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Commission of Inquiry on Tigray Genocide



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

VOLUME I

October, 2025

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

VOLUME 1



October 2025

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Acknowledgements

We express our profound respect and heartfelt gratitude to the resilient survivors of sexual and gender-based violence who courageously shared their lived experiences. Their openness in recounting deeply traumatic events is truly commendable. Their contributions have not only enriched the data collection process but have also given voice to those who have endured unimaginable hardships. By sharing their lived experiences, they have illuminated realities that are often overlooked, offering critical insights that will inform the development of survivor-centred policies, programs, and initiatives. These testimonies will play a vital role in advancing justice, fostering accountability, and preventing future atrocities.

We would also like to extend our deepest gratitude and appreciation to all those who, in one way or another, contributed to the successful completion of this report, most notably the dedicated data collectors, investigators, supervisors, trainers, coordinators, and facilitators. Your tireless efforts, commitment, and dedication made this work possible, and we are sincerely thankful for your invaluable support.

Our heartfelt gratitude goes to different sectors under the Tigray Regional Government for their continued assistance and unwavering support, without which the realization of this report would not have been possible. We would like to specially acknowledge and thank the Tigray Bureau of Women Affairs, Tigray Women's Association, and the One-stop centers under the Tigray Bureau of Health for their vital support in providing data, and coordinating and facilitating the data collection process.

Table of Contents

Acknowledgements	i
Table of Contents	ii
List of Tables	iv
List of Figures	iv
List of Acronyms and Abbreviations	v
Executive Summary	vii
1. Introduction	1
1.1 Background	1
1.2 Objective of the study	5
1.3 Scope of the Study	5
1.4 Structure of the report	6
2. Methodology	7
2.1 Target Population and Enumeration Coverage	7
2.2 Data Sources and Collection Tools	8
2.3 Operational definitions and measurement	9
2.4 Quality Assurance Measures	10
2.5 Assumptions and Ethical Considerations	12
2.6 Data Management and Analysis	14
2.7 Limitations of the study	15
3. Disclosure and Help-Seeking Behavior	16
4. Major Findings and Discussions	19
4.1 Socio-demographic characteristics of participants	19
4.2 Prevalence of Sexual and Gender- Based Violence	21
4.3 Routes of Penetration and Insertion of Foreign Objects	29
4.4 Rape against pregnant, Lactating women and Religious Women	33
4.5 Sexual Violence against Boys and Men	34
4.6 Number of perpetrators involved and area of the incident	36
4.7 Family members forced to witness and/or perform Sexual Violence	39
4.8 Enduring Consequences of SGBV	42
5. Legal framework of SGBV: International, Regional and National contexts	62

5.1	International context	62
5.2	Legal analysis of the intention behind SGBV in Tigray	97
5.3	Responsibility of perpetrators for committing SGBVs against women and girls in Tigray	126
5.4	State obligation and the human right to an effective legal remedy for SGBVs	127
5.5	The Ethiopian Transitional Justice and Accountability for SGBVs committed in Tigray	129
5.6	Avenue for accountability for the Genocidal SGBVs committed in Tigray	137
6.	Concluding Remarks and Recommendations	141
6.1	Concluding Remarks	141
6.2	Recommendations	146

List of Tables

Table 1. Socio-Demographic Characteristics of Participants (N = 481,201).....	19
Table 2. Sexual and Gender Based Violence Prevalence (N=286,250).....	22
Table 3. Reported Insertion of Foreign Objects During Sexual Violence and Alleged Perpetrator Identity	31
Table 4. Reported Locations of GBV and Rape Incidents.....	39
Table 5. Sexual and Reproductive Health Consequences of GBV and Rape (n = 286,250).....	43
Table 6. Physical Health Consequences of GBV and Rape (N= 54,450).....	48
Table 7. Social Consequences of SGBV	52
Table 8. Household Chores Survivors Were Unable to Perform After the Incident.	59
Table 9. Economic Loss Among SGBV Survivors.....	61
Table 10. Alleged Perpetrator Behavior and Ethnic Targeting.....	101
Table 11. Statements of perpetrators, identity, and Description.....	103
Table 12 Identity of Perpetrators and Co-perpetration of GBVs and Rape.....	113

List of Figures

Figure 1. Causes for Denial of Health Services to SGBV Survivors (n = 156,329).....	23
Figure 2. Forms of Physical Violence Reported by Survivors (n = 104,275).	24
Figure 3. Age Distribution of Survivors Who Reported Rape (n = 152,108).	29
Figure 4. Reported Routes of Penetration Among Survivors of Rape (N = 152,108).	30
Figure 5. Number of Perpetrators and Frequency of GBV and Rape Incidents.	37
Figure 6. Family Members Forced to Witness or Commit Sexual Violence	40
Figure 7. Psychological Distress Levels Among Survivors (n = 90,125).....	49
Figure 8. Zone Level perpetrators Mapping	112
Figure 9 Woreda level perpetrators mapping	112

List of Acronyms and Abbreviations

ACHPR	African Charter on Human and Peoples 'Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
AF	Amhara Forces
ART	Anti-Retro Viral Therapy
AU TJ	African Union Transitional Justice
BPA	Beijing Platform for Action
CAT	Convention Against Torture
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CITG	Commission of Inquiry on Tigray Genocide
CNN	Cable News Network
CoHA	Cessation of Hostilities Agreement
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisations
DNA	Deoxyribonucleic Acid
DRC	Democratic Republic of Congo
EDF	Eritrean Defence Forces
EDHS	Ethiopia Demographic and Health Survey
ENDF	Ethiopian National Defence Forces
ESAT	Ethiopian Satellite Television
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GSTS	Global Society of Tigray Scholars and Professionals
HEWs	Health Extension Workers
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
ICC	International Criminal Court
ICCPR	International Covenant on Civil and Political Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICHREE	International Commission of Human Rights Experts on Ethiopia
ICJ	International Court of Justice
ICRPD	International Convention on the Rights of Persons with Disabilities
ICTR	International Criminal Tribunal for Rwanda
ICTY	International Criminal Tribunal for Yugoslavia

IDIs	In-Depth Interviews
IDP	Internally Displaced Persons
IHL	International Humanitarian Law
IHRL	International Human Rights Law
KIIs	Key Informant Interviews
NGOs	Non-Governmental organizations
ODK	Open Data Kit
OJAH	Organisation for Justice and Accountability in the Horn of Africa
OSC	One Stop Centre
PHR	Physicians for Human Rights
SCSL	Special Court for Sierra Leone
SGBV	Sexual and Gender-Based Violence
SMI	Serious Mental Illness
STI	Sexually Transmitted Infections
TDF	Tigray Defence Force
TOT	Training of Trainers
TPLF	Tigray People's Liberation Front
TRHB	Tigray Regional Health Bureau
UDHR	Universal Declaration of Human Rights
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations Children's Fund
UNICHREE	United Nations International Commission of Human Rights Experts in Ethiopia
UNSC	United Nations Security Council
UNSCR	United Nations Security Council Resolution
WHO	World Health Organisation

Executive Summary

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 Woredas (third level administration division equivalent to district) in Tigray. The data covers SGBV perpetrated between November 2020 and 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 incident and its consequences, qualitative studies were conducted through in-depth interviews of selected survivors and key informants. Women and girls 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 individualised reflections that are difficult to address in structured questionnaires. 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 characterisation 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 (2015) and the Gender-Based Violence Information Management System (GBVIMS), which includes the following categories. Rape, Sexual Assault, Physical Assault, Forced Marriage, Denial of Resources, Opportunities or Services, and Psychological/Emotional Abuse. Any participant who faced any SGBV type was considered a survivor.

The report recognises significant limitations on the disclosure behaviour 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.

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 a daily basis. Similarities were also observed in the trend of how all forces perpetrated the rape across the studied zones of Tigray.

Survivors' 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 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 dehumanise, humiliate, and intentionally harm the reproductive organs of survivors, resulting in 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 key 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 %).

The report further revealed that the survivors of SGBV reported experiencing 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.

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.

Beyond the emotional toll, incidents of 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 the slaughtering of their animals. In contrast, many others are unable to work because of severe physical injuries and mental harm. Due to such unbearable traumatic pain and subsequent stigmatisation, 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, dehumanising speeches, and genocidal incitements have also been committed by political and military officials and influential persons.

The report findings depict that there is sufficient evidence to conclude that there is reasonable ground to believe that the Ethiopian National Defence Force (ENDF), the Amhara Forces, and the Eritrean Defence Forces (EDF) have committed genocide, crimes against humanity, and war crimes through heinous SGBVs against Tigrayan women and girls. In addition, there is sufficient evidence to believe that the Afar forces have committed war crimes through the SGVB against Tigrayan women and girls. Furthermore, the report concludes that there is reasonable ground to believe that some high-ranked military commanders and higher civil officials of the Federal government of Ethiopia, the Regional State of Amhara, and the State of Eritrea incited genocide on Tigrayans and made statements possessing genocidal intentions. All individuals, from high-ranked commanders and civil officials to foot soldiers, who have committed the crime are individually responsible.

In addition, the report concludes that, at the State level, the Federal Democratic Republic of Ethiopia and the State of Eritrea are responsible for the heinous crimes committed. Ethiopia is additionally accountable for failing to prevent serious SGBV crimes committed by other State or non-State actors on its territory.

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, and 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 violations 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 accountable. 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 accounts for 2.89% 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 centres throughout Tigray to render health and mental health support for survivors. Reconstruction of health facilities and creating a safe environment for survivors are 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 their 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 are needed to facilitate investigation and prosecution processes, mobilise international donors to prioritise 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.

1. Introduction

1.1 Background

Gender-based violence (hereinafter GBV) is one of the most prevalent human rights violations in the world, existing in every country, across all segments of society.¹ It does not have social, economic, or national boundaries. GVB has remained a global concern for health, human rights, and protection, particularly in emergencies, conflicts, and crises.² The nature of conflict places women and girls at risk of Sexual and Gender-Based Violence (hereinafter SGBV). Conflicts can severely weaken a society's ability to protect women and girls. Additionally, armed groups use sexual violence as a weapon of war to further their military or political objectives.³

GVB mainly refers to violence against women, which basically includes many types of harmful behaviors like physical, sexual, psychological, and economic abuse directed at women and girls.⁴ The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly on December 30, 1993, defines violence against women as:

“Any act of gender-based violence that results in, or likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.”⁵

It is estimated that one in three women experiences physical or sexual abuse in her lifetime.⁶ GBV deprives the health, dignity, security, and autonomy of victims. Victims of GVB endure

¹ Unicef Gender-based violence (2023) available at <https://www.unicef.org/protection/gender-based-violence-in-emergencies>

² Philomena Raftery et al, 2022. Gender based violence (GBV) coordination in Humanitarian and Public Health Emergencies: a scoping review B MC conflict and Health doi 10.1186/s13013.022-00471-z p.1

³ Supra at note 1

⁴ Heise Lori, 1999, Ending violence against women. Population reports, 27(4), 1-1.

⁵ Bachman, Ronet, & Saltzman, Linda E. (1994). Violence against women (Vol. 81): US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Washington, DC.

⁶ García-Moreno et al. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: World Health Organization. See also IRC, 2025 Gender-based violence in crisis available at <https://www.rescue.org/article/what-gender-based-violence-and-how-do-we-prevent-it> accessed on August 2025

sexual and reproductive health consequences, including unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections, including HIV, and even death.⁷

Though SGBV is endemic even in peacetime, armed conflict increases the risk of SGBV. Armed groups utilize sexual violence as a systematic instrument of war to terrorize and destabilize civilian populations.⁸ This phenomenon has long-standing precedence in history. On December 13, 1937, Japanese troops commenced a six-week-long extermination that essentially destroyed the Chinese city of Nanking. Along the way, Japanese troops raped between 20,000 and 80,000 Chinese women.⁹ During the Bosnia Herzegovina war, the Serbian forces managed to raped an estimated 20,000 to 50,000 Bosnian Muslim women.¹⁰ Women were successively raped until they got impregnated and then confined until it was too late to have a safe abortion.¹¹ An estimated 250,000-500,000 women were also raped during the three months of genocide in Rwanda in 1994.¹² Similarly, widespread gang rape, abduction for purposes of sexual slavery, forced participation of family members in rape, and mutilation of women's genitalia with knives and guns are among the atrocities documented during the conflict in the Democratic Republic of Congo (DRC). According to various sources, such as popular press, peer-reviewed publications, and multinational and nongovernmental organizations, tens of thousands of women were raped during the conflict.¹³

The SGBV inflicted during conflicts spurred the UNSC to unanimously adopt a resolution on women, peace, and security in 2000. This resolution, referred to as the 'women's resolution', UNSCR 1325 was adopted to pledge effective participation of women in decision-making pertaining to peace and security, and to provide the necessary physical and legal protections to

⁷ UNFPA, Caribbean Sub- Regional Office (2025), Gender-Based Violence available at <https://caribbean.unfpa.org/en/topics/gender-based-violence-16> last visited on September 05, 2025

⁸ Human Rights Watch, (2004) In War as in Peace: Sexual Violence and Women's Status, World Report

⁹ Erin Blakemore(2025), The Brutal History of Japan's 'Comfort Women' available at <https://www.history.com/articles/comfort-women-japan-military-brothels-korea> last accessed on September 05,2025

¹⁰Elizabeth A. Kohn, (1994) Rape as a Weapon of War: Women's Human Rights During the Dissolution of Yugoslavia, 24 Golden Gate U. L. Rev. <http://digitalcommons.law.ggu.edu/ggulrev/vol24/iss1/7> p.199

¹¹ Ibid

¹² Banyanga, J. et al (2017). The Trauma of Women Who Were Raped and Children Who Were Born as a Result of Rape during the Rwandan Genocide: Cases from the Rwandan Diaspora. Pyrex Journal of African Studies and Development, 3(4), 31–39. <http://urn.fi/URN:NBN:fi-fe2020100882901> p.32

¹³ Amber Peterman., et al, (2011). Estimates and Determinants of Sexual Violence Against Women in the Democratic Republic of Congo, American Journal of Public Health 101, 1060_1067, <https://doi.org/10.2105/AJPH.2010.300070>

them in conflict-affected settings.¹⁴ The resolution recognized that “*violence against women, especially sexual violence, is itself a gross provocation and threat to peace and security.*”¹⁵

Eight years later, the United Nations Security Council also adopted Resolution 1820, which specifically addresses the systematic use of sexual violence in conflict as a weapon and tactic of war.¹⁶ This resolution declares that sexual violence in conflict is a threat to international peace and security. It further recognizes that rape and other forms of sexual violence in conflict settings can constitute war crimes, crimes against humanity, or acts of genocide, and that sexual violence crimes should be excluded from amnesty provisions in the context of conflict resolution processes.¹⁷ The resolution emphasizes the significance of ending impunity for such acts as part of a comprehensive approach to seeking sustainable peace, justice, truth, and national reconciliation. It also demands that member states fulfill their obligations to prosecute those responsible for such acts and to guarantee that all victims of sexual violence, especially women and girls, have equal protection under the law and access to justice.¹⁸

Despite the adoption of the resolutions, heinous and harrowing violences were suffered by women and girls in Tigray since the start of the war. Though women and girls were subjected to various GBVs such as land grabs, divorce and its subsequent child support abuses, normalization of partner abuse, the Central Statistical Agency has documented that Tigray was improving in terms of reducing GBV occurrences. According to this agency, Tigray was a region with the lowest incidence of Female Genital Mutilation (FGM) in women.¹⁹ Additionally, child marriage prevalence has reduced meaningfully over the last 30 years.²⁰ The UN WOMEN has also

¹⁴ UNFPA, (2010) Women Count for Peace; 10th Anniversary of United Nation’s Security Council Resolution 1325 available at <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/1325%2010.pdf> last visited on September 06, 2025

¹⁵ Ibid

¹⁶ United Nations Security Council Resolution 1820 (2008), available at <https://www.un.org/shestandsforspeace/content/united-nations-security-council-resolution-1820-2008-sres18202008> last visited on September 6, 2025

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Acaps, (2021), Pre-crisis Situation in Tigray, available at https://www.acaps.org/fileadmin/Data_Product/Main_media/20210223_acaps_secondary_data_review_ethiopia_pre-crisis_situation_in_tigray.pdf last visited on September 7, 2025

²⁰ Ibid

assessed that women's representation in decision-making and leadership positions before the war has grown to 48%.²¹

Egregious and horrific sexual abuses, including multi-perpetrator raping, rape via mouth or anus, insertion of foreign objects into the vagina, sexual mutilation, rape in front of family members, and forcing family members to rape another family member, have never been a phenomenon during the pre-war periods.²² The weaponized violence inflicted on women and girls in Tigray could never be compared to pre-war situations, both in terms of prevalence and severity. In expressing the brutality of the sexual violence that occurred in Tigray, the United Nations International Commission of Human Rights Experts in Ethiopia (hereinafter UNICHREE) member Radhika Coomaraswamy portrays, *“I must say, I have been to many conflicts, Rwanda and many others. This was as bad as it gets. It was an extreme, included Gang rape, it included cruelty of the worst kind.”*²³

