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Commission of Inquiry on Tigray Genocide

Executive Summary

War-Induced Genocidal Sexual and Gender-Based Violence in Tigray, Ethiopia

Volume 1

October, 2025

Background and Methodology

Conflict-related sexual violence constitutes not only a violation of international human rights and humanitarian laws, but may also amount to international crimes such as genocide, crimes against humanity, or war crimes. International crimes in general are manifestations of at most brutality, which should concern the international community. As findings in this report indicate, this brutality obviously was a widespread reality during the Tigray war (November 2020-November 2022), which reveals a high-level prevalence of sexual and gender-based violence all over the region. In addition, in-depth information and comprehensive documentation on trends, types, magnitude, and consequences of sexual and gender-based violence (SGBV) perpetrated by all forces on women and girls of Tigray are essential support required for justice, accountability, and holistic rehabilitation efforts.

This report reflects research findings conducted in six zones and all accessible districts in Tigray. The data covers SGBV perpetrated between November 2020 to November 2022, and was collected from July-August 2022. Additional data was also collected through self-reporting in December 2023, but still in relation to the harm suffered from November 2020 to November 2022.

In relation to quantitative assessment, a universal screening (census) was used to screen and address every survivor in Tigray. To enrich the details of the incidence and its consequences, qualitative studies were conducted through in-depth interviews of selected survivors and key informants. Women and girls of 15 years and above were directly included in the report. The occurrence of SGBV among children under 15 years old was assessed indirectly through family and relatives' reports during the house-to-house visit.

As the report employs a mixed approach of qualitative and quantitative data and analysis methods, the details of the incidence and its consequences are investigated qualitatively

through in-depth interviews with selected survivors and key informants. This takes into consideration the sensitive nature of the topic, the indispensability of individualized reflections that are difficult to address in structured questionnaires. So, In-depth interviews with survivors/their families in rare cases, and key informants accompanied by some available medical records have been used to assess details of the SGBV incidence as well as its consequences, including the characterization of the gross human right violation committed through such SGBV.

In this report, the SGVB assessment and data collection tool was adapted from the Inter-Agency GBV Case Management Guideline 2017. The SGBV definition was adopted from the Inter-Agency Standing Committee (IASC) 2015 and Gender-Based Violence Information Management System (GBVIMS), which includes the following categories: Rape, Sexual Assault, Physical Assault, sexual slavery, Denial of Resources, Opportunities or Services, and Psychological/Emotional Abuse. Any participant who faced any SGBV type was considered a survivor.

The report recognizes significant limitations on the disclosure behavior of SGBV incidents. Drawing from the Ethiopian Demographic and Health Survey (EDHS, 2016), a disclosure rate of 24% representing survivors of sexual and physical violence who disclose to informal sources in Tigray was used as a reference point. The disclosure rate specified by EDHS was made under stable situations. Hence, taking the widespread and devastating war situation in Tigray, it is reasonable to conclude that the disclosure rate could rise beyond 24%. However, since there is no other numeric rate indicating the disclosure behavior of women and girls during crises, the 24% disclosure rate has been taken in to consideration in dealing with all forms of violence perpetrated against women and girls in Tigray.

Summary of Findings

Prevalence of Sexual and Gender-Based Violence

This report has found that 286,250 of 481,201 (59.5%) respondents have survived at least one form of GBV. Among the GBV survivors, 166,621 of 286,250 (58.4%) encountered different forms of sexual violence, including sexual slavery and rape. 152,108 participants constituting 53.14% of the GBV have survived rape, while 12.67% of the sexual violence survivors were forcefully enslaved by the perpetrators. 156,867(54.8%) of them have suffered psychological violence while severe physical assault was reported by 104,275(36.43%) of the report participants. Among them, 975 were burned by chemicals and 529 were killed during the assault. In addition to the findings on SGBV on women and girls, sexual violence was perpetrated against boys and men.

Incident's context

Among the GBV categories, gang rapes were the most frequent form of rapes reported. 70% of the rape survivors who were willing to report the number of perpetrators suffered gang rapes. 13.37% of them have also reported rape incidents involving 6-50 perpetrators. A significant number of sexual violence survivors (12.67%) were subjected to sexual slavery for weeks up to months and were raped or gang raped on daily basis. Similarities were also observed in the trend of how all forces perpetrated the rape across the studied zones of Tigray.

