP accessed 01/04/2025; Salemot and Birhanu 02/2021; UN Women 01/2024; UNU 04/12/2023).

Ethiopia's national laws banning GBV include the **Ethiopian constitution (1995),** which integrates international laws and regional treaties into national laws and incorporates various gender-sensitive constitutional provisions, including guaranteeing gender equality in social, legal, economic, and political spheres. The Ethiopian federal revised **family code (2000)**, on the other hand, upholds gender equality and equality in marriage and ensures consistency with international women's rights norms and standards. It has served as a model for adopting regional family codes, except in Afar and Somali, where updated family laws have yet to be passed (Elala 15/03/2024; UN Women 01/2022; Cohen et., al 01/06/2022; Salemot and Birhanu 02/2021; Federal Negarit Gazetta 07/2000; KII 24/04/2025 a). The **Criminal Code of Ethiopia (2004)** outlines judicial measures and corrective justice for perpetrators in Ethiopia. It outlaws different forms of GBV, including rape (Articles 620–628), trafficking (Article 597), the prostitution of others for gain (Article 634), physical violence within marriage or irregular union (Article 564), abduction, and HTPs such as FGM/C (Articles 565–566) and early marriage (Article 648) (Salemot and Birhanu 02/2021; End GBV accessed 29/01/2025; FDRE Criminal Code 05/2024).

Gaps

There is not one comprehensive legal document against GBV, but different statutes addressing different forms of GBV, general protection for women, and a broad equality declaration are scattered across different provisions (Salemot and Birhanu 02/2021; Feyissa 03/12/2020; DAWN Feminist 20/02/2019). The severity and magnitude of GBV are not addressed in the criminal code, and only one article (Article 564) of the criminal code exclusively references the term 'domestic violence' – referring to marital domestic relationships or cohabitating in an irregular union (Salemot and Birhanu 02/2021; FDRE Criminal Code 09/05/2024).

Marital rape is not criminalised by law in Ethiopia. Despite the country's ratification of international statutes, the criminal code defines rape as 'sexual intercourse outside wedlock' (Article 620), contradicting both the statutes and the Ethiopian constitution, which integrates ratified international instruments into national laws (Salemot and Birhanu 02/2021; DAWN Feminist 20/02/2019; FDRE Criminal Code 09/05/2024). Excluding marital rape from legal prohibition emphasises patriarchal family structures and fails to protect women from violence and discrimination (UN Women 03/2024). Although the family code sets 18 as the minimum marriage age for both men and women, a leeway allowing marriage at 16 creates inconsistencies and enables social tactics to sustain the practice, while Afar and Somali regions lack family laws and marriage age restrictions in regional laws. Besides legal loopholes in the family code, the weight given to customary and religious laws also continue to enable the practice of early marriage in various forms (Girls Not Brides 10/2024; Orchid Project 06/2023; Musawah 05/2019; Herman 01/2025; Cohen et al. 01/06/2022; Equality Now 15/05/2024; ACAPS 02/11/2023: Federal Negarit Gazetta 07/2000).

The criminal code also does not identify forms of violence such as gang rape and acid attacks, which remain inadequately criminalised despite an increase in reported incidents (DAWN Feminist 20/02/2019). Technology-facilitated gender-based violence (TFGBV) against women and girls also continue to be reported. Between 2022 and early 2025, an estimated 19–32% of the Ethiopian population were internet users (ITU accessed 11/06/2025; Ethio Telecom 12/02/2025). **The hate speech and disinformation prevention and suppression law** that was enacted in 2020 criminalises hate speech, including that based on gender and disability. Regardless, TFGBV persists, with research highlighting implementation gaps and legal loopholes that fail to adequately address this form of violence (CIR 08/04/2025; GenderIT.org 07/12/2023 and 22/05/2024; France 24 29/05/2024; Federal Negarit Gazette 23/03/2020).

In April 2024, Ethiopia adopted a **transitional justice policy** to address post-1995 injustices through criminal accountability, truth-seeking, amnesty, reparations, institutional reforms, and traditional justice mechanisms (The Reporter 01/02/2025; OHCHR 06/2024; Metekia 12/2024). That said, the policy faces criticism for lacking clarity on sexual violence, having limited survivor participation and minimal international involvement, and lacking a legal framework

to address international crimes committed by foreign forces. Its credibility is further challenged by a top-down approach, weak legal foundations, and implementation hurdles, such as budget constraints and conflicts across different parts of the country (GCR2P et al. 14/10/2024; Metekia and Sessalegn 21/08/2024; The Reporter 23/09/2023).