International reports also disclosed brutal and widespread violence against women since the outbreak of the war. Amnesty International has reported that sexual violence suffered by Tigrayan women and girls was widespread and was inflicted with the very intention of terrorizing and humiliating them and the Tigrayan society.²⁴ The UN ICHREE) has documented that *“Rape and other forms of sexual violence against women and girls in Tigray were perpetrated on a massive scale”*.²⁵ Human Rights Watch also claimed that the conflict between the Tigray People's Liberation Front (TPLF) and the Ethiopian government and its allied forces has been used as a weapon of war and steered with massive sexual violence throughout the region.²⁶

Various sources have reported varying numbers of survivors seeking support from one-stop centers. Amnesty International has delivered health facilities in Tigray and registered 1288 cases

²¹ UN WOMEN, (2023) Rapid Gender Study Final Report (Afar, Amhara, Oromia, Somali and Tigray Regions)

²² Key informant interview with one-stop- center coordinator in April 2024

²³ 18th September - International Commission of Human Rights Experts on Ethiopia Press Briefing on Sexual Violence in #Tigray

²⁴ Amnesty International, (2021). Ethiopia: Troops and militia rape, abduct women and girls in Tigray conflict-new report available at <https://www.amnesty.org/en/latest/news/2021/08/ethiopia-troops-and-militia-rape-abduct-women-and-girls-in-tigray-conflict-new-report/> last visited on September 7, 2025

²⁵ Human Right Council (2023) Comprehensive investigative findings and legal determinations, International Commission of Human Rights Experts on Ethiopia Report, paragraph 134

²⁶ Human Rights Watch, (2021) “I Always Remember That Day” Access to Services for Survivors of Gender-Based Violence in Ethiopia’s Tigray Region <https://www.hrw.org/report/2021/11/09/i-always-remember-day/access-services-survivors-gender-based-violence-ethiopia> last visited September 8, 2025

of GBV from February to April 2021.²⁷ The Ministry of Women, Children, and Youth and the Ministry of Health, citing the Tigray Health Bureau, also report that 1,324 SGBV survivors have visited hospitals in Tigray from November 2020 to 22 May 2021.²⁸ However, these figures do not accurately present the situation on the ground. Given the deeply rooted social stigma surrounding SGBV, the existence of the armed forces in health facility premises, destruction of health facilities, dire humanitarian situations, and fear of further violence, these reported incidents represent a huge underreporting of the actual numbers.²⁹ This invites the conduction of a wide-ranging study to bring about comprehensive recovery and support, ensuring justice and accountability. As a result, this study aimed to reach war-induced GBV survivors through door-to-door efforts, adopting the universal screening scheme.

1.2 Objective of the study

This investigative report, supported by a census study, aimed to examine the war-induced gender-based violence in Tigray and its legal implications. Specifically, the study has the following objectives;

- To explore the prevalence, type, and depth of sexual and gender-based violence in the Tigray war.
- To analyze the overall impacts of sexual and gender-based violence committed as a result of the Tigray war.
- To support the gender-based violence survivors' rehabilitation initiatives
- To characterize the gender-based violence in light of International Criminal Law
- To depict the prospect for justice and accountability.

1.3 Scope of the Study

The study is subject to both geographic and temporal constraints. Geographically, the study covered all accessible areas within the Tigray region, except the entire Western Zone and some *Tabias* (Lowest Level Local Administration) of the Eastern zone (in *Zalembesa* Town and *Irob* and *Gulomekada* Woredas) and the Northwestern zone (*Laelay Tselemti* and *Tahtay Tselemti*

²⁷ Supra at note 24

²⁸ EHRC-OHCHR Joint Investigation Report on Tigray Conflict, (2021), paragraph 173

²⁹ Supra at note 25

Woredas and *Mai Tsebri town*), which remained inaccessible during the data collection period. However, individuals from these inaccessible areas who were residing in Internally Displaced Persons (IDP) camps located in the surveyed zones were included in the study population.

Temporally, the study focused on incidents of GVB perpetrated between November 2020 and November 2022. While SGBV continued beyond this timeframe, especially in areas under sustained occupation, such cases fall outside the formal scope of this report.

1.4 Structure of the report

The remaining of this report is organized into four main chapters: a methodology section detailing the design, tools, and analytical procedures, and study limitations; a Major Findings and Discussions chapter presenting both quantitative and qualitative results across thematic areas; a Legal framework of SGBV under International, regional and national contexts; and concluding remarks with actionable recommendations for justice, accountability, and survivor support.

2. Methodology

This study was designed and implemented in a conflict-affected setting, requiring careful adaptation of standard research protocols to ensure ethical integrity, contextual relevance, and survivor safety. Grounded in international guidelines and tailored to the realities of post-war Tigray, the methodology prioritized a survivor-centered approach to documenting SGBV. The research team applied context-specific assumptions, employed a universal screening technique, and adhered to the Interagency Gender-Based Violence Assessment and Documentation Protocol to guide all stages of data collection and analysis. Informed consent procedures, privacy safeguards, and trauma-sensitive engagement were integrated throughout the process. This section outlines the target population and enumeration coverage, data collection tools, data collection procedures, assumptions, ethical considerations, study limitations, and operational definitions that informed the study's design and execution.

2.1 Target Population and Enumeration Coverage

The study directly approached women and girls aged 15 and older living in Tigray from November 2020 to November 2022, covering all permanent residents in accessible areas. Data were collected from six zones; however, certain areas, such as the entire Western Zone and specific locations in the Eastern and North-western Zones, were excluded due to security and logistical issues. However, women and girls from these excluded regions who moved to IDP camps in the surveyed zones were included, allowing for the capture of survivor experiences from otherwise inaccessible areas through displacement inclusion.

To identify eligible participants and screen for GBV, the study employed a door-to-door census strategy. This universal screening technique was implemented over a six-week period, from July 8 to August 21, 2022, following extensive community mobilization and awareness-raising activities. Field teams visited households in accessible areas, profiled members by age and sex, and flagged potential survivors for follow-up interviews. Participation was voluntary and contingent upon informed consent, with ethical safeguards prioritized throughout the process.

In addition to the census, supplementary quantitative data on SGVB survivors were gathered through self-reporting from November 2020 to November 2022. This was done in collaboration with the Tigray Bureau of Women's Affairs and the Tigray Women's Association, and the data

was provided for this study in December 2023. This follow-up also focused on GBV incidents that occurred between November 2020 and November 2022. The study also benefited from administrative records obtained from one-stop centers, which provided uncovered survivor data who faced with SGVB during November 2020 to November 2022.

To estimate the total number of eligible participants, the study relied on projections from Ethiopia's 2007 national population census, adjusted for the 2021 population. Based on these estimates, Tigray's population in 2021 was approximately 6,518,365, of which 50.8% (3,585,100) were female. Among females, 55% (1,821,230) were aged 15 years and above. However, due to the exclusion of the Western Zone and other inaccessible areas, the estimated number of eligible women and girls who could be reached was 1,666,769.

Ultimately, the report reached approximately 28.9% of the estimated target population [481,201]. This figure reflects the proportion of eligible women and girls aged 15 and above who were successfully enumerated and screened during the census in accessible areas. While the primary focus was on this age group, the census process also captured data on female survivors under the age of 15 and male survivors of SGBV—regardless of age—when caregivers reported such cases during household interviews. These disclosures, though outside the core eligibility criteria, were ethically documented and contribute to a broader understanding of war induced SGBV. The limited coverage in the target population is attributed to access constraints, security risks, and survivors' unwillingness to participate. However, this does not constitute a coverage error. Rather, the census approach sought comprehensive enumeration within the bounds of logistical feasibility and ethical responsibility.

2.2 Data Sources and Collection Tools

Data collection for this study was guided by a survivor-centered, ethically grounded methodology tailored to the conflict-affected context of Tigray. The primary instrument was a structured questionnaire adapted from the Inter-Agency Gender-Based Violence Case Management Guidelines (2017)³⁰. This tool was contextualized to reflect the GBV Minimum

³⁰ Gender-Based Violence Information Management System (GBVIMS) Steering Committee. (2017). *Interagency gender-based violence case management guidelines*. GBVIMS. https://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

Standards and the lived realities of women and girls in Tigray, ensuring cultural relevance and ethical sensitivity.

The final questionnaire consisted of six integrated sections designed to capture both the occurrence and consequences of SGBV. These included: (1) biographic information; (2) screening items and detailed accounts of SGBV incidents; (3) assessments of physical, reproductive, and psychological health impacts; (4) documentation of socioeconomic and livelihood disruptions; (5) identification of legal service needs; and (6) profiling of alleged perpetrators, where survivors felt safe to disclose. This questionnaire was then administered to 481,201 individual SGBV survivors and their caregivers, who were the primary sources of data for this study.

Given the investigative nature of this study and its focus on the survivor experiences sustained during the war in Tigray, as well as recognizing the limitations of structured tools in capturing the depth and nuance of survivor experiences, obtaining in-depth, consent-based testimonies was indispensable. To this end, the study also employed In-Depth Interviews (IDIs) and Key Informant Interviews (KIIs) to assess details of the incidence as well as its consequences to survivors. A total of 2,053 IDIs were conducted with voluntarily consented survivors or family of survivors/victims to provide detailed information on the incidence, consequences they suffer, characteristics of the perpetrators, supports they received, and services they needed. Moreover, 181 KIIs with religious leaders, community elders, health care providers, and government officials were also conducted to capture community-level insights into the magnitude, nature, and consequences of SGBV. Interview guides were developed specifically for this purpose, enabling flexible and trauma-informed engagement. In some cases, survivor testimonies were accompanied by medical records, photographs, or other supporting documentation, which were ethically reviewed and securely handled.

Together, these tools enabled a comprehensive understanding of SGBV during the conflict period, balancing quantitative rigor with qualitative depth. Their deployment was embedded within a broader ethical framework that prioritized informed consent, confidentiality, and survivor dignity throughout the research process.

2.3 Operational definitions and measurement

In this study, the SGBV definition was adopted from GBV Inter Agency Standing Committee (IASC) 2015³¹ and the Gender-Based Violence Information Management System (GBVIMS)³², which includes the following categories. Rape, sexual Assault, physical Assault, Forced Marriage, Denial of Resources, Opportunities, or Services, and Psychological/Emotional Abuse.

Rape: the perpetrator invaded the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sensual organ, or of the anal or genital opening of the victim with any object of any other part of the body (vagina, anus, or mouth with a penis or other body part or object).

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration (attempted rape, unwanted kissing, fondling, or touching of genitalia and buttocks).

Physical assault: an act of physical violence that is not sexual in nature; Such as hitting, slapping, choking, cutting, shoving, burning, shooting, or use of any weapons, acid attacks, or any other act that results in pain, discomfort, or injury.

Sexual slavery: the systematic enslavement of individuals for sexual purposes, forcing them to perform sexual acts against their will.

Denial of Resources, Opportunities, or Services: Denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services.

Psychological/Emotional Abuse: mental or emotional pain or injury; includes threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures, or written words of menacing nature, destruction of cherished things.

Sexual Violence: includes rape, forced marriage, and sexual assault.

SGVB survivor: Any participant who faced any of the above-listed SGVB.

2.4 Quality Assurance Measures

³¹ Inter-Agency Standing Committee (IASC). (2015). *Guidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

³² GBVIMS Steering Committee. (2010). *Gender-Based Violence Information Management System (GBVIMS) User Guide*. Inter-Agency Standing Committee. Retrieved from <https://www.gbvims.com>

To ensure methodological rigor and ethical integrity, the study incorporated a comprehensive set of quality assurance measures throughout the design, training, and data collection process. These safeguards were essential for maintaining consistency, minimizing bias, and upholding the dignity and safety of survivors in a conflict-affected setting.

The structured questionnaire was initially developed in English and translated into Tigrigna for field deployment. It was reviewed and finalised by senior professionals with expertise in GBV research in emergency contexts, including health, legal, psychosocial, and gender disciplines. Before data collection, the tool and its associated procedures were pretested in both urban (Mekelle Town) and rural (Dengolat, South Eastern Zone) settings. Observed errors, misunderstandings, and procedural gaps were documented, summarised, and corrected to ensure clarity and usability.

To minimise data collection errors and enhance reliability, the study employed electronic data collection platforms, specifically the ODK (Open Data Kit) application, which enabled secure and structured data capture in the field. Volunteer data collectors and supervisors were registered and screened in each zone, Woreda, and *Tabia*. A five-day Training of Trainers was conducted for Woreda-level representatives, followed by a three-day enumerator training. Enumerators were recruited from *Tabias* other than the data collection sites to reduce social proximity and enhance privacy. All enumerators were female professionals from relevant disciplines, in line with GBV best practices for survivor-sensitive engagement.

IDIs were conducted only after survivors were purposively screened for eligibility and provided additional informed consent. These interviews were conducted in separate, confidential settings—primarily health facilities—to ensure privacy and safety. Each Woreda was assigned a three-person qualitative team, composed of a healthcare provider, a legal expert, and a documentation specialist. Interviews were recorded using notes, audio, or video, based on the participant's preference.

KIIs were conducted to gather community-level insights on the scope, nature, and impacts of SGBV. To ensure data quality and consistency, (i) interviewers used a standardized KII guide aligned with the IDI protocol, (ii) all interviewers received specialized training on probing, neutrality, and handling sensitive disclosures ethically, (iii) KIIs took place in private settings to promote honest responses and reduce social desirability bias, (iv) responses were recorded using

structured templates, and, with consent, audio recordings validated interviewer notes, (v) supervisory teams performed spot checks and debriefings to ensure protocol adherence and address inconsistencies time.

Given the sensitive nature of GBV and the difficulty of obtaining independent verification, the study adhered strictly to a survivor-centered approach. Survivors were treated with dignity, and their experiences were respected and documented without judgment. In line with international ethical standards, incidents recounted by survivors or their family members were considered reliable. KIIs were used to triangulate findings and contextualize survivor narratives within broader community perspectives.

2.5 Assumptions and Ethical Considerations

This section outlines the key assumptions and ethical considerations that shaped the study's design, data collection, and interpretation. Given the sensitive nature of SGBV and the complexities of conducting research in conflict zones, it was crucial to adopt context-specific assumptions and uphold strict ethical standards. These assumptions included disclosure rates, perpetrator profiling, and the census-based screening method for identifying survivors. The section also discusses ethical aspects, including consent procedures, survivor safety protocols, and measures to ensure data confidentiality.

Assumptions

Disclosure Rate Assumption: Due to the absence of conflict-specific disclosure data, the report applied a 24% disclosure rate for Tigray, based on observed behavior in the Ethiopia Demographic and Health Survey (EDHS). This figure reflects the proportion of women and girls who disclosed experiences of violence that can be used as an estimate over the five years from 2016 to 2021. While national data from the Ethiopia EDHS indicates a 23% disclosure rate in stable settings, the slightly higher rate observed in Tigray (24%) is cautiously used as a proxy for prevalence estimation. It is acknowledged that this figure may still underestimate the accurate scale of underreporting, given the compounded barriers in conflict-affected zones.

Survivor and Perpetrator Profiling Assumption: Perpetrator characterization was solely based on the consent of survivors who made self-reporting and felt confident to identify the perpetrators identity accurately. It is, therefore, assumed that:

- The profiles of consenting survivors are reasonably representative of the broader survivor population.
- The types and characteristics of perpetrators remained broadly consistent across the conflict period (November 2020 to November 2022).
- The likelihood of disclosure did not vary significantly by perpetrator type, although fear and stigma may have suppressed identification.

These assumptions were necessary to construct perpetrator profiles and estimate relative shares of perpetration across the documented cases.

Universal Screening (Census) Assumption: The study employed a door-to-door census approach in all accessible areas, aiming to enumerate every household and screen all eligible women and girls for experiences of GBV. It is assumed that:

- The census technique allowed for comprehensive identification of survivors within the covered areas.
- Survivors who disclosed violence during initial screening were accurately flagged for follow-up.
- The 28.9% coverage rate relative to the estimated target population reflects logistical constraints and survivor reluctance, rather than coverage constraints.

This approach was chosen to maximize reach and minimize selection bias, recognizing that ethical safeguards and survivor autonomy may limit the possibility of complete enumeration.

Ethical Considerations

The study, to the best of our limited resources and the prevailing conditions at the time, was conducted in compliance with the Interagency Gender-based Violence Assessment and Documentation Protocol. In all study tools, an information sheet was attached, and interviewers read it to individual participants before asking for consent for participation. Participants were

asked for their consent in video, audio, or written form. Based on their choice, a written consent was signed for every participant screened and chose to give their statement in written form. Participants who preferred to give their statement on video and audio gave their consent on video and audio, respectively, on the spot. Participants were informed in advance that their participation depended solely on their willingness and that they could interrupt it at any time they wished.