Survivors' close family members were forced to witness and/or perform the perpetration of the sexual violence. Approximately, 24.51% of the survivors who were willing to respond whether family members were forced to witness the rape incident, testified that their close family members were forced to witness the rape incident. In addition, 15.23%(9,504) of respondents, who survived rape and who were willing to respond to the question whether family members were forced to rape the survivor, mentioned that their family members were forced to perpetrate rape against the survivor. The report indicated that forcing family members to witness and/or perform the acts of SGBV has resulted in severe, profound mental health consequences and a breakdown of family bonds and values among the families of sexual violence survivors.

Perpetrators were using different types of foreign objects other than their body parts to dehumanize, humiliate, and intentionally harm the reproductive organs of survivors and entail infertility. From the survivors of rape, who were willing to respond to the insertion

of foreign objects into the genitalia, approximately 25.27%(15,804) were subjected to the insertion of different types of foreign objects. The in-depth interview commonly used foreign objects like razors/blades, bayonet (military tools), sand, hard soil, tissue pepper, condoms, nails, a dead snake, sharp metallic materials, sticks, rough stones, dirty cloth, rubber, and plastics, where foreign materials were commonly inserted into their vagina and anus. The insertion of foreign objects during sexual violence resulted in severe reproductive health injuries of the survivors, compounding both their physical trauma and long-term medical needs.

Enduring Health, Social, and Economic Consequences

The widespread SGBVs committed against women and girls in Tigray have caused tremendous, harrowing consequences on the survivors. Women and girls encounter serious physical, mental, emotional, and health impairments as well as social and economic consequences.

The findings of the report revealed that 19.02%(54,450) of GBV survivors suffered physical injuries, while 16.66%(47,679) of them reported reproductive health problems after the incident. Among those who reported reproductive health injury, 29.63% reported experiencing genital, pelvic, rectal, and oral injury, 30.53% incontinence or fistula, 48.2% menstrual disorder, 10.22% miscarriage, 18.27% pelvic pain and dysfunction, 4.85% pregnancy complication, 0.57% infertility, 10.18% sexually transmitted infections, and 6.4% infected by HIV.

Similarly, of those survivors who reported physical injuries, many reported experiencing various injuries such as immobility (33.75%), back pain (38.2%), bleeding (29%), physical disability (9.15%), bone fracture or dislocation (11.75%), loss of sight (2.5%), and loss of hearing (6 %).

Besides, the report discloses that of those who sustained rape and were willing to respond about pregnancy after the incidence, 8.86% impregnated by perpetrators. Among those who were forcefully impregnated 45 % aborted it using medical and herbal method and 3.59% of them developed abortion related health consequences like bleeding, infection and admission in health facility to get service for the problems. The other 43.02% survivors gave birth from the perpetrators.

The report further revealed that the survivors of SGBV responded that they experienced significant psychological disturbance. Among them, almost three-fourths of the respondents 73.6% were experiencing high-level psychological distress, while 24.5%

experiencing moderate distress. Moreover, the report revealed that 31.9% of the gender-based violence and 45.6% of sexual violence survivors respectively have shared that their family members have suffered secondary traumatization.

Incidents of war-induced SGBV have profoundly disrupted survivors' relationships with their family members. 41.11% of the survivors who disclosed their experiences of sexual violence endured unhealthy marital relationships, potentially leading to separation. Rejection and blame from family and their husbands were also reported by a significant number of survivors, accounting for 26.71% of sexual violence survivors.

GBV survivors need immediate health services to heal from their physical and mental problems. However, according to the GBV survivors who responded if they have got access to medical and psychological service after the incident, 80.5% and 86% mentioned that they had no access to medical and psychological support respectively. The reasons for such denial were 50% destruction of medical centres, 28.6% unavailability of medical service and 4.8% denial of medical service.

Beyond the emotional toll, incidents of the war-induced sexual and gender-based violence further affected most survivors' economies. Many lost their assets due to looting, burning, and destruction of their properties, and slaughtering of their animals, while many others are unable to work because of severe physical injuries and mental harm. Due to such unbearable traumatic pain and subsequent stigmatization, many of the survivors are also obliged to leave their vicinity, which exposes them to further disruption of their livelihoods and stability. Women from all economic classes and walks of life were targeted and deeply affected by GBV occurrence during the war.