Access to justice

Despite the law containing various legal protections for women's and girls' rights – including bodily integrity, property rights, economic and political equality, and marital rights – enforcement and access to justice in situations of misconduct remains a challenge for women and girls (Cohen et al. 01/06/2022). The Federal Supreme Court's Child Justice Project has established specialised courts to handle cases of rape and other sexual offenses against women and children. By 2021, over 120 of these courts were functioning across various regions of the country (UN Women 2021). Despite such efforts, findings reveal that when women and children survivors of GBV pass through the criminal justice system, their capacity to enjoy these internationally and nationally recognised rights are not practically realised (UN Women 2021; EHRC 26/03/2024).

GBV survivors in Ethiopia often fear stigma, retaliation, and impunity, which delays or prevents reporting trauma (GPC 01/2025; OCHA 26/02/2024; UNFPA 10/11/2022). Survivors also fear retaliation from perpetrators if their reports become known (KII 29/04/2025 b). Some view GBV as normal, discouraging disclosure (KII 25/04/2025; KII 06/2024). Those who seek justice often face a system that can cause secondary trauma, with reported gaps in police capacity and GBV understanding. Misconduct such as victim blaming, minimising incidents, and even perpetrating sexual violence by officials further undermines survivors' access to justice and support (DAWN Feminist 20/02/2019; UN Women 2021; EHRC 26/03/2024; UNFPA 24/01/2024; EHRC 26/03/2024).

A significant barrier impeding survivors' access to justice is limited knowledge and understanding of their rights, including the recognition of acts of GBV as requiring legal intervention and the services available to support them in seeking justice (KII 25/04/2025; KII 06/2024). Even in urban areas where there is greater access to GBV sensitisation, survivors often lack awareness of available services and their legal rights. Similar gaps are reported in conflict-affected areas of Amhara and Oromia (DAWN Feminist 20/02/2019; UNFPA 24/01/2024; KII 24/04/2025 a; KII 29/04/2025 b; KII 30/04/2025). Accessibility of legal aid services is vital if survivors are to be able to access justice; legal aid service is provided in different forms in Ethiopia: through mandatory pro bono services given by licensed advocates, legal aid programmes launched by NGOs and charity organisations, and legal aid clinics established and provided within universities (UN Women 2021; Keder 2016; KII 24/04/2025 b; KII 30/04/2025).

Facilities within the justice system lack the capacity to provide comprehensive, survivor-centred support for survivors. Barriers include inaccessible infrastructure for people with disabilities, language challenges, and gaps in legislation ensuring survivors' access to shelter, rehabilitation centres, and essential services (EHRC 26/03/2024; UN Women 2021). A report by the Ethiopian and Human Rights Commission found that, despite requirements for OSCs to house police, prosecutors, and health professionals, only medical and psychological services were available in Addis Ababa, Harar, and Jimma. In Addis Ababa, police and prosecutor offices were also inaccessible to non-Amharic speakers. This creates barriers to accessing justice because police and prosecutor offices do not provide translation or interpretation services, limiting survivors' ability to seek justice and support (EHRC 26/03/2024).

The breakdown of public institutions during crises is also a barrier impeding access to justice in Ethiopia (OCHA 26/02/2024). Conflicts and natural hazards lead to displacement or disrupt services such as the GBV health response and legal assistance, leaving survivors with limited access, if at all, to critical support if they wish to seek justice (UN Women 01/2024; KII 30/04/2025).

A further challenge to survivors' access to justice concerns the practice of legal pluralist dispute resolution mechanisms, including customary and religious laws. Customary and religious courts in Ethiopia maintain patriarchal values ascending from the culture. Along with the state legal system, customary and religious laws are arbiters of family matters, including divorce and inheritance. For example, the federal constitution (Article 34) allows disputes related to personal and family matters (including marriage, divorce, inheritance, and other family-related issues) to be resolved through customary and religious dispute mechanisms, as long as the parties involved agree to it. The issue here is that there is no guidance on how consent to settle matters in customary and religious courts is obtained from the parties involved, and women may likely consent owing to family or social pressure. Such resolution mechanisms might also be enforced on women, which undermines the protection and equal treatment of women guaranteed in the constitution (Salemot and Birhanu 02/2021; Cohen et al. 01/06/2022; FDRE Criminal Code 09/05/2024). When crimes and violations affecting women are addressed through such mechanisms, the process and outcome may fail to respect the human rights of the affected women or serve their best interests (Cohen et al. 01/06/2022; UN Women 2021; KII 24/04/2025 a; KII 24/04/2025 b).