To protect participant privacy, personal identification was recorded only on the consent form and replaced with coded references during data collection and analysis. Interviews were strictly conducted in accordance with GBV guiding principles, prioritizing confidentiality, safety, and survivor dignity. To ensure confidentiality, the in-depth interviews were significantly administered in health facilities, which were deemed safe and accessible by survivors. Besides, interviewers were selected from neighbouring *Tabias* within the same Woreda, ensuring that they did not reside in the same *Tabias* as the survivors. This strategy minimized social proximity and enhanced confidentiality.

Interviewers have treated the survivors with dignity and respected their experiences and feelings. In addition, the interview has addressed women and girls, including women with disabilities and women who were displaced. The collected information was stored anonymously, and its confidentiality was maintained throughout the analyses and report-writing process.

2.6 Data Management and Analysis

The study employed a mixed-methods approach, combining quantitative and qualitative data to provide a comprehensive understanding of conflict-related SGBV in Tigray. Data management and analysis procedures were designed to ensure accuracy, ethical handling, and triangulation across sources.

Quantitative data collected through the structured questionnaire were analyzed using descriptive statistics. Key indicators—including prevalence, severity, and patterns of SGBV—were examined through frequency distributions, percentages, and cross-tabulations. These analyses enabled disaggregation by age group, marital status, displacement status, disability, geographic location, and perpetrator type, allowing for nuanced insights into the differential impact of SGBV.

To explore patterns of perpetration and harm, the data were further analyzed by number of perpetrators involved, location of incidents, and types of consequences reported, including physical injuries, psychological trauma, reproductive health outcomes, and social stigma. The results were synthesized and presented using tables, bar charts, and geospatial visualizations, accompanied by narrative interpretation to highlight key trends, regional disparities, and intersections of vulnerability.

Qualitative data—including audio, video, and written testimonies from survivors and key informants—were transcribed and translated into English for analysis. A thematic coding framework was applied to identify recurring patterns, contextual factors, and survivor perceptions. In parallel, Doctrinal analysis is made by describing the laws and cases with binding and persuasive authority. The empirical evidences are described and analysed through the legal frameworks to explain the violations of international human rights, humanitarian laws, and international crimes.

To strengthen the validity of findings, the study employed triangulation, cross-referencing quantitative results with qualitative insights. Survivor testimonies and community perspectives were used to verify patterns observed in the structured data and to enrich understanding of the lived experiences behind the statistics. This integrative approach ensured that the analysis remained survivor-centered, legally grounded, and contextually informed.

2.7 Limitations of the study

This study is subject to several limitations that may affect the comprehensiveness and generalizability of its findings:

- **Geographic constraint:** Due to security and accessibility constraints, data collection excluded the entire Western Zone and select *tabias* in the Eastern and Northwestern Zones. While efforts were made to include displaced populations from these areas residing in IDP camps, direct data from the excluded zones remains unavailable.
- **Temporal constraint:** The study covers incidents of GBV committed between November 2020 and November 2022. Violations occurring beyond this period, particularly in areas under continued occupation, were not captured and warrant further investigation.

- **Disclosure and Underreporting:** Survivors of sexual violence may be reluctant to disclose their experiences due to factors such as trauma, shame, stigma, fear of retaliation, and lack of access to supportive services. Such factors are exacerbated in conflict settings and may result in an underestimation of prevalence.
- **Coverage Constraints:** Due to logistical challenges, security risks, and survivors' unwillingness to participate, the study accessed only 28.9% of the estimated target population. As a result, the findings may not fully represent the broader population affected by GVB.
- **Data Gaps in Perpetrator Profiling:** The study acknowledges limitations in the completeness of perpetrator profiling due to ethical and procedural constraints during data collection. The identification of perpetrators was conducted exclusively IDIs with survivors who consented to disclose such information. However, not all survivors consented to identify the perpetrator, often citing fear of retaliation, trauma, or lack of trust in protective mechanisms. As a result, the perpetrator data reflects only those cases where survivors felt safe and willing to disclose. This introduces a selection bias, whereby the perpetrator profiles and relative shares of perpetration are derived from a subset of survivors, and may not fully represent the broader spectrum of violence experienced across the population.

3. Disclosure and Help-Seeking Behavior

Understanding disclosure and help-seeking behavior is essential for interpreting the prevalence of SGBV, assessing survivor needs, and designing responsive interventions. This section presents global patterns, regional benchmarks from Tigray, and conflict-specific constraints in the region, providing context for the methodological assumptions used in this study.

Research consistently shows that underreporting and failure to seek help are pervasive challenges in addressing GVB worldwide. Even in non-conflict and stable settings, survivors face complex and multifaceted barriers to disclosure. These include shame and stigma, fear of retaliation, financial dependency, cultural beliefs, perceived impunity of perpetrators, and distrust of formal institutions such as law enforcement and healthcare providers. These behavioral dynamics are not merely personal; systemic gaps in service delivery, legal protection, and social support shape

them.³³ Survivors may also internalize violence as common or not severe enough to warrant reporting, particularly in societies where patriarchal norms are deeply entrenched.³⁴ Sociocultural beliefs, practices, and attitudes have a high influence on women to consider experiences of VAWG as acceptable and normal, which impedes reporting of the violence.³⁵ As such, disclosure rates in most developing countries remain low, and help-seeking behavior is often limited to informal networks rather than professional or institutional channels.

The EDHS provides critical insights into help-seeking behavior among women who have experienced physical or sexual violence in Ethiopia.³⁶ According to EDHS data, only 24% of survivors in Tigray seek help from informal sources such as neighbors, their own family, or their partner's family. This rate drops significantly when considering formal support systems: just 2% to 3% of survivors disclose their experiences to lawyers, medical personnel, or social work organizations.

These figures reflect disclosure behavior in relatively stable environments, where survivors have better access to services and fewer immediate threats. Even in such contexts, sociocultural norms and stigma continue to suppress reporting and limit access to justice and care.

In conflict-affected settings, the barriers to disclosure and help-seeking are significantly amplified. Armed conflict disrupts health systems, displaces communities and specially qualified staff, and erodes trust in institutions. Even when support services are offered, they might be of low quality, devoid of the required medications and supplies, and manned by staff members who are not qualified to provide survivors with non-judgmental and supportive care.³⁷ Survivors may also fear retaliation from perpetrators, especially when armed actors are involved or when perpetrators remain in positions of power. The destruction of health facilities, the presence of armed personnel in service centers, and dire humanitarian conditions further inhibit access to care and justice.

³³ Palermo T *et al.* (2013), Tip of the Ice berg: Reporting and Gender-Based Violence in Developing Countries, American Journal of Epidemiology Vol. 179, No. 5, DOI: 10.1093/aje/kwt295, p. 603

³⁴ Ibid

³⁵ O'Mullan *et al.* (2024) A scoping review on the nature and impact of gender-based violence on women primary Producers, BMC Women's Health <https://doi.org/10.1186/s12905-024-03228-3>, p.17-18

³⁶ Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey, p.297

³⁷ Murphy *et al.* Conflict and Health (2020) Nowhere to go: disclosure and help-seeking behaviors for survivors of violence against women and girls in South Sudan; available at <https://doi.org/10.1186/s13031-020-0257-2> p.2

Economic insecurity and the breakdown of social support networks compound these challenges.³⁸ Many women and girls may perceive violence as inevitable or normalized, particularly when community structures are fractured and protective mechanisms are absent. In such contexts, even the modest disclosure rates observed in stable settings—such as the 24% reported by EDHS for Tigray are likely to be significantly lower.

Given the absence of conflict-specific disclosure data for Tigray, the study cautiously references the 24% disclosure rate from EDHS for Tigray as a proxy. However, this figure is contextualized and qualified in the methodology section, where assumptions and ethical considerations are detailed. The actual disclosure rate in Tigray is presumed to be lower due to the compounded barriers outlined above.

³⁸ Ibid

4. Major Findings and Discussions

To assess war-induced sexual and gender-based violence (SGBV) perpetrated in Tigray, a total of 481,201 participants have been reached through structured questionnaires. This figure represents 28.9% of the targeted population of 1,666,769 women and girls aged 15 years and above in the Tigray region.

4.1 Socio-demographic characteristics of participants

In this report, 410,470 (85.3%) were interviewed to provide information about the subject by themselves, followed by 69,205 (14.4%) family members who were requested to provide information due to different reasons such as disability, age and death of the victim (Table 1).

Table 1. Socio-Demographic Characteristics of Participants (N = 481,201)

Characteristics	Category	Respondents	Proportion of
		Count	Respondents (%)
Respondent Type	Self respondents	410,470	85.3
	Responded by a family member	69,205	14.4
	Responded by a relative or friend	1,365	0.28
	Other	161	0.033
Age Category (years)	< 15	6,250	1.3
	15-19	47,852	9.94
	20-24	58,385	12.13
	25-29	68,859	14.31
	30-34	53,490	11.12
	35-39	58,220	12.1
	40-44	37,196	7.73
	45-49	35,132	7.3
	50 and above	115,008	23.9
	Information not disclosed	809	0.17
Nationality	Ethiopian	458,565	95.3
	Eritrean	22	0.005
	No response	22,614	4.7
	Tigrayan	443,485	92.16
Ethnicity	Kunama	104	0.022
	Irob	14,332	2.98
	Other Ethiopian	644	0.134
	Other non-Ethiopian	22	0.005
	Information not disclosed	22,614	4.7
	Orthodox	436,578	90.73
Religion	Islam	15,175	3.15
	Catholic	6,567	1.36
	Protestant	240	0.05
	Other	27	0.006
Marital status	Information not disclosed	22,614	4.7
	Unmarried	78,868	16.39

Characteristics	Category	Respondents	Proportion of
		Count	Respondents (%)
Education	Married	282,664	58.74
	Divorced/separated	60,672	12.61
	Widowed	48,180	10.01
	Information not disclosed	10,817	2.25
	Unable to read & write age	216,019	44.9
	Able to read & write	24,356	5.06
	Primary (1-8 grades)	95,184	19.78
	Secondary (9-12 grades)	92,447	19.21
	Diploma/TVET	12,848	2.67
	Degree & above	16,186	3.36
	Other	1,547	0.32
	No response	22,614	4.7
	Government employee	21,047	4.37
Occupation	Private employee	4,708	0.98
	Self employed	41,681	8.66
	House wife	199,108	41.38
	Student	55,493	11.53
	Farmer	128,112	26.62
	Daily laborer	24,880	5.17
	NGO employee	815	0.17
	Other	4,153	0.86
	Information not disclosed	22,614	4.7
	Survivor with physical disability	23,301	4.84
Physical disability status	No reported physical disability	435,286	90.46
Disability	Information not disclosed	22,614	4.7
	Disability acquired during the war	11,633	2.42
Occurrence	Pre-existing disability	11,607	2.41
	Timing not reported	61	0.013
Mental Illness	Survivor diagnosed with a mental health condition	20,177	4.19
Diagnosis	No reported mental health diagnosis	438,410	91.11
	Information not disclosed	22,614	4.7
Mental Illness	Mental illness acquired during the war	11,782	2.45
Occurrence	Pre-existing mental illness	8,349	1.74
	Timing not reported	46	0.01

Source: CITG 2022, 2023

Note: mental illness occurrence is asked for survivors who are diagnosed with a mental health condition.

This report has participants from all age groups that range from stories of 1 a 1-year-old child up to 99 years old. The majority of the participants were between the ages of 15 and 39(59.6%), followed by those 50 years old and above, who constituted 23.9 of % participants.

The report has reached out to Ethiopians and Eritreans as the target group for the report. The Ethiopians constitute 95.29% while Eritreans make up 0.004% of the target population. With regard to the inclusion of ethnic groups, it covered all the ethnic groups in Tigray and other Ethiopian and non-Ethiopian ethnicities. Accordingly, the dominant participant, the Tigrayan Ethnic group, constitutes 92.16% of the target population. The participants from the Kunama and

Irob ethnic groups amount to 0.02% and 3% respectively. Other Ethiopian ethnic groups residing in Tigray were also part of the report, making up 0.13% of the total participants.

Regarding marital status, the majority of participants, 282,664 (58.74%), were married at the time of the survey. Unmarried and divorced women also constitute 16.39% and 12.6% of the survey participants, respectively.

The report also assessed the educational status of the participants. In view of this, nearly half of the participants, 216,019 (44.89%), were unable to read and write, followed by participants who attended primary school, 95,184 (19.78%), and secondary school, 92,447 (19.21%). Occupation-wise, it has been documented that those women and girls who depend on farming, 128,112 (26.62%), take the dominant position of the participants.

This report also indicated the physical disability and mental health problems of women and girls in Tigray. In this report, 23,301 (5%) of the participants had physical disability. From this, 49.92% physical disability occurred after the onset of the war in Tigray. Additionally, 4.2 % (20,177) participants reported that they have known and diagnosed mental illness, where 58.39% reported this problem occurred after this war.

4.2 Prevalence of Sexual and Gender- Based Violence

The war that has erupted in Tigray has been renowned as one of the deadliest wars defined by extreme levels of gender-based violence (GBV).³⁹ Women and girls in Tigray experience brutal and extensive human rights abuses. According to experts' estimation, at least 40-50% of women and girls in Tigray have suffered GBV.⁴⁰ This report has also come up with nearly similar findings. The overall GBV magnitude is found to be 286,250 (59.5%). Among these survivors of GBV, 166,621(58.2%) reported experiencing sexual violence. Participants reported that they were experiencing all forms of SGBV, namely psychological violence, denial of basic resources and services, forced marriage (sexual slavery), sexual assault, physical assault, and rape. Notably, 9,9408 survivors (34.73%) reported suffering from perpetration of multiple forms of violence, three or more types of SGBV incidents occurring simultaneously (Table 2).

³⁹ Wilson Center, (2023) Africa Up close Gender-Based Violence and the Tigray Conflict in Ethiopia: A Path to Accountability and Resolution available at <https://www.wilsoncenter.org/blog-post/gender-based-violence-and-tigray-conflict-ethiopia-path-accountability-and-resolution> last visited on September 14,2025

⁴⁰ Ibid

Table 2. Sexual and Gender Based Violence Prevalence (N=286,250)

Type of Violence Experienced	Survivor Count	Proportion of Survivors (%)
Emotional violence	156,867	54.80
Denial of services	156,329	54.61
Sexual slavery	21,117	7.40
Physical assault	104,275	36.43
Sexual assault	66,792	23.33
Rape	152,108	53.14
Sexual violence	166,621	58.20
All types of GBV	8,896	3.11
At least three types of GBV	99,408	34.73

Source: CITG 2022, 2023

Note: Survivors were asked to report experiences of violence. Categories reflect reported harm and may overlap. 'Sexual violence' includes rape, sexual assault, and sexual slavery. 'All types of GBV' indicates survivors who experienced every listed form.