The findings of the report depict the commission of killings through SGBV, inflicting serious bodily injuries and mental harm to survivors. In addition, the report reveals that perpetrators have prevented birth through forced impregnation or induced miscarriage of pregnancy. The crime of genocide has also been committed by deliberately inflicting on Tigrayans conditions of life calculated to bring about their physical destruction in whole or in part. Accordingly, acts of creating conditions of life by inflicting sexually transmitted infections (STIs), denial of medical support, destruction of essential services, looting and destruction of public and private properties, forced displacement, and denial of humanitarian aid have been committed. The Crime of hate, dehumanizing speeches, and genocidal incitements had also been committed by political and military officials and influential persons.

The findings of the report also revealed the existence of specific genocidal intentions behind SGBV crimes committed against Tigrayan women and girls. The report concludes that there is reasonable ground to believe that the members of the Ethiopian National Defense Force (ENDF), Eritrean Defense Force (EDF), Amhara forces, and higher political authorities committed genocide on Tigrayan women and girls through the act of sexual violence.

Furthermore, the report revealed that the sexual violence committed constituted a serious violation of international crimes, crimes against humanity, and war crimes. As far as the crime against humanity of sexual violence is concerned, the report finds that sexual violence was perpetrated throughout the Tigray region in various places. Such places include military camps, schools, health facilities, prison centres, and other public/government institutions that clearly depict the systematic nature of the crimes. In addition, the report depicts all perpetrators; ENDF, EDF, Amhara forces have committed crimes against humanity and war crimes while Afar forces have committed war crimes of sexual violence.

The acts of the perpetrators are serious violation of international criminal laws, human rights laws, and Humanitarian law, including the Convention on the Prevention and Punishment of the Crime of Genocide of 1948. The crimes of Genocide, crimes against humanity, and war crimes committed entail accountability not only at the state level but also individually. Accordingly, government officials and public figures who spread hate speech and incite genocidal acts are responsible. Commanders and military leaders are also responsible for acts committed by the soldiers they supervise. The foot soldiers who committed such acts are also responsible. The report depicts that EDF shares 55.63% of the SGBV perpetrated on Tigray women and girls, followed by 35.78% by ENDF, 5.75% by Amhara forces, and 0.07% by Afar forces. Co-perpetration of SGBV by ENDF, EDF, Amhara, and Afar forces counts for 2.88% of the total GBV committed.

Regarding criminal accountability, the report concluded that the national accountability mechanism, including the ongoing national transitional justice, is unlikely to investigate and prosecute the crime of genocide committed against Tigrayan women and girls. The Transitional justice process as designed by the Ethiopian Federal government suffers from various flaws such as its non-compliance with international standards, failure to apply a victim-centred approach, lack of gender sensitivity, lack of public trust, and inclusiveness. Moreover, it doesn't provide a realistic pathway to the sexual violence committed by the EDF. Particularly, the implication of the ENDF and civil officials in the commission of genocide made it unlikely for the Federal government to investigate and

prosecute its own crimes. So does the track record of the Federal government's endeavours to end the independent investigation into the crimes. Accordingly, the report concluded that international accountability mechanisms need to be pursued through organs of the International Court of Justice (ICJ), UN security council referral to the International Criminal Court (ICC), through the establishment of ad hoc international criminal tribunal, the application of universal jurisdiction so that the crimes of sexual violence would be investigated and prosecuted by impartial and independent body.

Taking the magnitude of the sexual violence inflicted on Tigrayan women and girls into consideration, some recommendations are provided herein.

- To address the far-reaching consequences, the health service for survivors needs to be strengthened, among others, by expanding access to comprehensive medical care by establishing well-equipped and confidential health centers throughout Tigray to render health and mental health support for survivors. Reconstruction of health facilities and creating a safe environment for survivors is also crucial.
- The socio-economic consequences also need to be addressed to reduce stigma and discrimination against survivors. Empowering the livelihood of survivors to restore the survivor's reproductive roles in their community is necessary.
- Moreover, the genocidal SGBVs committed by forces including the EDF, ENDF, Amhara, and Afar forces need to be investigated and prosecuted by a mandated impartial and independent organ to ensure the non-recurrence of the violence.
- International cooperation and support is needed to facilitate investigation and prosecution processes, mobilize international donors to prioritize funding for humanitarian aid, health services, legal support, and psychosocial care addressing SGBV in Tigray, and support global advocacy efforts to raise awareness about the genocide and SGBV in Tigray, aiming to generate the necessary political and humanitarian response.

For the details you can read the whole Report Document at: <https://citghub.org/war-induced-genocidal-sexual-and-gender-based-violence-in-tigray-ethiopia-vol-1/>