ACCESS TO HEALTH SYSTEMS

Timely access to survivor-centred GBV health response services is essential for safeguarding survivors' health and wellbeing and, in some cases, can be life-saving. Access to specialised healthcare services for GBV survivors is hindered by damage to health facilities, limited information on available services, limited essential supplies, and skilled staff shortages (Health Cluster 06/08/2024). By the end of 2023, only 21% of over 3,800 health centres across the country had been equipped to provide GBV services via a multidisciplinary approach, including HIV testing and treatment, emergency contraception, safe abortion services, basic laboratory tests, psychological support, and referrals (UNU 04/12/2023).

Damage to health facilities caused by various conflicts combined with insecurity presents a major barrier to healthcare access, including for GBV survivors (KII 29/04/2025 b; KII 30/04/2025). Conflict has damaged health facilities in Afar, Amhara, Benishangul Gumuz, Oromia, and Tigray, severely affecting service provision and supply chains (WHO 04/09/2023; HRW 03/07/2024; DIS 10/2024; Health Cluster 23/12/2024; Protection Cluster 09/10/2024; ICRC 13/09/2024; KII 24/04/2025 b; KII 29/04/2025 b). In Amhara, by March 2024, over 960 health facilities were reportedly damaged, and health workers faced threats including killings and displacement (HRW 03/07/2024). Insecurity compromises the safety of frontline health workers and erodes survivors' confidence in seeking care. Reports indicate that health workers in Amhara have been threatened, especially when treating people from conflict-affected areas, including survivors of sexual violence. There have also been reports of health workers themselves experiencing sexual violence (KII 30/04/2025). As of September 2023, none of Tigray's 825 assessed health facilities were fully functional; 8% were non-functional, while 92% operated partially owing to shortages of supplies, staff, funding, and security (WHO 04/09/2023). Such widespread damage has likely limited access to essential health services, including for GBV survivors. According to the regional health bureau of Tigray, maternal mortality has risen fivefold in the region since the start of the conflict, indicating women's and girls' reduced access to essential healthcare (CARE 15/04/2024; UNFPA 10/06/2024; Protection Cluster 30/09/2024).

Clinical management of rape protocols and services have been disrupted owing to resource limitations, personnel shortages, and access challenges for survivors (EHRC 26/03/2024; En Compass 06/2019; UNFPA 10/06/2024). Available services are inconsistent across different facilities. Personnel gaps severely hinder survivor support. For example, in Tigray in April 2024, there were only eight psychologists for the entire region, leaving sexual violence survivors without adequate survivor-centred support, and reportedly no psychosocial services at IDP sites (Health Cluster 11/04/2024).

Other factors limiting access to OSCs include fear of stigma, the lack or limited number of female service providers, limited or inadequate awareness of available services, inaccessible or unaffordable transport, and the long distance to OSCs. In conflict-affected areas, damaged ambulances and disrupted referral services further hinder access, especially when routes are inaccessible because of conflict. These challenges often prevent survivors from receiving critical care within the essential 72-hour window after rape or sexual assault (KII 24/04/2025 a; KII 24/04/2025 b; KII 29/04/2025 b; KII 30/04/2025).

RESPONSE ENVIRONMENT: DIFFERENT SECTORS (BASIC NEEDS)