Considering the specific violence perpetrated on women and girls in Tigray, 156,867(54.8%) participants reported experiencing psychological violence. In-depth interviews conducted with survivors and the key informant interviews have confirmed that verbally abusive and emotionally harmful behaviour specifically targeting their Tigrayan identity and gender has been inflicted on women by the perpetrators.⁴¹

This report has also revealed that 156,329(54.61%) of the SGBV survivors have suffered denial of basic services/. Survivors have stated various reasons for the denial of health services. The majority of the survivors (66.2%) mentioned destruction of health facilities as a key barrier to obtaining health services. In comparison, 36.5% have reported that service was denied due to the unavailability of personnel in the health facilities. Still, 25.4% of the survivors share that the presence of the perpetrators in the health facilities has prevented them from getting medical support. Security problems, financial and transportation problems stemming from the war in Tigray have contributed to 26.8% and 20.21% of the denial of health services. 6% of the survivors also have reported that access to health services was prohibited by the perpetrators (Figure 1). Key informant interviews have also indicated that the survivors were intimidated to death by the armed perpetrators from visiting health facilities.⁴²

⁴¹ Key informant interview with Sister Tsehaynesh G/hiwot, Health professional at Wukro Hospital on July 08,2022 and Genet Hadgu, health extension worker in Hahyle Health Facility on August 14, 2022

⁴² Key informant interview with Dr. Adonay Hans, medical doctor in Wukro Hospital on July14,2022

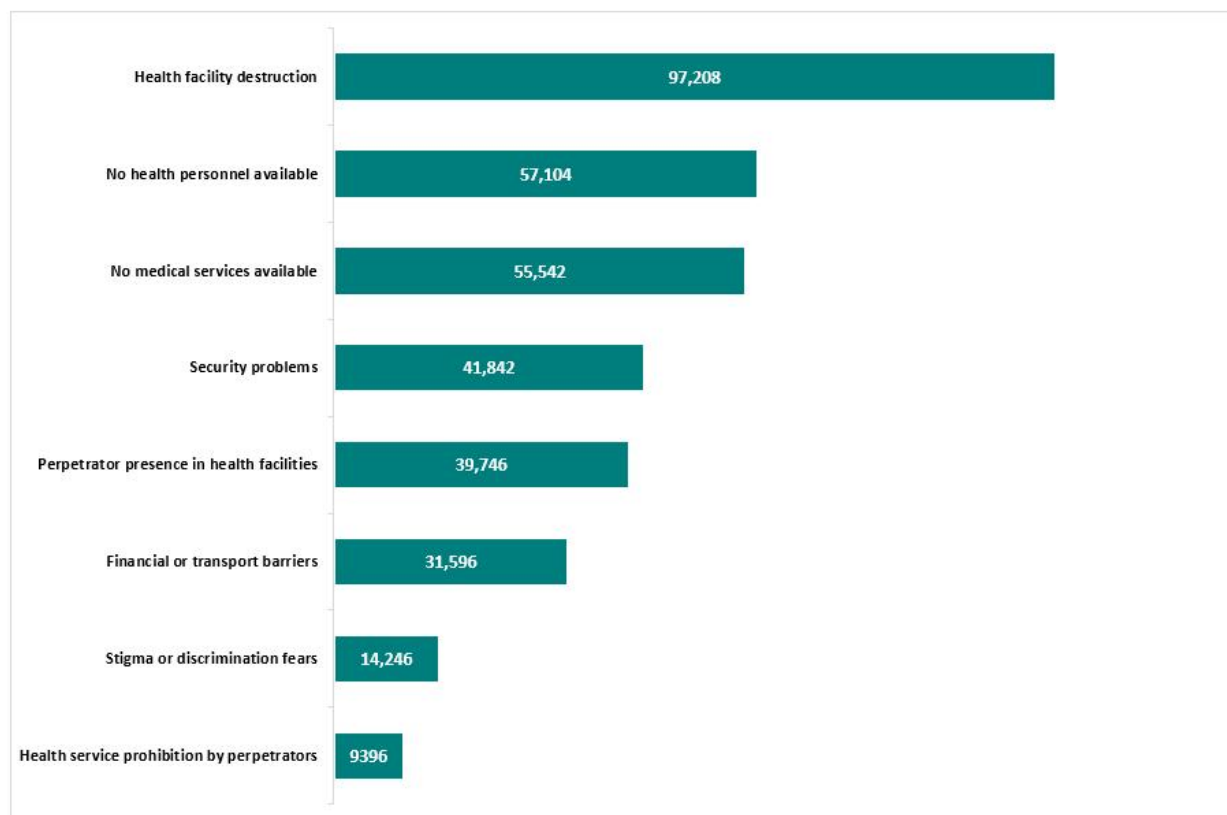


Figure 1. Causes for Denial of Health Services to SGBV Survivors (n = 156,329)

Another major form of violence inflicted against women and girls in Tigray was physical assault. Among participants of GBV survivors, 104,275 (36.4%) experienced physical assault. This physical assault ranges from body injury up to serious physical violence that leads to temporary and permanent disability and even to death. Specifically, 59,838(57.38%) of the respondents were beaten by the perpetrators, while 40,129(38.48%) reported the physical assault using a military weapon/gun. Still, 975(0.93%) women and girls reported that the perpetrators had poured chemicals on their bodies. In this report, relatives of 529 victims reported the death of the women and girls due to the physical assault coupled with unbearable gang rapes and sexual slavery inflicted by the perpetrators (Figure 2).

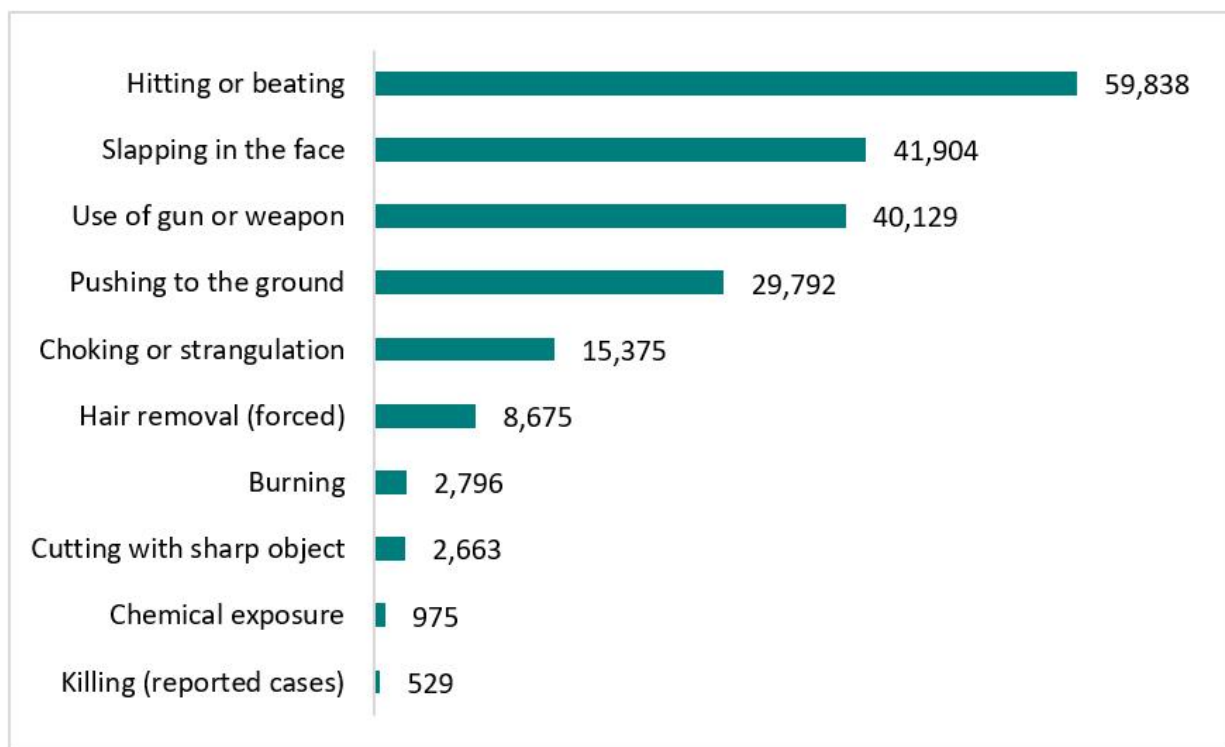


Figure 2. Forms of Physical Violence Reported by Survivors (n = 104,275).

Survivors reported multiple forms of physical violence. Hitting, slapping, and weapon-related harm were most common. Categories are not mutually exclusive.

The report also found that 166,621 women and girls have survived sexual violence. Among these sexual violence survivors, sexual assault accounts for 66,792 (23.33%) of the total SGBV incidence and 40.1% of the sexual violence incidence. The survivors reported various forms of sexual assault such as rape attempt (73.5%), forced kissing (25.6%), fondling (22.4%), and touching at breast, vagina/pines, buttock (41.3%).

Forced marriage is also another feature of the sexual violence endured by women and girls in Tigray. With regard to forced marriage, some contend that it most closely resembles the crime of sexual slavery. In contrast, others assert that forced marriages are multi-layered acts that involve both sexual and non-sexual components and expose victims to repeated sexual, psychological and physical abuse over time.⁴³ Forced marriages often encompass elements characteristic of sexual slavery, including non-consensual sexual intercourse and deprivation of liberty. But it represents marriage entered without securing free or valid consent of one or both of the partners

⁴³ Victoria May Kerr, (2020) Should Forced Marriages be Categorized as ‘Sexual Slavery’ or ‘Other Inhumane Acts’ in International Criminal Law? Utrecht Journal of International and European Law Vol.38 p.2

and involves either physical or emotional duress.⁴⁴ In view of this, marriage is entered exclusively as between only two of the intending spouses. The Extraordinary Chambers in the Courts of Cambodia held that, unlike sexual slavery, forced marriage implies a relationship of exclusivity between the “husband” and “wife”.⁴⁵ The hallmark of forced marriage is the exclusivity of this forced conjugal union imposed on the victim.

Coming to the report findings, among the sexual violence survivors, 21,117 (12.67%) have reported that they have experienced forced marriage. However, unlike the case of forced marriage, where a relationship of exclusivity is at its center, the finding indicates the participation of more than one perpetrator. 62.6% of the survivors claimed that they were forced to have a marital relationship by multiple perpetrators, with numbers ranging from 2 to 50 armed perpetrators. This finding portrays that the survivors were not subjected to forced marriage, but rather sexual slavery.

Neither does the case of the remaining 34.4% of the respondents claiming to have been subjected to forced marriage indicate the same. Further analysis made based on the duration and place of the incidents reveals that significant cases do not meet the fundamental criteria of forced marriage. Instead, the circumstances more closely align with the characteristics of sexual slavery. Places like bushes, educational institutions, hotels, farms, checkpoints, work places, and even safe houses were reported as locations of the incident. These places can never be places for forced marriages, and are clear indicators of the perpetuation of sexual slavery.

Among the reported locations, the most probable place where forced marriages could happen is the perpetrator’s residence or the survivor’s residence. There are some cases reported that happened in the place of residence of the survivor and that of the perpetrator; however, the duration of the incidents does not show longer durations of time, which can imply the presence of forced marriage. The durations of most cases range from hours to days, and it is not proper to validate incidents that last only for hours or for weeks, as forced marriage, the clear restriction of liberty and the sexual enslavement of the victims should correctly be named as sexual slavery.

⁴⁴ Cheryl Thomas, (2009). Forced And Early Marriage: A Focus on Central And Eastern Europe and Former Soviet Union Countries With Selected Laws From other Countries.
https://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert%20Paper%20EGMGPLHP%20_Cheryl%20Thomas%20revised_.pdf last visited on September 14, 2025

⁴⁵ ICC caselaw database, (2016), Decision on the confirmation of charges against Dominic Ongwen available at <https://www.legal-tools.org/doc/5f1178ffc0381207d12cfc33>

The in-depth interviews undertaken with survivors also indicate that a number of women and girls were subjected to sexual slavery. The following case shares the experience of a survivor⁴⁶ suffered from sexual slavery in different places;

It was on March 2, 2021, at 2:00 p.m., that Sosina was with her mother and grandmother. Eritrean soldiers came to the grandmother's house and took her, tying her hands behind her back, into the bushes. She stayed there tied for a week while being raped by 15 soldiers. Besides rape, they tortured her in different parts of her body to the extent that she could not control her body. A week later, they took her to another place where she stayed for three days. They again tortured her and told her to go on foot, but she was not able to recognise herself, let alone walk. Her leg was bleeding. Then, after that, they took her to Mekelle, where she stayed locked behind a house made up of containers for two months with other women who had come from different places.

Still another survivor, Almaz ⁴⁷ recounts that she was kept as a sexual slave and tortured in the Dejen Regional Administration office by ENDF soldiers. Almaz narrates that she came to Mekelle to see a doctor. At the time she came, the Orthodox church had already declared three Fasting and praying days, and everything was closed. She did not have money for a hotel and she tried to make a phone call to relatives in Mekelle to stay there; unfortunately, the network could not work for her. While she was in such a situation, a young man was helping her, and the moment he saw the ENDF soldiers in commando uniforms approaching towards them, he ran away. The soldiers asked her who the guy was. She said that she didn't know him and was just helping her make a call. They said he must be a spy and took her to the regional administration office, Dejen building or the Tigray Regional State president's office. They detained her in the kitchen. They shaved her hair and brutally tortured her, causing her front teeth to be broken. They intimidated her to tell the truth, but she said she knew nothing, and they told her, "We do not believe you, as all Tigrayans are liars. We don't believe that Meles Zenawi is dead, even if we saw his skeletons". They took her to a chat and shisha class and rendered her intoxicated. They gang-raped her by taking turns for sixteen days. She remembers there were around 30 perpetrators. During her stay in detention, she was urinating in a container for days, and after it became full, they ordered her to drink it. She was left with no other option other than drinking the urine collected for such days. As a result, her liver has been injured. She also developed a

⁴⁶ CITG in-depth interview with a survivor in August 2022

⁴⁷ CITG in-depth interview with a survivor in August 2022

fistula. Her back was seriously injured. Psychologically, the woman who travelled to see a doctor is in a serious traumatic condition.

Another 16-year-old girl, Simret⁴⁸ recounts the sexual slavery she has endured in the course of displacement from Western Tigray. Following the beginning of the war on Tigray, the Fano forces occupied Humera and started killing innocent civilians. At that time, Simret was playing with her friends, everybody was escaping Humera, and she immediately joined those who were escaping towards the North-western Tigray. There was no time to return home and say goodbye, and she continued escaping with the people she did not know before. Unfortunately, Simret and some of them were so tired that they could not make it and had fallen into the hands of ENDF soldiers. The soldiers took them to the camp within the bush; five of them were women. They tied her hands and legs to the tree. Similarly, they tied the other girl's hands and legs and the remaining three girls' hands and started raping them all. They raped them via the vagina and mouth for three days. Additionally, the soldiers were stabbing them with their shoes and the butt of their arms; they even slit Simret on her face using a sharp stone. Three days later, the three women whose hands had only been tied were transferred to other perpetrators who were passing through a car. The cruel acts continued with Simret and the other girl for an additional three days until the TDF approached to control the area. It was following such a moment that the soldiers left them and escaped. But, during their escape, they have murdered the boys who were caught with Simret and who have been subjected to brutal and inhuman treatment, including being forced to see the sexual abuse of the girls and forced to drink the soldiers' urine. After all these egregious abuses, Simret is carrying a child from the perpetrators, suffering from nerve problems that might paralyse her. Beyond that, she is suffering from severe mental health problems that she tried to commit suicide three times; though she was saved with the support of the people around her.

The other and most common form of sexual violence perpetrated on women and girls in Tigray was rape. The report depicts that the perpetrators have raped 152,108 women and girls in Tigray. This figure represents 53.14% of the GBV and 91.3% of the sexual violence perpetrated. The report further demonstrates that around 70% of the survivors were subjected to multi-perpetrator rape involving 2-50 perpetrators (Figure 3).

⁴⁸ Berhan G/kirestos and Sister Mulu Mesfin(2022) Stories from sexual and gender-based violence survivors, p26

The weaponised rape inflicted on Tigray women and girls affects all segments of the population indiscriminately. It was inflicted against children, women in reproductive and productive age and aged women ranging from 2-88 years of age. Figure 3 clearly demonstrates that 2058(1.38%) of the rape survivors are minors under the age of 15. Consistent with this quantitative finding, the in-depth interviews undertaken with survivors and caregivers of victims indicate that minors have suffered merciless gang rape at the hands of armed perpetrators. The following case studies present how 9-year-old and 13-year-old minors have been raped and murdered by the perpetrators.

It was on March 23, 2021, Alganesh⁴⁹ has left her home towards Agew, escaping the insecurity around her village. On the way to Tekeze Dam, around a place called Jijqe, an active battle broke out, and everyone around started running away and scattered to hide. Many women, children, including Alganesh, hid in a very deep and long cave where, unfortunately, ENDF and EDF soldiers came in two lines. Everyone got terrified, including a lost little girl around 9 years old who was stuck with Alganesh. Alganesh recalls that when the little girl saw the soldiers, she was so terrified that she caught her dress so tight and wouldn't let go. After that, one of the old EDF soldiers snatched her off Alganesh threw her to the ground, stepped on her and started raping her mercilessly while all the people around were watching. The little girl started screaming, and Alganesh begged him to spare her. Alganesh recalls that the little lost girl started bleeding and had rectal prolapse immediately. Unfortunately, the lost little girl sadly passed away on the third day of the incident.

Another survivor, Azeb⁵⁰ was escaping from the western Tigray to the northwestern zone together with her family as everyone was running away to the wilderness to escape the attack. But after walking for four hours, they were caught by EDF soldiers. The soldiers were brutally beating and raping the women and girls fleeing. Azeb, as a Tigrayan woman, could not be an exception, and four of the soldiers caught her and instantly started beating and gang raping Azeb. Unfortunately, she also witnessed her 13-year-old daughter being taken and brutally raped by another gang of EDF soldiers, where the little girl died in the incident.

⁴⁹ CITG In-depth interview with a survivor on June 22, 2024

⁵⁰ CITG In-depth interview with survivor on June23,2024

Though rape has been perpetrated across all age groups, the report presents that women and girls in the productive and reproductive age were the most targeted ones. It provides (134,459) 90.37% of the rape survivors willing to share their age fall within the 15-49 age groups; proving the very contention that violence was inflicted on women and girls in Tigray to prevent reproduction among the Tigrayan bloodline (Figure 3).