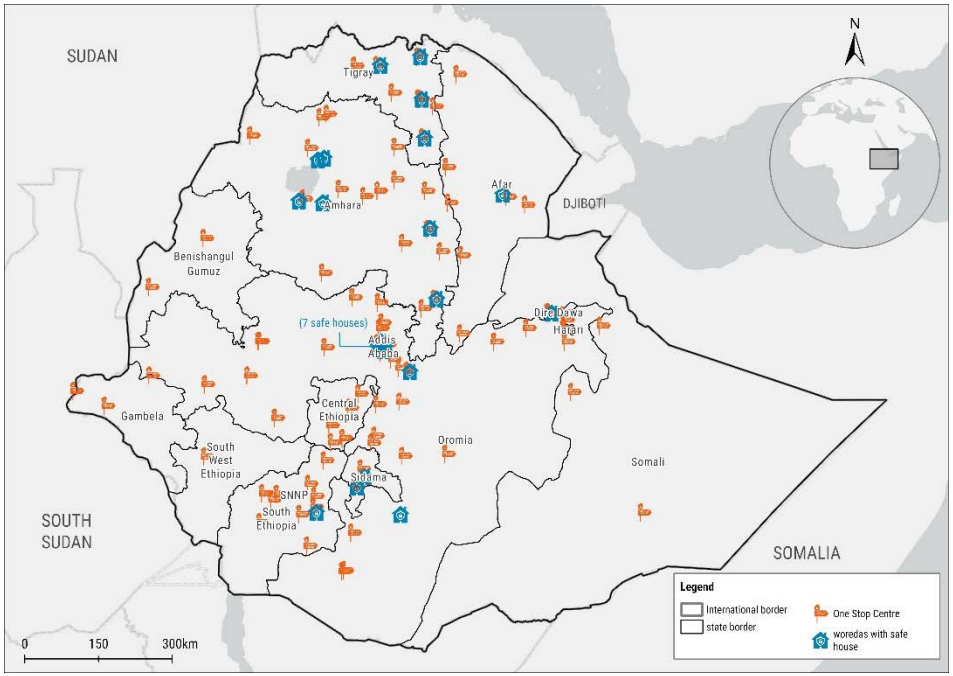
This section focuses on the GBV response environment in crisis-affected communities and IDP settings.

GBV response services and capacities

Despite high reports of GBV incidents in crisis-affected areas, OSCs remain scarce. As of May 2025, there were only 95 OSCs across Ethiopia, with the majority located in Oromia (25), Amhara (18), and South Ethiopia (10). The rest of the regions have fewer – only two in Benishangul Gumuz, three in Somali, and seven in Tigray – leaving services inadequate given the vast geography and conflict-driven needs in these regions (GBV AoR accessed 30/05/2025; Health Cluster 11/04/2024). Access to OSCs remains limited for survivors from rural and remote areas, as most OSCs are in major towns and integrated with hospitals. For example, in **Somali** region, only three OSCs serve the entire region – an insufficient number given the region's vast and dispersed geography (KII 24/04/2025 a). In **Amhara**, some zones lack OSCs entirely, making it difficult for survivors to access services (KII 30/04/2025). In **Amhara and Oromia,** most OSCs primarily provide medical services and operate with limited capacity because of staffing shortages, offering little to no comprehensive support such as legal assistance (KII 29/04/2025 b; KII 30/04/2025).

There are significant response gaps relating to services for GBV survivors given the shortage of OSCs and safe houses or shelters. As of May 2025, there were only 24 safe houses nationwide, with Addis Ababa hosting the most (seven safe houses) (GBV AoR accessed 09/02/2025). In some regions, such services are entirely unavailable. For instance, Somali region has no safe houses at all to support GBV survivors. In Amhara, eight out of 12 zones lack safe houses, while in IDP camps in Benishangul Gumuz, few responders are providing GBV services, and there is only one safe house available across the entire region (GBV AoR accessed 01/05/2025; OCHA 25/03/2024; KII 24/04/2025 a; KII 30/04/2025). Harmful social norms such as stigma, survivor-blaming, and isolation hinder the reintegration of survivors into their communities, overcrowding safe houses (Protection Cluster 31/03/2024).

Map 2: OSCs and safe houses across Ethiopia



Source: ACAPS using data from (GBV AoR accessed 16/06/2025)

There is limited health coverage, including GBV health response services, especially for crisis-affected populations in displacement given limited healthcare services (Health Cluster 11/04/2024). In Gedeo and South Omo zones in South Ethiopia and Guji zone in Oromia, GBV core services, including case management, are lacking given a shortage of implementing responders, affecting refugees, IDPs, and returnees (Protection Cluster 30/04/2024). As of April 2025, there were no organisations providing GBV services in Kamashi zone, Benishangul Gumuz (KII 24/04/2025 b). There are gaps in the provision of dignity kits, hygiene materials, and medication among IDPs and host communities in Tigray (Protection Cluster 31/03/2024). Crisis-driven breakdowns in protection systems increase women's and girls' vulnerability to GBV. Limited access to essential health and social services weakens both prevention efforts such as awareness programmes and response mechanisms, including the provision of integrated medical, psychosocial, and legal support for survivors (Protection Cluster 09/10/2024).

The GBVIMS has – as yet – not been fully rolled out in Ethiopia, further hampering efforts to understand the full scope of GBV incidents and design targeted assistance (OCHA 13/12/2024).

Intersectoral impact on GBV

Food accessibility: in 2024, access to humanitarian food assistance has been limited across the country. This has resulted in coping strategies with potentially harmful GBV outcomes being observed across different IDP sites and host communities, such as in Amhara, Benishangul Gumuz, Oromia, and Tigray, where there have been reports of women and girls resorting to survival sex, begging, and early marriage and reducing food intake to ensure other family members have enough to eat. Similar potentially harmful coping strategies have been reported among pregnant and lactating women, children, older people, and IDPs across the Wellega zones, Oromia (Protection Cluster 31/03/2024, 30/04/2024, and 31/05/2024; KII 24/04/2025 a; KII 24/04/2025 b; KII 29/04/2025 b; KII 30/04/2025). Delays and limitations in food assistance at IDP sites are forcing women to seek income-generating opportunities outside these sites, increasing their risk of sexual exploitation and abuse. Such incidents have been reported in Benishangul Gumuz, Oromia, and Somali regions (KII 24/04/2025 a; KII 24/04/2025 b; KII 29/04/2025 b).

Access to humanitarian food assistance has been limited across the country, particularly in Amhara and western Oromia, where insecurity and resource shortages affect aid delivery. At least half of IDPs did not receive needed food assistance in Amhara in the first quarter of 2024 and from March–April 2024 in Oromia (Health Cluster 06/08/2024; Protection Cluster 29/02/2024; OCHA 01/03/2024; KII 30/04/2025). Other locations where more limited food assistance has been reported include Tigray and East Hararghe zone and Deder ward in Oromia. Reduced access to food assistance has resulted in the use of coping strategies with potentially harmful outcomes (Protection Cluster 31/03/2024, 30/04/2024, and 30/06/2024; WFP 26/07/2024).

WASH: key WASH-related GBV risks affecting women and girls that have been identified through assessments in Amhara and expert input from Benishangul Gumuz include lack of gender-sensitive infrastructure, such as poor lighting, lack of privacy, and long distances to latrines and water points (IOM 03/2024; OCHA 23/01/2025; Protection Cluster 02/05/2024; KII 24/04/2025 b; KII 06/2024). Severe water shortages are also reported across IDP sites in Ethiopia, posing challenges for menstrual hygiene (Shelter Cluster 08/04/2025; KII 24/04/2025 a; KII 24/04/2025 b; KII 30/04/2025). In Benishangul Gumuz, as in many other IDP sites across different regions, most WASH facilities at IDP sites are not accessible to people with disabilities (KII 24/04/2025 b). In Fentale, Oromia, displaced pastoralist women walk over six hours daily to access water, while in sites in Benishangul Gumuz and Amhara, girls and women routinely travel long distances – exposing them to serious protection risks, including GBV risks (OCHA 23/01/2025; IMC 23/01/2025; KII 24/04/2025 b; KII 30/04/2025).

Shelter/NFIs: most IDP sites have inadequate and unsafe living conditions, exposing women and girls to elevated GBV risks because of overcrowding and a lack of privacy, shelter, and proper lighting (OCHA 26/02/2024; Shelter Cluster 08/04/2025 and 04/04/2025). Shelter shortages

are reported across many IDP sites across the country, including in Amhara, Benishangul Gumuz, Somali, and Tigray, forcing IDPs to cohabit in overcrowded sites and increasing associated GBV risks, such as sexual harassment, rape, and IPV (Shelter Cluster 08/04/2025; Protection Cluster 30/04/2024; KII 24/04/2025 a; KII 24/04/2025 b). Natural hazards further damage shelters, reducing protection for women and girls. For example, the Kiremt rainy season (June–September) in 2024 damaged shelters in Tigray and Amhara (Protection Cluster 30/09/2024).