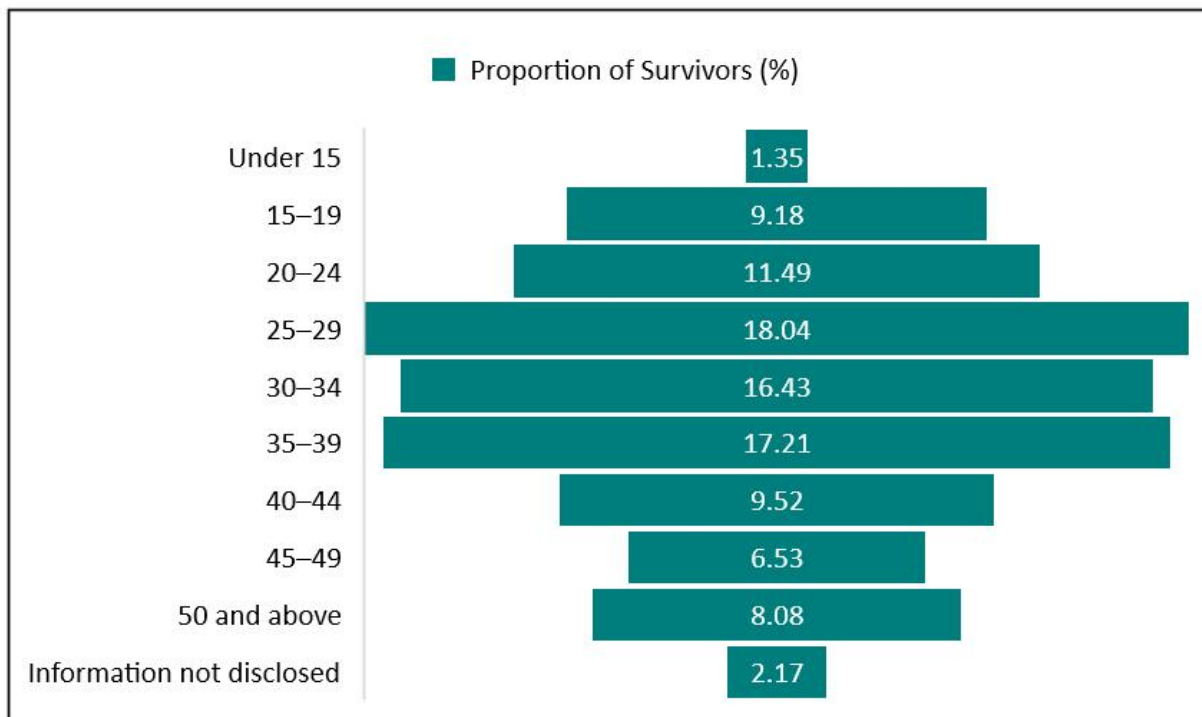


Figure 3. Age Distribution of Survivors who Reported Rape (n = 152,108).

The figure shows age-related patterns in rape disclosures. Survivors aged 25–39 account for the majority, while adolescents and older women also report significant vulnerability.

4.3 Routes of Penetration and Insertion of Foreign Objects

This report also assessed the routes of penetration. Among the rape survivors, 62,508 (41.09%) have reported the route via which they were raped. Accordingly, 54,129 (86.59%) reported vaginal penetration, 9,146 (14.6%) reported oral penetration, and 3454 (5.52%) reported anal penetration. 904 (1.44%) of the survivors reported being raped via all routes (vaginal, oral, and anal) (Figure 4).

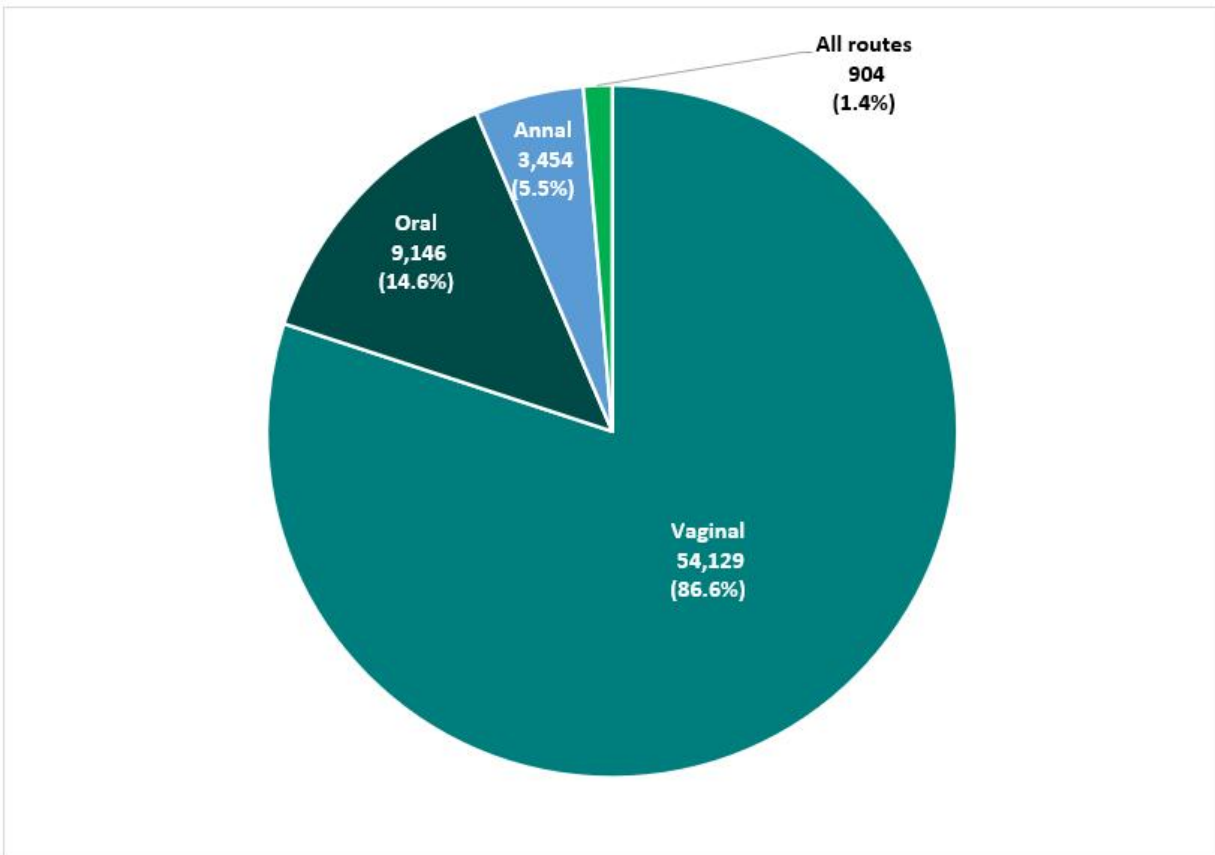


Figure 4. Reported Routes of Penetration among Survivors of Rape (N = 152,108).

Vaginal penetration was most frequently reported, followed by oral and anal routes. A small number of survivors disclosed experiencing all three forms. Categories reflect self-reported experiences and are not mutually exclusive.

Beyond assessing the route of penetration, the report has also documented the insertion of foreign objects into the genitalia of survivors (Table 3). Various sources have unveiled the horrific acts of inserting foreign objects into the reproductive organs of the survivors. This report identified that 15,804 (25.3%) of the rape survivors who were willing to share their experiences regarding insertion of foreign objects reported that the assault involved the use of foreign objects. During the in-depth interview, survivors reported objects like Razor/blade, Knife (military tool), Sand, hard soil, tissue pepper, condom, nail, sharp metallic materials, stick, rough stone, dirty cloth, rubber, and plastic, where foreign materials were commonly inserted into the vagina and anus of the victims. The following are objects reported by participants or recorded in the healthcare provider's testimony.

Table 3. Reported Insertion of Foreign Objects During Sexual Violence and Alleged Perpetrator Identity

Type of Object	Description	Perpetrator(s)	Implications
Sharp metal fragments	Broken razor blade, metallic shards	EDF, Fano	High risk of internal injury; requires surgical intervention.
Bladed weapons	Knife, a military weapon	ENDF, EDF, Fano	Indicates militarized sexual violence; indicates war crimes classification.
Soil-based materials	Sand, hard soil	ENDF, EDF, Fano	May cause infection and internal abrasion; linked to humiliation.
Contaminated items	Used tissue paper, dirty cloth, used condom	ENDF, EDF, Fano	High risk of infection; reflects intentional degradation.
Household items	Nail, stick, plastic bottle cap	ENDF, EDF, Fano	Penetrative trauma; may reflect opportunistic violence.
Natural elements	Rough stone, dead snake	EDF	Symbolic and physical harm may indicate ritualised abuse.
Liquids	Boiled water	EDF	Severe internal burns; requires emergency medical care.

Source: CITG 2022, 2023

Note: Reported objects were disclosed by survivors or documented through medical/legal examination. Alleged perpetrators are listed based on survivor testimony. Categories are grouped by object type and clinical severity.

In relation to the insertion of foreign objects into the genitalia of survivors, Akberet⁵¹ shares that it was in December 2020, the survivor was getting back home from church. On her way back, three EDF soldiers were sleeping on the hay around. One of them called her and came rushing to her. Then he asked her for food and water and followed her into the house. The others did as well. When they entered the house, the survivor saw one of them holding a snake. She was terrified by the scene and wondered why he held it. Then, as she tried to give them water, one of them caught her and tackled her to the floor. Though she told them that she had HIV, they started raping her on the floor. Then she felt unconscious when the second one started raping her, and she didn't know if the third one raped her as well. When she came to consciousness from the situation she was in, she found a dead snake inserted into her womb, which she pulled out.

Mieraf, 50 a 50-year-old survivor, narrates that ENDF soldiers have inserted various foreign objects into her vagina after sexually enslaving her for 25 days.⁵² Mieraf, a nurse who works in a public health facility, travelled to the central zone of Tigray for official duties. Unfortunately, the

⁵¹ CITG in-depth interview with a survivor in June on, 23 2024

⁵² Supra at note 48, pp 56-61

war in Tigray has erupted, and the ENDF has taken control of the Woreda where she was staying. Then she decided to stay with one of the farmers who had known her some time before. It was on November 23, 2020, around 20 armed ENDF soldiers entered the farmer's premises and took her via vehicle to a certain hospital they used to use as a camp. They interrogated her to tell them where they could find Debretsion and Getachew. The moment she replied that she did not know, one of the soldiers stabbed her with a bayonet, sticking her hand to a table, and also cut her thigh while another soldier had pricked her eye with a wood. They were not satisfied with torturing her physically, and they continued raping her for 25 days until they inserted a rusted metal bar, soil and thorns into her vagina and threw her on the highway. The foreign objects were removed from her genitalia after a year in November 2021.

Another 27-year-old survivor⁵³ also recounts that six EDF soldiers have gang raped her and inserted nails, rusted metal screws, nail clippers, and two letters wrapped with a plastic. These foreign objects were removed from her womb with the help of a medical procedure after two years since the insertion of the various foreign objects.



Clinical Evidence of Foreign Object Insertion, April 2023. De-identified image documenting foreign object insertion. Included to support forensic findings and survivor testimony. Use is restricted to authorised case review.

⁵³ CITG in-depth interview with a survivor in July 05, 2025

4.4 Rape against pregnant, Lactating women and Religious Women

Pregnant and lactating women also could not escape the endurance of gender-based violence during the war on Tigray. The quantitative report indicates that 9.9% of the survivors were pregnant, while 16.9% were lactating women during the incident. Despite this fact, the perpetrators mercilessly attacked them. A 45-year-old survivor from the western zone recaptures that she experienced gang rape in March 2021 by 7 EDF perpetrators while she was 9 months pregnant. She experienced the gang rape in a place named Adi-Tsetser while she was fleeing to Shire. One of the perpetrators, the female soldier, compressed her abdomen, causing her lasting pain. As a result, the survivor gave birth to a stillborn baby.

Azmeru, a 28-year-old survivor from Bora, also shares her lived experience as follows.⁵⁴ On March 12, 2021, three EDF soldiers brutally raped her while she was two months pregnant. As a result of the gang rape, she experienced miscarriage of the pregnancy, and she was bedridden for about a month.

The EDF soldiers have also gang raped and pulled out the fetus from the womb of the mother.⁵⁵ On January 24, 2021, EDF soldiers' gang-raped a 35-week pregnant woman. However, the perpetrators never satisfied with raping her for hours. One of the soldiers inserted his hand down into the womb of the woman and pulled out the fetus. Similarly, the Telegraph published that "Amhara militia men have cut the heads of four children out of their mothers's womb".⁵⁶

The in-depth interview conducted with survivors also depicts that lactating woman have suffered sexual violence in the early stage of postpartum. It was in 2020, Rahel⁵⁷ was in her early postpartum phase (three days since she gave birth to a baby girl) and was in her house with her children. At around 6:00 P.M a member of the Amhara forces suddenly entered her home. He broke her hand and leg and raped her in the presence of her children. Mercilessly, he also squeezed the newly born baby girl to death. As a result, Rahel was subjected to serious depression and painful times due to the physical harm she sustained.

⁵⁴ CITG in-depth interview with a survivor in June 2023

⁵⁵ Muauz Gidey & Mulugeta Gebrehiwet, (2024) "Your Womb is our Enemy!" The Rape of Tigray as Genocidal Rape, *Journal of BRICS studies (JBS)* 3 (1) 2024 p.48

⁵⁶ Will Brown, Ethiopia's civil war 'We left them to die in their hospital beds. I don't know how I will face God'(The Telegraph 21 November 2020)

⁵⁷ CITG in-depth interview with a survivor on June 27,2022

Another 27-year-old survivor⁵⁸ From Woreda Gulo Mekada was also subjected to gang rape by six EDF perpetrators on December 23, 2020, while she was in her seven days post-partum after giving birth to twin daughters.

The nature of the weaponised rape perpetrated in Tigray could not spare nuns and religious mothers. ACI Africa Reported that Catholic Nuns, who devoted their life for spiritual service, were subjected to sexual violence on the hands of Eritrean troops.⁵⁹ In the same vein, ENDF soldiers have also committed rape on a nun serving in the orthodox monastery. A 77 years old Nun Weletegebriel, testifies that the ENDF soldiers have subjected her to sexual slavery for two weeks. She narrates, the soldiers were coming frequently and searching the monastery including the bed rooms of the nuns. On February 21, 2021, she was fetching fire wood in the bush within the monastery. In the meantime, three ENDF soldiers, two of them armed, came into the monastery and took her via a vehicle to a place they used to use as a camp. Though she begged them to spare her in the name of God and was crying, the ruthless soldiers ignored her. They locked her in a certain room raping her for solid two weeks. Ultimately, they threw her on the highway outside the camp. As a result of the sexual abuse, she is infected with HIV and forced to take regular medication. She also is suffering from mental illness

4.5 Sexual Violence against Boys and Men

Though women and girls in Tigray were primarily targets of gender-based violence, boys and men were also subjected to sexual violence. In this regard, it has been documented that those young men have experienced sexual violence, though they were reluctant to help or even acknowledge their experiences due to immense stigma and revictimization.⁶⁰ In the same vein, the in-depth interviews have also testified that men and boys were sexual targets of the perpetrators, but it remained covered, though. A 27-year-old survivor, Haile, recounts his and his friends' experience of sexual violence. It was on June 19, 2021, that Haile was worried about the whereabouts of his sister as everybody was escaping here and there due to the war in that area. On his way to look for her, the ENDF and Fano forces stopped him and five other young men.

⁵⁸ CITG in-depth interview with a survivor in July 05, 2025

⁵⁹ Association for Catholic Information in Africa, (2021), Catholic Nuns among rape victims in growing Military Brutality in Tigray, Ethiopia available at <https://www.aciafrica.org/news/3593/catholic-nuns-among-rape-victims-in-growing-military-brutality-in-tigray-ethiopia> last visited on October 12, 2025

⁶⁰ Rita Kahsay (2024), In Plain Sight, Seeking Justice for Sexual Violence in the Tigray War, 2nd ed, p.104

Then, they took them to the nearby school where they camped. Then they tied their hands to their backs and started beating them with sticks and interrogating them if they were TDF members. Though the young men told the soldiers that they were civilians, they continued torturing them. Later, they started gang raping them all anally and orally in just one room. They repeatedly raped and tortured them from around 10:30 am to 5:00 pm. Then, after the TDF ambushed them and started taking control of the area around, the perpetrators shot four of the young men to death and didn't have the time to finish them all, and luckily, two of them survived. However, Haile has already lost the confidence he once had due to the incident. Due to the poor appetite for sexual relationships, he has manifested after the assault, his wife left him and married another man, though she knows nothing about the incident. At the time of the interview, Haile was in a serious traumatic situation, which was likely to leave scars for a long time.

The armed perpetrators could not even have the mercy to physically and sexually assault a little boy of 1 year of age. His mother, Mihret⁶¹ recounts that in November, she escaped Mekelle to the village where her parents were living in fear of the heavy artillery bombardment in Mekelle. Unfortunately, the place she thought was safer has turned out to be a battlefield where the ENDF and EDF have already established their barricades. On December 16, 2020, the soldiers were searching door to door and killing young boys when they arrived at her family's house. In the middle of the harrowing events, around 7 EDF soldiers started raping this lactating mother of a one-year-old baby boy. They tied her hand back, all raped her, shot her with a gun as a response to the objection she manifested to save her cousin from being raped by them and also, they mutilated her vagina with a sharp stone and material used for reaping cactus at three places. In the course of the assault, her little baby boy was approaching the survivor, calling her mom. One of the perpetrators beat the little boy on his posterior neck with the butt of the gun and raped him via his anus and threw him to the material used for cattle feeding. As a result, the little boy is paralysed so that he cannot eat, move or understand things. When Mihret took her child to a health facility for medical support, she found another survivor whose three-year-old son had been raped by armed perpetrators.