Education: children who drop out of school have heightened exposure to child protection risks, including forms of GBV, such as early marriage and child labour, with girls disproportionately at risk of school dropout owing to traditional gender norms. Traditional gender roles often confine girls to reproductive responsibilities, such as childbearing and housework, leading to early marriage, school dropout, and limited educational opportunities (UN Women 06/2024; VSO 06/2021; DAWN Feminist 20/02/2019). In 2021, girls had lower net enrollment and completion rates than boys at all school levels, despite the variation of net enrollment across the regions, with a notable gap reported in primary school (90.6% for girls vs. 99.7% for boys) (UN Women 06/2024). Contributing factors for gender inequality in education include poverty, early marriage, inadequate facilities, limited access to menstrual hygiene products, and the absence of compulsory education. Girls with disabilities face additional barriers because of discrimination and lack of support. Challenges such as inadequate menstrual hygiene management and inaccessible bathrooms further hinder their school attendance and contribute to high dropout rates (UN Women 06/2024; WB 19/01/2024; VSO 06/2021; DAWN Feminist 20/02/2019).

Humanitarian crises have severely disrupted education, driving school dropouts, leaving over 8.2 million children out of school by April 2025. Approximately 5,700 schools have closed, and more than 10,700 have been damaged by both conflicts and natural hazards (Education Cluster accessed 29/05/2025). In Amhara, by April 2025, more than four million children – 50% of whom were girls – remained out of school, with over 4,800 schools closed and over 6,100 damaged by conflict (Education Cluster 27/03/2025; Education Cluster accessed 29/05/2025). According to the Amhara Regional State Education Bureau, in the new school year in September 2024, only 1.3 million of the anticipated 4.8 million primary school students were registered (DW 24/09/2024). According to the Children and Social Affairs Bureau in Amhara, school closures are exposing children to protection risks such as early marriage, especially in rural areas. The conflict has also hampered the bureau's intervention (DW 15/05/2024). In Oromia, over 2.9 million children are also out of school because of multiple crises, while in Tigray more than 1.1 million children remain out of school as a result of the impacts of the previous conflict (Education Cluster accessed 29/05/2025; Education Cluster 27/03/2025). Girls in pastoralist, displaced refugee communities and from poverty-stricken families face particularly limited access to education (UNICEF 2018).

Child protection: displacement from various shocks has resulted in widespread family separation, affecting children, people with disabilities, and older people. Displaced children are susceptible to family separation and associated protection risks, including early marriage, rape, and child trafficking. In March 2024, an estimated 60,000 children were separated from their families because of conflicts and natural hazards across the country, but the figure is likely higher considering weak documentation and filing systems, a lack of records, and challenges in verifying reports (Protection Cluster 02/05/2024).

Child protection needs, including those associated with child survivors of GBV, are reportedly high in Tigray given a high number of school dropouts, with more than 8,000 children dropping out in February 2024 in Atsbi (Eastern zone). Children in IDP and host communities face a plethora of protection risks, from the widespread use of agricultural child labour to reported incidences of survival sex (Protection Cluster 29/02/2024, 31/03/2024, and 30/09/2024). In Amhara, child marriage is reportedly increasing as a coping mechanism amid instability and displacement (KII 30/04/2025). In parts of East Gojam, Amhara, there are reports of child marriages involving girls as young as ten (DW 15/05/2024). Displaced children face heightened protection risks while walking long distances for school, water, or firewood, including sexual harassment and rape, with girls being particularly at risk (Shelter Cluster 08/04/2025).

IMPACT OF USAID FUNDING CUTS GOING FORWARD

In January 2025, the US announced a pause on foreign development assistance for 90 days that led to widespread programme stoppages and cuts across the humanitarian and development sectors, globally and within Ethiopia (DOS 28/01/2025; ACAPS 13/03/2025).

A stop work order, issued as part of the pause, meant that multiple support projects for rape survivors, including counselling, MHPSS, and physiotherapy, were halted (The Guardian 21/02/2025). By April 2025, 17 organisations providing GBV response had closed services owing to the US funding cuts, along with 22 women's and girls' safe spaces across five regions: Afar, Amhara, Benishangul Gumuz, South Ethiopia, and Tigray (KII 27/04/2025). These disruptions not only deprive survivors of essential care but also erode their trust in available services (ACAPS 13/03/2025). The US funding cut has come at a time when the GBV response is already stretched, as evidenced by a shortage of OSCs and safe houses. The cut has limited the capacity of subnational authorities and resulted in insufficient funding for protection responders (Protection Cluster 02/05/2024). Between 2023–2025, the number of organisations providing GBV response services across Ethiopia dropped from 76 in 2023 to 66 in 2024 and further to 48 in 2025. This has led to reduced geographical coverage, with service coverage decreasing from 312 woredas in 2023 to 238 in 2024 and 176 in 2025 (KII 29/04/2025 a).

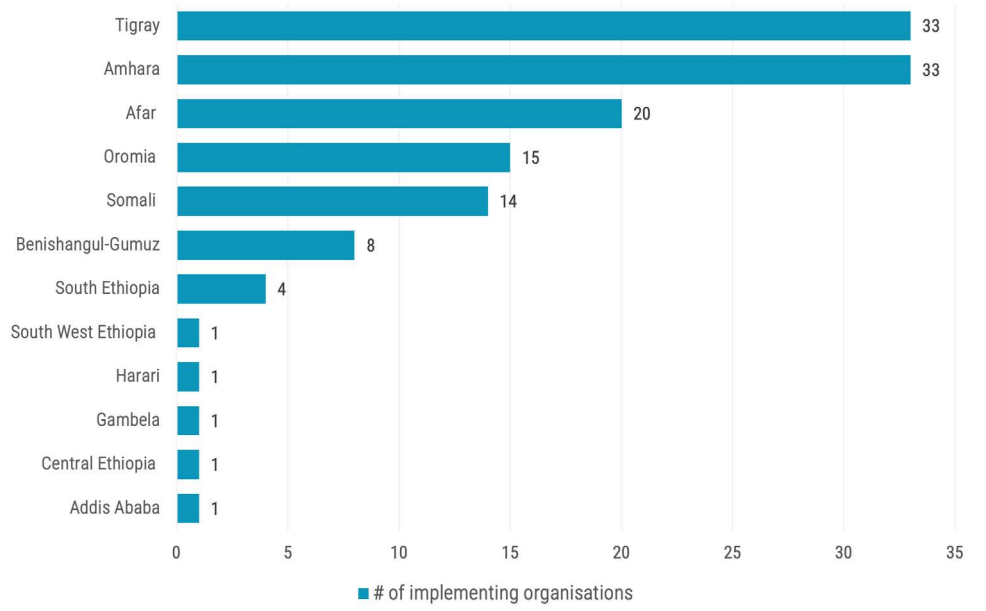
The US was a prominent donor of the GBV response in Ethiopia prior to the funding cuts,

funding 13–18 organisations for protection programming in 2024. US-funded programming included GBV case management, MHPSS services, and protection services for IDPs and refugees (USAID 08/01/2024 and 30/09/2024).

GBV RESPONSE MONITORING

In 2025, there are a total of 66 organisations implementing GBV prevention and response across 238 woredas. The implementing responders are composed of INGOs (63%), national NGOs (33%), and UN agencies (3%) (GBV AoR accessed 27/03/2025).

Figure 2: Implementing organisations by region



Source: ACAPS using data from (GBV AoR accessed 16/06/2025)

Ministry of Women and Social Affairs: there are governmental institutions both at the federal and regional levels that work to promote gender equality and women empowerment, such as the Ministry of Women and Social Affairs (MoWSA), previously known as the Ministry of Women, Children and Youth Affairs (UNU 04/12/2023; FDRE 05/2019). The ministry is represented at the regional and subregional offices and has gender focal points up to the lowest administrative unit, the kebele. Gender directorates are set up across every line ministry to institutionalise gender priorities (UN Women 06/2024). At the zonal level, the regional bureaus of the ministry have established rehabilitation and staying centres for survivors, offering psychosocial support, shelter, food, and legal services. That said, challenges pertaining to limited coordination between stakeholders, a shortage of centres at the woreda and kebele (administrative levels 3 and 4) levels, limited capacity, and weak enforcement of protection laws are reported (Ayuda en Accion 11/2020). MoWSA also cochairs the GBV AoR.

GBVIMS: in 2025, MoWSA, in conjunction with the GBV AoR, is in the process of setting up GBVIMS in IDP settings across Ethiopia (KII 26/03/2025; KII 29/04/2025 a).

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