⁶¹ CITG In-depth interview with a survivor on September 3, 2025

Another 16-year-old boy was raped by EDF soldiers in Humera, who ultimately killed himself.⁶² Key informant interviews also confirmed that Tigrayan men were subjected to sexual violence by the armed perpetrators.⁶³

4.6 Number of perpetrators involved and area of the incident

The report has assessed the number of perpetrators involved in inflicting gender-based violence. In view of this, 177,063 (78.57%) of the violence was perpetrated by multiple perpetrators. Figure 5 clearly indicates that 50,742(22.5%) of the gender-based violence has involved two perpetrators. (44,700) 19.8% of the GBV was inflicted by three perpetrators, while 18,992(18.1%) of the survivors reported that the violence involved more than five perpetrators. Besides, in this report, 0.62% of the survivors have reported a maximum of 50 perpetrators committing GBV on a single survivor. In line with the quantitative report findings, the in-depth interviews reveal that survivors were subjected to sexual slavery by up to 30 perpetrators.⁶⁴

Atsede, 21 years old, a survivor, recaptures that on December 20, 2020, the EDF, more than 30 EDF soldiers, besieged her and her mother while they were harvesting the produce. All the perpetrators raped Atsede taking turns in the presence of her mother.

With regard to the frequency of incidents, SGBV survivors claim that they have been subjected to violence multiple times. Figure 5 clearly depicts that close to half, 48,279 (49.5%) of SGBV survivors have been subjected to violence only once. In comparison, 50,742(21.3%) of them have suffered violence twice, 18,329(12.8%), and 16.4% of them declared that they have experienced GBV 3 and 4 times, respectively. Though 30,146(53.7%) of rape survivors reported violence endured only once, 11,371(18.4%) of them have been raped four times.

Similar to the quantitative data, the in-depth interviews undertaken with the survivors revealed that survivors were subjected to GBV multiple times. Danayt⁶⁵, a 42-year-old survivor, shares her experience as follows. On November 24, 2020, three EDF soldiers stormed into her house

⁶²Dr. Denis Mukwege Foundation, the Hague, Netherlands, and Center for Human Rights, Gender, and Migration at Washington University, St. Louis, USA, (2022), Understanding Conflict-Related Sexual Violence in Ethiopia: A Case of the Tigrayan Conflict page 37-38

⁶³ Key informant interview with Mamit G/medhin, clinical nurse in Endabaguna Primary Hospital on August 12, 2022, Interview with Sister Mulu Mesfin, OSC coordinator in Ayder Referral Hospital on December 5, 2023

⁶⁴ CITG in-depth interview with a survivor in August 2022

⁶⁵ CITG in-depth interview with a survivor on July 3, 2024

and rape her for more than three hours until she became unconscious. Nearly on December 17, 2020, two other EDF soldiers raped her in her house. Unfortunately, Danayt was also raped on November 6, 2022, by two EDF soldiers. During the third incident, the perpetrators had inserted sand into her vagina.

Another 18-year-old survivor, Abeba, suffered gang rape three times. Following the onset of the war on Tigray, the ENDF took control of the Woreda Abeba was residing with her family. She fled to a place she thought was safer. To her surprise, the ENDF had already occupied the place, and she suffered brutal gang rape. As the place had turned into a battlefield and there was no health service around, she decided to visit Mekelle for medical services. On her way to Mekelle, 5 ENDF soldiers trapped and took her to their camp. They raped her for another two days while she was still recovering from the pains of the first incident. Then, after they threw her in the bush outside their camp. Abeba somehow managed to continue her way to Mekelle. However, she came across other ENDF soldiers, where she experienced multiple perpetrator rape for the third time. The perpetrators gang raped her the whole night and finally threw her out of the camp, where a farmer passing through had found and taken her to his house.

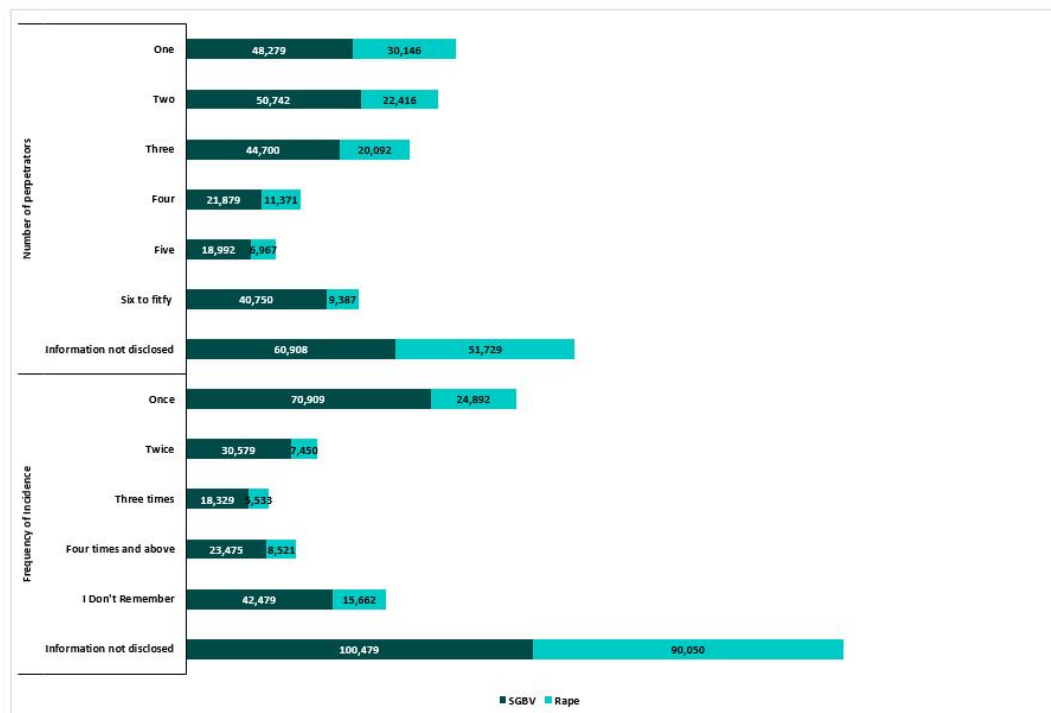


Figure 5. Number of Perpetrators and Frequency of SGBV and Rape Incidents.

Survivors reported experiencing violence from both individual and group perpetrators. Repeated incidents were common, with many survivors disclosing multiple episodes of rape or GBV. High non-response rates may reflect trauma, fear, or survey fatigue.

The Participants have also reported the incident location and specific places where this GBV was perpetrated. Accordingly, the GBV incidents mainly occurred in survivors' residences 129,229(84.95%). However, additional places were also reported as locations of the incidents. Such locations include streets/pathways, forests, hotels, public institutions, safe houses, bridges, farm lands, markets, religious places, vehicles, detention centres, and so on. This indicates that violence has been perpetrated everywhere, wherever the perpetrators got the chance to do so. This fact also indicates the widespread nature of the GBV incidents.

The case studies have shown that violence against women and girls in Tigray was inflicted even in religious places. The following testimonies recount that a church and the holy watering place within a monastery have been used as a place to perpetrate sexual violence.

A 30-year-old married survivor, Bri⁶⁶ shares that right after the ENDF soldiers caught her around the North western zone, they took her with other girls to the Church in Badme. They were using it as a military camp, and they put them in a bullet/ammunition room. They came one by one and raped them all many times a day for five days. Later on, the Eritrean military arrived at Badime town and the Ethiopian soldiers were moved to Mereb. They also moved us together with them to Mereb and continued to enslave them for an additional 10 days sexually. Finally, Ethiopian soldiers transfer the survivors as a gift to the Eritrean soldiers in Mereb, where the latter also sexually perpetrate them until they bring new girls to replace them.

Another 65-year-old survivor, Silas, also recounts her experience of sexual violence in the Holy Watering place, Endabakiros, found in the South East Zone. It was on December 30, 2020, that the ENDF had taken control of the area, and everybody was escaping in different directions. Silas also has managed to hide in the Holy watering place in the Monastery, hoping that they would not dare to enter the holy place. Unfortunately, four ENDF soldiers (3 males and one female) entered the watering place and started brutally beating her with an iron bar, causing serious physical harm to her hand. In addition to this, two of the perpetrators raped her via the vagina and anus while a lot of people were attending the incident. They raped her until she became unconscious, and she does not remember whether the third soldier raped her or not. As a result of the egregious incident, she suffered rectal prolapse and severe mental health problems,

⁶⁶ CITG in-depth interview with a survivor on August 2022

and she feels sick whenever she visits the monastery. At the time of the interview, she testifies that whenever she walks into distant places, she suffers from rectal prolapse.

Table 4. Reported Locations of GBV and Rape Incidents

Location Type	Specific Place	Survivor Count	Indicative Implication
Private spaces	Survivor's residence	129,229	Indicates door-to-door violence.
	Perpetrator's residence	3,871	Suggests captivity or coercion.
	Safe house	4,238	Breach of protection protocols.
	Hotel	1,754	Possible transactional or coercive setting.
	Farm place	2,871	Rural vulnerability during labor.
Public spaces	Street or pathway	21,296	Exposure during transit or displacement.
	Market center	1,196	Economic vulnerability in public space.
	Public toilet	1,158	Infrastructure-related risk.
	Bathing facilities/river sides	4,071	Risk during routine private activities.
	School	1,467	Breach of child protection.
Institutional spaces	Workplace	3,963	Risk of exploitation or coercion.
	Religious center	1,275	Breach of sanctuary and trust.
	Health facility	3,550	Violation of medical ethics.
	Prison place	1,096	Custodial abuse requiring legal redress.
	Military camps	3,904	Militarized sexual violence.
War-related	Checkpoint	3,538	Abuse linked to armed control.
	Bush or forest	11,900	Vulnerability during displacement or hiding.

Source: CITG 2022, 2023

4.7 Family members forced to witness and/or perform Sexual Violence

This report tried to assess the way in which family members of the survivors were forced to see and /or perform the incidence of sexual violence. Of the survivors of sexual violence, 76,496 survivors were willing to respond to the question as to whether family members were forced to witness the incident. 23.21% of these survivors reported that their family members were forced to see the incidence of sexual violence. With respect to this issue, Tirhas, a sexual violence survivor, shares her experience as follows;

“Following the outbreak of the war, Tirhas was displaced from her house (with her four children and her mother). She hides herself and her family members in a certain farmer's house. Two EDF soldiers were searching house to house and asked her if she was a member of Junta. After she replied to them negatively, they started beating her with a stick and also beat her clavicle with the butt of the gunfire where her clavicle was compressed and was bleeding on the mouth and nose. Beyond the physical assault, they also raped her via vagina and anus in front of her mother and four children.”

In addition, Figure 6 below portrays that a total of 46,721 survivors of sexual violence were willing to respond if their family member was forced to perform the violence. From these survivors, 10,500 (13.7%) responded that their family were forced to perform the violence. Similar results were identified in the in-depth interviews undertaken with the survivors. Family and relatives of rape survivors were forced to be involved in the incident. Here is a testimony of a 30-year survivor, where her husband and children were forced to witness the incident, while her brother was forced to rape his own sister.

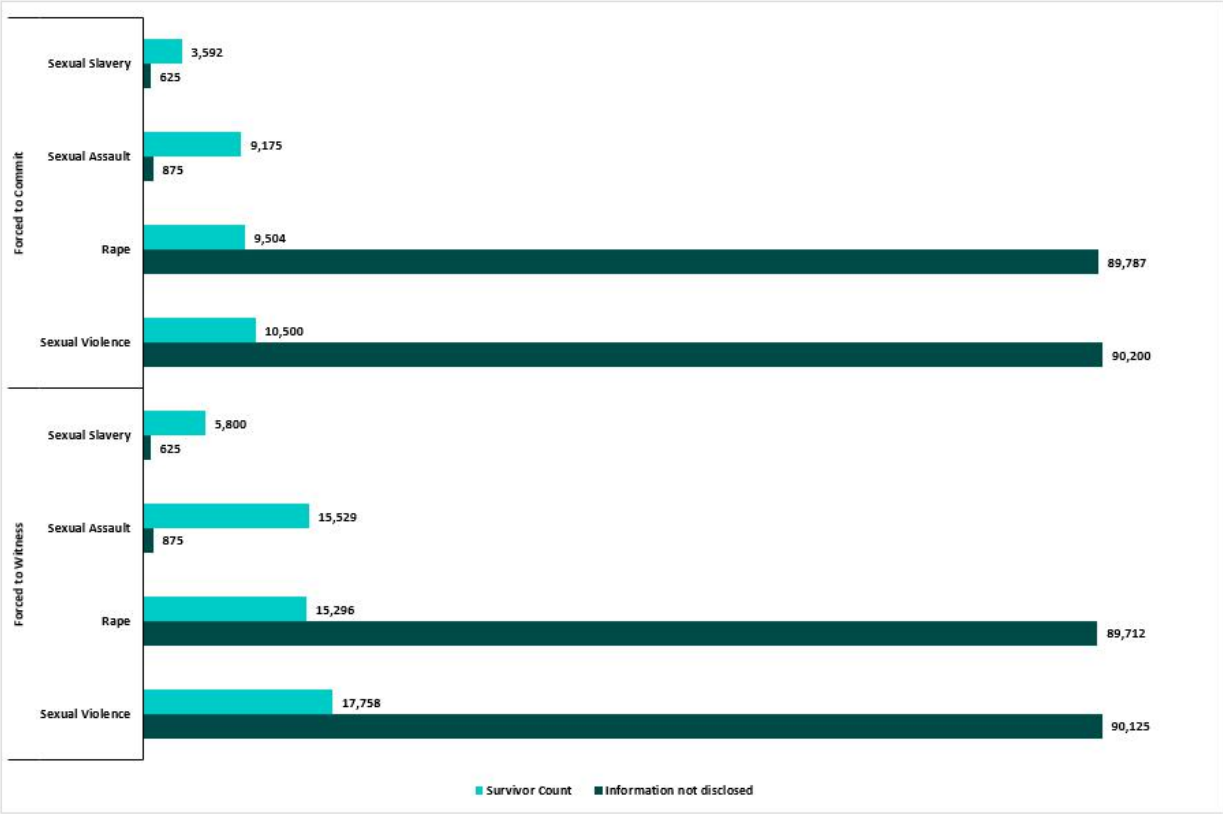


Figure 6. Family Members Forced to Witness or Commit Sexual Violence
Survivors disclosed incidents where family members were forced into witnessing or committing acts of sexual violence. These patterns reflect extreme psychological harm, coercion, and the breakdown of familial safety. High non-response rates may indicate trauma, fear, or stigma.

It was on January 14, 2021, that the survivor⁶⁷ was at home with her husband, two kids and her brother. One Eritrean and three Ethiopian soldiers came to the house and tied her husband to his back. Then they ordered her brother to rape her at gunpoint. Though the survivor, her husband and her brother have begged the perpetrators desperately, the perpetrators could not feel sympathy for them and continued their order to rape his sister. Her brother compulsorily raped

⁶⁷ CITG In-depth Interview with a survivor in December 2023

her for three hours following the instructions they gave him. After he raped her through her vagina, he continued doing it through her anus in the order of the perpetrators. Her husband and kids were also compelled to watch her being raped by her brother.

Then they took her to the military camp and held her as a sex slave for another 9 days until they left the area. She is exposed to HIV/AIDS, prolonged bleeding, fistula, her uterus protruding through the vagina, can't control urine and has swelling /mass in her uterus.

In situations where the family members refuse to rape their relatives, they will be killed, paying the ultimate price for rejecting the perpetrator's orders. Below is the testimony of a survivor whose brother was shot to death for refusing to rape his sister.

Brikti⁶⁸A 40-year-old woman was with her mother, children and brother at home when the 6-armed perpetrators entered her house under the guise of searching. They ordered her to sleep in front of all the family, then raped her, taking turns one after the other. They also ordered her brother to join them and rape me, but he said I would rather die than do the act, so they shot him to death right there in front of the family.

Abriha is a 40-year-old married woman who was residing in Woreda Tsegede. Following the onset of the war in Tigray, the Fano (Amhara forces) have taken control of the Woreda. It was on November 6, 2020, at 10:00 A.M, she was at home with her children and brother when six members of the Fano group arrived at her house. Then they ordered her oldest son to stand and witness beating her with the butt of the gun and raping her, yelling, “You Tegar, today is your last day”. Her brother was also witnessing all the happenings. After two of the perpetrators had raped her, they ordered him to rape their own sister. However, he refused to rape his sister, and they shot him to death. The perpetrators locked her and her children behind the doors without food and water; the dead body was inside. Throughout the three days, all 6 of the perpetrators were raping her, taking turns, while the eldest son was forced to stand and witness the happening. In addition, the perpetrators have refused to bury her brother, and it was three days later that she administered the burial of the corpse. As a result of the violence, Abriha is suffering from serious back pain, exposed to fistula, and HIV. She also testifies that the health physicians have informed her that she can no longer deliver a child. She is also suffering from the harrowing flashbacks of

⁶⁸ CITG In-depth Interview with a survivor in August 2022

the incidents. The physical, sexual and psychological violence rendered her bedridden for 8 months. At the time of the interview, she was taking mental health medications. Her son, who has witnessed the tormenting incidents, has also developed a mental health problem.

4.8 Enduring Consequences of SGBV

Health Consequences of GBV Survivors

The crisis in Tigray has resulted in severe negative consequences related to SGBV, profoundly affecting the lives of survivors, their families, and Tigrayans overall. Survivors of SGBV have reported a range of physical, sexual, and reproductive health problems. Common issues mentioned by survivors include gynaecological problems, obstetric complications, and other sexual health consequences. These health complications can be both short-term and long-term, significantly affecting the well-being and quality of life of the survivors.

Sexual and reproductive health consequences

This report has assessed pregnant and lactating women who have suffered SGBV and the reproductive health consequences of the violence. Among the SGBV survivors, approximately 18,312 (9.9%) were pregnant during the incident, and 31,217(16.9%) were lactating. Although these groups needed more protection and support, they were subjected to violence. The report has also assessed any sexual and reproductive health problems suffered following the incident. 192,133(67.12%) of the survivors responded to this issue, of which 47,679(24.82%) reported experiencing severe sexual and reproductive health problems following the incident. The most commonly reported reproductive health issues included menstrual disorders 22,983(48.2%), incontinence or fistula 14,558(30.5%), injuries to the genital, pelvic, rectal, or oral areas 14,129 (29.63%) and 1,713(3.59%) developed abortion related health consequences such as bleeding, infection and admission to health facilities to get service for the problems. In addition, 4,871(10.22%) of the survivors who suffer reproductive health problems experienced miscarriage of the foetus (Table 5).

Table 5. Sexual and Reproductive Health Consequences of GBV and Rape (n = 286,250)

Characteristics	Response	GBV	Rape
Pregnancy Status at Time of Incident	Pregnant	18,312	6,946
	No Pregnant	166,892	54,504
	Information not disclosed	101,046	90,658
Breastfeeding Status at the Time of the Incident	Breastfeeding	31,217	11,800
	Not Breastfeeding	153,987	49,650
	Information not disclosed	101,046	90,658
Reproductive Health Problems After Incident	Faced problems following the incident	47,679	39,158
	No problems following the incident	144,454	29,175
	Information not disclosed	94,117	83,775
	Genital, pelvic, rectal, and oral injuries	14,129	12,404
	Incontinence or fistula	14,558	12,550
	Unwanted pregnancy	7,867	7,550
Type of Reproductive Health Problems Reported	Miscarriage	4,871	3,608
	Unsafe abortion complications	1,713	1,375
	Menstrual disorder	22,983	18,054
	Pregnancy complications	2,313	1,867
	Infertility	271	204
	Pelvic pain & dysfunction	8,713	7,358
	Sexually transmitted infections	4,854	4,575
	Sexual dysfunction	3,979	3,454
	Others	4,308	617
Pregnancy after rape	Yes	13,483	13,483
	No	22,796	22,796
	Information not disclosed	115,829	115,829
Outcome of Pregnancy After Rape	Aborted	6,017	6,017
	Still Pregnant	1,613	1,613
	Gave birth	5,800	5,800
	Information not disclosed	54	54

Source: CITG 2022, 2023

Note: Survivors reported a range of reproductive health impacts, including injury, unwanted pregnancy, miscarriage, and long-term complications. Disclosure gaps may reflect trauma, stigma, or fear.

In-depth interviews have identified several reproductive health complications among rape survivors. These included miscarriage, HIV/AIDS and other sexually transmitted infections (STIs), diagnosed infertility, delayed conception, fistula, pelvic organ prolapse, urinary system problems, menstrual cycle abnormalities, and direct injuries to reproductive organs. However, the most frequently reported symptom was abnormal vaginal discharge characterised by various colours (red, whitish, yellowish, or pus-like), excessive or persistent flow, and a foul odour. The foul odour and excessive amount of vaginal discharge prevented survivors from engaging in daily interactions with others. This led to feelings of embarrassment and difficulty in socialising with the wider community and even with family members. As a result, many survivors were forced to wear sanitary pads regularly. Women who lacked access to sanitary products often isolated themselves to avoid being perceived as unclean or untidy. The following testimony is

given by a 30 years old survivor stating “... the discharge never stopped even for a single day; I also bled the whole month. I can’t be anywhere without a sanitary pad. I have worn it daily for the last two years. The vaginal discharge is colored, sometimes yellowish, sometimes mixed with blood, and has a bad odour.”⁶⁹

This survivor stated that she had been enduring the suffering for the last two years during the interview conducted with her in August 2022. However, in the situation where so many survivors have no means and access to standard medical treatment, one can easily imagine how much pain this survivor continued to endure. In fact, this is the testimony and painful experience of many other rape survivors as well.

Another deeply concerning result identified is the prevalence of HIV/AIDS among survivors of sexual violence. The data obtained from the one-stop centres in Tigray indicate that 6.4% of the survivors visited health facilities. This report has found, in a certain Woreda, that 26.32% of the rape survivors tested positive for HIV. Following the incidents, survivors were tested for HIV, and some were informed that they tested positive for the virus. This devastating news has led to a profound sense of hopelessness among many survivors. Although a few survivors have begun antiretroviral therapy (ART), the majority have not. This is largely due to denial about what happened to them or a pervasive sense of despair about their future. Many also lack access to adequate healthcare and support services, which further exacerbates their vulnerability.

The following quotes from interviews highlight the emotional and physical toll of living with HIV post-violence: “...people suggest that I go to a health facility. My neighbour used to tell me I was getting weak and I needed to go for a check-up. Then she took me to the health facility, the Doctor told me that ‘you have HIV’ [43 years old GBV survivor].”⁷⁰

Another survivor also said, “I have been very sick for the last 8 months; I cannot communicate with my mom and my daughter. Then I suspected myself and approached a small clinic, then I did the test, then they told me that HIV was found in my blood. First, I hesitated to take the

⁶⁹ CITG in-depth interview with a survivor in August 2022

⁷⁰ CITG in-depth interview with a survivor in August 2022

medication, but later I started it. But now I stopped the medication (ART drug) because I am not feeling well, even, I have no food to eat with the medication. [33-year-old woman]⁷¹

Urinary incontinence and Fistula: Another common problem reported is difficulty holding urine and an inability to control urination, accompanied by a burning sensation during urination. Additionally, uncontrollable leakage of discharge, believed by participants to be a fistula, was reported by 30.5% of survivors whose sexual and reproductive health had been affected.

Many women affected by the crisis in Tigray have developed fistula as a result of coital trauma, sexual violence, or deliberate severe harm to the genital organs using foreign objects. As a consequence, they have experienced various complications, the most commonly reported being urinary and/or faecal incontinence. Other complications include malnutrition, poor personal hygiene, inability to work, social isolation, depression, anxiety, and other mental health issues.

A 42-year-old IDP resident in one Woreda in Tigray explained what happened to her as follows, “... the perpetrator inserted a sharp object into my genitalia, which caused me severe injury. This injury, particularly on the walls between my vagina and rectum, created an opening. After that, I have developed difficulty controlling faeces and urine; consequently, I am starving, I am exposed to untidiness and psychologically abnormal.”⁷² Another gynaecologic consequence observed among GBV victims was uterine prolapse of varying degrees, as reported by the women. Symptoms included a sensation of vaginal protrusion, especially during coughing or while walking long distances.

Infertility: Another issue is the inability to reproduce. Some survivors of gender-based violence (GBV) have been diagnosed with long-term complications, including infertility or reduced fertility, and may experience delays in conception following the incident. A 40-year-old survivor recounts, “... as the doctor told me, from now onward, I cannot give birth to a child. Even for the future, I cannot get a husband. I am divorced now; I am looking ok being dressed, but I am severely wounded internally. I just keep living for the sake of my children.”⁷³

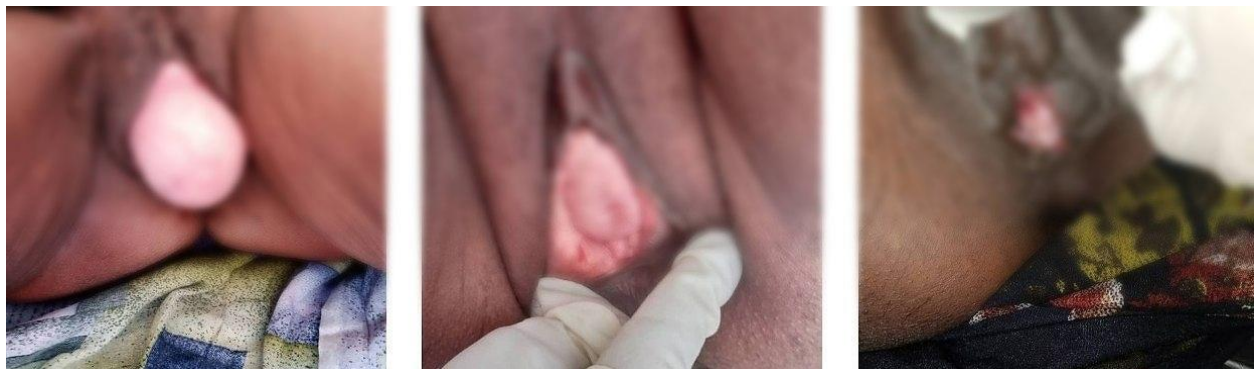
⁷¹ CITG in-depth interview with a survivor in August 2022

⁷² CITG in-depth interview with a survivor in August 2022

⁷³ CITG in-depth interview with a survivor in August 2022

Another 40-year-old survivor from Abi Adi ⁷⁴ narrates that it was in 2020 that she was in her house, where 20 soldiers with different military uniforms and speaking Tigrigna and Amharic got into the house. She testified that the perpetrators raped her one after the other, the whole day, until she became unconscious. In addition to the gang rape, they also inserted a metal bar into her vagina, and this has damaged her womb severely. After that, she went to Mekelle to get medical help, and the doctors decided to take out her uterus because it cannot be cured and get normal again. This shows that she will never bear a child again.

Injuries to reproductive organs: The perpetrators have injured the reproductive organs of the GBV victims using different techniques like the fried vagina and groin area, tearing the vagina, tearing from the vagina to the anus, and intentionally incising the vagina orifices using blades. In this report, 29.63% of the survivors who reported problems in reproductive health stated that they have suffered serious injury in their vagina and anus because of the intentional use of foreign objects to penetrate through vagina and anus.



Clinical Evidence of Reproductive Organ Damage, April 2025. De-identified image documenting damage to the reproductive organs. Included to support forensic findings and survivor testimony. Image blurred to prevent trauma and traumatisation. Original available in CITG. Use is restricted to authorised case review.

Pregnancy: Several sexual violence survivors faced pregnancy after the incident happened to them, and most of them terminated the pregnancy by taking herbal/traditional medicine from traditional healers, taking medicines from private pharmacies and health facilities. Among the rape survivors who were willing to share their experience about pregnancy after the incident, 13,483(37.17%) were impregnated by perpetrators. Among these, 6,017(44.8%) aborted it using medical and traditional herbal methods. The other 5,800 (43.02%) survivors gave birth to a child impregnated by the perpetrators (Table 8).

⁷⁴ CITG In-depth Interview with a survivor in June 2023

Similar findings were obtained from a qualitative/investigative report. One Survivor shared during the interview as follows: “After the incident, I became pregnant, but I terminated it on my own. I took herbal medicine made from leaves. I just drank it because during that time, there was no medical service and because of the side effects of the herbal medicine as I was bedridden for almost three weeks,” [Age 34 years old SGBV survivor]⁷⁵

Another 28-year-old survivor⁷⁶ said that “On my way home, I encountered three EDF soldiers. Then they gave me a choice, either to kill or raping me, then I said you can do whatever you want because I was not in a position to choose between such terrifying scenarios. They threatened me with a knife and beat me with a stick on my ankle. Finally, three of them raped me, starting from 10:30 pm to 12 pm, taking turns one after the other. As I was two months pregnant during the incident, I encountered intensive bleeding and the pregnancy terminated spontaneously, and I became bedridden for about a month”.

Physical health consequences

The SGBV survivors have also reported the effect of the violence on their physical health, which ranges from injury to physical disability (Table 6). Among the SGBV survivors, 186,600(65.18%) have reported physical health consequences suffered as a result of the violence. Of these survivors, 54,450(29.185%) reported physical health consequences. As the data shows, the prevalent types of physical injuries include back pain, 20,783 (38.2%) and immobility, 18,379 (33.75%). The in-depth interviews have also shown that the survivors in different Woredas of the Tigray region also reported that they were beaten using the back of a gun, injured with a knife, an electric cable, a stick, and a stone. They have also reported that many women were slapped, punched, and even grabbed by the hair in many instances. They also mentioned that the perpetrators burnt their bodies using hot and/or sharp objects and chemicals. As a result, survivors reported numerous difficulties, including challenges in bearing loads and fetching water, as well as problems with speaking, hearing, walking, eating, sitting, and standing. They also sustained injuries in different body parts like the head, chin, tongue, neck, hands, and legs, including joint dislocations and swelling in various body parts. In addition, they suffered

⁷⁵ CITG in-depth interview with a survivor in August 2022

⁷⁶ CITG in-depth interview with a survivor on May 28,2023

bleeding and discharge from the mouth, nose, ears, and fingers, exposure to infections, haemorrhoids, general body weakness, and pain in the back, head, and eyes.

In this regard, a survivor⁷⁷ whose body was burnt with a melting plastic from her neck up to her legs, told the investigation team, stating: “After they raped and tortured me, I sustained serious bodily and mental injury. Physically, my neck, my left arm and left ribs are completely burnt. My left hand is completely injured due to the burn. My right hand is broken and I can’t even feed myself properly. I have a problem with moving my body parts that were burned. My left rib is broken and sustained an elongated infection.”

Table 6. Physical Health Consequences of GBV and Rape (N= 54,450)

Injury Type	GBV Survivors	Rape Survivors	Implication
Bleeding	15,617	12,267	Indicates acute trauma.
Immobility	18,379	12,913	Suggests severe musculoskeletal damage.
General injury	15,242	11,779	A broad category of physical harm.
Physical disability	4,979	3,646	Long-term impairment.
Scars	11,767	7,954	Visible trauma may affect psychosocial recovery.
Burning	8,221	7,050	Suggests torture or intentional harm.
Bone fracture/dislocation	6,371	5,192	High-force trauma requires orthopedic care.
Back pain	20,783	16,367	Common chronic complaint post-assault.
Sprain/ligament injury	5,329	4,079	Musculoskeletal strain.
Tooth loss	1,167	754	Facial trauma may affect speech and nutrition.
Vision loss	1,363	858	Severe head or facial injury.
Hearing loss	3,250	1,988	Possible head trauma or blast injury.
Others	6,329	4,154	Includes unspecified or rare injuries.

Source: CITG 2022, 2023

Mental Health and Psycho-Social consequences of the incidents

Participants who consented were administered a set of questions to assess their mental health status. The data obtained from the GBV survivors was interpreted and analysed in light of the Kessler Six questionnaire tool. The Kessler Psychological Distress Scale (K6) is a concise international tool designed to assess nonspecific psychological distress in the general population, developed by Kessler.⁷⁸ The k6 comprises six questions, each scored from 0 (none of the time) to 4 (all of the time), yielding a total score ranging from 0 to 24, with cut-off points⁷⁹:

- Scores 0-4: indicate low or no psychological distress

⁷⁷ CITG In-depth interview with a survivor in July 03, 2025

⁷⁸ Kessler et al. (2002) The psychometric properties of the Kessler Psychological Distress Scale (K6) in a general population sample of adolescents, American Psychological Association vol.28(p.8-9)

⁷⁹ While there isn't a universally accepted cut-off score for the K6, research has identified certain thresholds to indicate varying levels of psychological distress.

- Scores 5-12: suggests moderate psychological distress
- Scores 13-24: reflect high psychological distress, potentially indicative of a serious mental illness (SMI). The psychological distress results obtained are presented in the table below

Accordingly, from the GBV survivors, 90,125 (31.5%) reported experiencing symptoms of psychological disturbance (Figure 7). Among these who reported symptoms of psychological disturbance, almost three-fourths of respondents, 66,350 (73.6%), have experienced high levels of psychological distress (e.g., severe depression and/or anxiety), while 22,079 (24.5%) experienced moderate distress (e.g., moderate depression and/or anxiety).

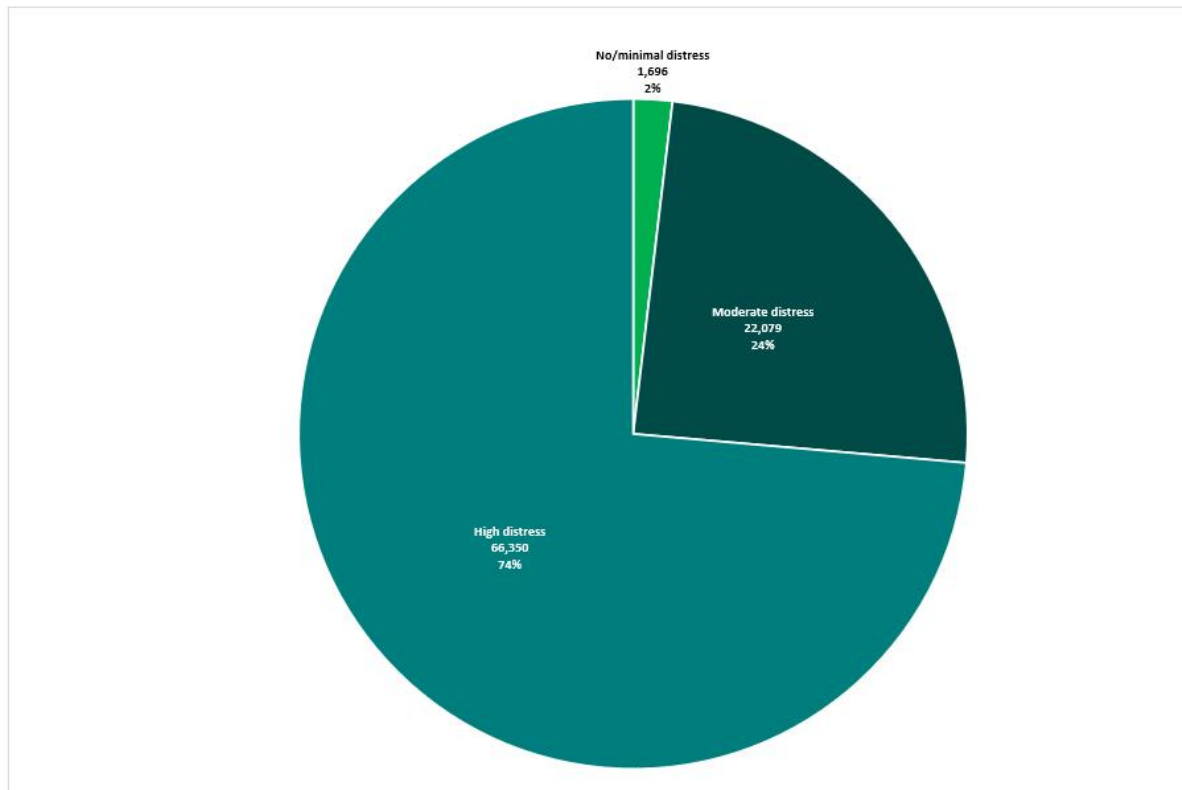


Figure 7. Psychological Distress Levels Among Survivors (n = 90,125)
 Note: The Kessler Six (K6) questionnaire tool was used to determine the severity of psychological distress.

A recent health care worker survey undertaken by PHR and OJAH proved that 72.6% sexual violence survivors have suicidal ideations, indicating the severity of the mental health problems

suffered by the survivors⁸⁰. In line with this finding, the in-depth interviews depict that the SGBV survivors are passing through several mental health problems.

A 37-year-old survivor⁸¹ said “As a consequence of the gang rape and torture I was subjected to, mental injuries, I am suffering from successive nightmares. I scream unconsciously in the night. I suffer from severe stress. I take medication regularly in order to sleep. The fact that I am an IDP and the lack of medical treatment made it impossible to forget the incident”.

Beyond and above having suicidal ideations, the in-depth and key informant interviews have confirmed that several SGBV survivors have committed suicide due to severe mental health problems stemming from the SGBV. Elilta, a 14-year-old victim⁸², was raped by 7 EDF soldiers on December 15, 2020. Months after the incident, she visited Ayder One Stop Centre, where she was found to be positive for HIV. The mental health problems she was suffering due to the gang rape, coupled with the HIV infection, rendered her hopeless, and she committed suicide.

Another survivor, Hewan⁸³ was one of the Tigrayan women who were subjected to sexual slavery by EDF soldiers twice. They brutally raped her, killed her only 11-year-old son in front of her and forced her to see her son’s body being stormed and eaten by ants and other insects. Given the barbaric incidents she has been through, she could not recover, though the one-stop centre physicians were supporting her to recover. Finally, tired of shouldering all the happenings, she committed suicide.

Socioeconomic Consequences of Sexual and Gender-Based Violence

It is an obvious fact that armed conflicts generally expose people to various challenges, such as security risks, social and economic problems. Particularly, vulnerable sections of society, including women and children, are highly vulnerable to such problems. In a similar line, the war on Tigray, which has exposed so many women and girls to SGBV, placed them at a disadvantageous edge of the socio-economic realities. The following sub-sections provide some instances of the realities.

⁸⁰ Physicians for Human Rights and The Organization for Justice and Accountability in the Horn of Africa, 2025 “‘You Will Never Be Able to Give Birth’ Conflict-Related Sexual and Reproductive Violence in Ethiopia” p.32

⁸¹ CITG In-depth interview with a survivor in August 2022

⁸² CITG In-depth interview with survivor on September 3, 2025

⁸³ Supra at note 48 pp21-25

Social Consequences of Sexual and Gender Based Violence

The war in Tigray that broke out in November 2020 has inflicted, among others, a horrific Sexual and Gender based violence on women and girls in Tigray. Following such catastrophic events in any society, there is social trauma and the unravelling of the fabric of the society.⁸⁴ The Sexual and Gender based violence endured creates significant impacts affecting individual survivors, families, and the wider community. It neglects survivors' capacity to participate in socio-economic and political life.

Gender based violence survivors often hesitate to reveal their experience of violence and access protection services. Such reluctance stems from various barriers, among which fear of stigma and shame can be mentioned.⁸⁵ Research has proved that SGBV survivors are viewed with extreme negativity, which puts them at serious risk of rejection, including from their own families. In a similar vein, Dr. Denis Mukwege also holds that “identification as a survivor of many forms of gender-based violence in Ethiopia can lead to abandonment by a spouse or family, exclusion from community, and subsequent lack of access to resources and protection”.⁸⁶ The violence endured, coupled with the perception that the survivors are tainted, intensifies women's risk of being repudiated by their husbands.⁸⁷

In line with these studies, this report has also come up with analogous findings. As could be grasped from Table 7, a large percentage of SGBV survivors lost their role or function in society due to the violence they experienced. For example, the survey data shows that 22,507(50.65%) of the GBV survivors and 9,855 (54.75%) of the sexual violence survivors reported losing the function they used to undertake within society. This finding clearly indicates that the loss of their role in society increases with the sexual nature of the abuse.

⁸⁴ Sinko Goldner and Saint Arnault, 2021 The Trauma Recovery Actions Checklist: Applying Mixed Methods to a Holistic Gender-Based Violence Recovery Actions Measure

⁸⁵ Muluken Desalegn et al, 2020 Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies, International Journal of Research and Public Health p.2

⁸⁶ Supra at note p. 44

⁸⁷ Kelly et al. 2011 Conflict and Health, Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods report p.6

Table 7. Social Consequences of SGBV

Consequence category	Indicator	GBV Survivors	Sexual Violence Survivors
Social Role and Stigma	Loss of societal role/function	22,507 (50.7%)	9,855 (54.8%)
	Experienced stigma/discrimination	7,401 (16.7%)	4,808 (26.7%)
Displacement and Family Impact	Left residence after the incident	24,543 (55.2%)	11,133 (61.5%)
	Another family member is affected	14,665 (31.9%)	8,509 (45.6%)
	Relationship unchanged (good)	26,714 (58.1%)	8,341 (45.0%)
	Relationship deteriorated	4,875 (10.6%)	2,379 (12.8%)
	Relationship worsening	5,053 (11.0%)	3,333 (18.0%)
Relationship Status	The relationship was poor, now worse	804 (1.8%)	541 (2.9%)
Post-Incident	Near divorce	419 (0.9%)	229 (1.2%)
	Divorced	1,627 (3.5%)	821 (4.4%)
	Chased from home	381 (0.8%)	327 (1.8%)
	No husband	6,122 (13.3%)	2,585 (13.9%)

Source: CITG 2022, 2023

Similarly, women and girls in Tigray have faced social stigma and discrimination following the endurance of sexual and gender-based violence. As the table clearly shows, 7,401(16.65%) of the gender-based violence survivors and 4,808(26.71%) of sexual violence survivors have experienced stigma and ostracisation, respectively. When comparing among survivors of sexual violence and women who survived other forms of Gender based violence, women who experienced sexual violence face a higher level of discrimination. Likewise, the in-depth interviews undertaken with survivors of sexual violence portray that they receive negative reactions when disclosing their sexual violence experiences. They suffer gossip and finger-pointing and are extremely insulted as being leftovers of EDF or ENDF. Such reactions from the members of the society they are in have intensified survivors' feelings of shame and humiliation, which have left them with high-level emotional breakdowns and suicidal attempts.

An anonymous key informant from One Stop Centre (OSC) has clarified that “Given the strict moral codes and norms we Tigrayans have, survivors are forced to suffer ill treatments within our society.” She added that sexual violence survivors who happen to disclose the violence endured face the utmost discrimination in society. The worst is that in certain places, survivors are discriminated against by some religious fathers as tainted and impure. They have been criticised and insulted if they enter church compounds for prayers. They are prevented from Holy Communion and kissing the crosses as unclean, as a result of which survivors tend to commit suicide or leave the locality where they reside. The quantitative report has shown similar findings.

According to this report, 24,543(55.23%) of GBV and 11,131(61.52%) of sexual violence survivors, respectively, have left their homes following the violence inflicted. This might be, among others, due to the deeply rooted social stigma they may face in case the community in the locality realises the incident.

On top of the social stigma suffered within the society, the report has also found that GBV survivors are suffering discrimination and ostracisation at the hands of their own family members. As Table 10 depicts, 26,714(58.08 %) of gender-based violence and (8,341)44.95% of the sexual violence survivors, respectively, have stated that they have the same relationship with their husband or family as it was before the incident. Specifically, 2,379(12.82%) of the sexual violence survivors have reported that their relationship is not as good as before the incident, while 3,333(17.96 %) hold that they had a good relationship with their husband or family, but it is getting worse following the incident. Still, 541(2.92%) of the sexual violence survivors stated that they had no good relationship before the incident, and it had got worse after. 229 (1.23%) of them shared that they are near divorce, and 821 (4.42%) have responded that they have already been divorced by their husbands. Dreadfully, 327(1.76%) of the sexual violence survivors have been chased from home due to the incident they have suffered. In general, 41.11% of the sexual violence survivors are forced to experience an unhealthy marriage relationship that might even grow to divorce.

A One Stop Centre (OSC) coordinator holds a similar understanding regarding the relationship of survivors with their spouses. She states that sexual violence survivors do not dare to share what happened to them with their marriage partner. This is because of the fear that the husband will abandon her and her children. To save her marriage, the survivor prefers to remain silent about the incident. In situations where the husband learn that the wife is a sexual violence survivor, it is highly likely for her to be repudiated.

The in-depth interviews undertaken with sexual violence survivors have conveyed that they have been subjected to blame, insult, repudiation and rejection by their husbands. They have lost their marriage due to the mere fact that they have been raped by perpetrators. Even if they are not abandoned by their husbands, they may not have healthy and smooth relations. The spouses use

the survivor's past experiences during arguments or misunderstandings⁸⁸, which gives the survivors a hard time feeling confident in the relationship they are in.

This report has identified that around 69% of the survivors suffered gender-based violence when they were at home. The in-depth interviews have also shown that the survivors were abused significantly because they could not escape from home. They were either pregnant, lactating, or taking care of aged parents or when they returned home to take food and water for their family, especially their children. In general, they experienced the violence during the course of discharging the gender roles they are ascribed by society. They are blamed and humiliated for failing to escape from their houses or for being found at the place of the incident. In relation to this, a 27-year-old survivor⁸⁹ recounts that she was gang raped by EDF soldiers 7 days after she gave birth to twins and has been held responsible by her husband for failing to escape together with the people in that locality. In spite of the fact that they are forcibly abused, they could not save themselves from the blame.

The following case shows the spousal rejection and re-victimisation that sexual violence survivors are experiencing.⁹⁰

It was January 15, 2021 when the EDF and ENDF forces got control of the central zone of Tigray. Elsa, a 30-year-old married woman, residing in one of the Woredas in Tigray, was about to leave her house. Unfortunately, two ENDF and one EDF soldiers entered her yard. They all raped her through the vagina, anus and mouth for around two hours. Elsa wasn't able to go to the hospital and get treated because all the roads were closed and the hospitals had no doctors or medicine. She went to the hospital in June 2021 and was treated for a fistula at Hamlin Fistula Hospital in Mekelle. But she still has urine incontinence problems. On top of the physical and mental harm she has suffered, she has also been revictimized because her husband has divorced and rejected her as '*Derg's leftover*' and divorced.

⁸⁸ Woldetsadik et al. Conflict and Health, 2022 The enduring consequences of conflict-related sexual violence: a qualitative report of women survivors in northern Uganda p.5

⁸⁹ CITG in-depth interview with a survivor on July 5, 2025

⁹⁰ CITG In-depth interview with a survivor on June 23, 2024

The problem that sexual violence survivors are suffering goes beyond divorce. A key informant from Tigray Women Association⁹¹, shares the experience of a survivor who has been physically assaulted together with her little daughter by her husband for hiding him that she survived gang rape. As a result of the physical assault, she suffered damage to her tooth and bone fractures and has been hospitalised. Another survivor who has been gang raped and delivered a child born of rape has lost the courage to share the secret with her husband. However, the husband has already developed a doubt, intimidating the survivor to tell him the truth; otherwise, he will reach the truth by himself and once he proves that the child does not belong to him through a DNA test, he will kill her.⁹²

The report has also revealed that sexual violence survivors suffer rejection from other family members. They are perceived as tainted, so family members do not want to share things or eat what the survivors make. Azeb, who has been gang raped together with her 13-year-old child, shared that her husband has already abandoned her.⁹³ She recounts that she and her daughter were brutally gang raped while they were escaping from the western zone towards north zone, where her daughter was raped to death at that spot. As a result of the sexual violence, she was subjected to forced impregnation and delivered a baby girl. Azeb has indifferent feelings relating to this newly born little girl. As her child, she wants to have a healthy relationship and hug her child with a mother's love and affection, but at the same time, the flashbacks of the incident rush into her mind and leave her with serious trauma. Her elder son also extremely despises the newly born little girl and insults her 'Dirbay' (meaning valueless) and warns everyone to never call the child as his father's daughter. Azeb further shares, *"what makes me angrier and hate myself is witnessing my own elder son affronting me that he does not want to eat what I make. He left the house following his father's footsteps. The worst is that the little son has also started disrespecting me."*

Another sexual slavery survivor, Brikti, who has been gang raped in the presence of her husband who was murdered afterwards, narrates the mistreatment by family members as follows;

⁹¹ Key Informant interview with Tigray Women Association, Adigrat Branch on July 23,2024

⁹² Key informant interview with Anonymous IDP coordinator on August 08, 2024

⁹³ CITG In-depth interview with a survivor on June 23,2024

Currently, Brikti is living in one of the IDP camps in Tigray, not because she lacks a capable family to support her, but because family members have chased her from. Sometime after the outbreak of the war, the area where Brikti was residing fell under total control of the Eritrean forces.

One day, while Brikti was in her house with her husband, three Eritrean soldiers broke into her house. They immediately tied her husband in a style they refer to as number 8 (kneeling him and tying his hand backwards) and brutally raped her in front of him. Though both Brikti and her husband begged them to leave her, the perpetrators ignored them and continued raping her. Two of the perpetrators raped her simultaneously via her vagina and anus, and the remaining continues. After they forced her husband to watch such an incident, they killed him while he was crying and begging them. They did not allow her to move and bury her husband's body. Throughout the area, they killed many civilians and ordered that the corpses not be buried; otherwise, they would be killed.

The perpetrators have raped her in such a way for a week, coming and going. Given the brutal and repeated gang raping she endured, Brikti has lost her strength to move and escape, and so they always come, still found her on the bed with the dead body, giving her an extremely unpleasant odour. In addition to the simultaneous rape through the vagina and anus, they also insert their hands and a rag of cloth drenched with blood into her vagina. Similarly, they also put a sock and the rag with somebody's blood on her mouth since the beginning of the perpetration. More terribly, they poured a chemical onto her entire body and burnt her with a hot metal. They were inflicting such acts until they were changed from one area to another, where the survivor buried the swollen body of her husband with the support of her neighbours. They buried the body in a place near to the house without any religious or cultural ceremony. Brikti also recounts that her neighbours were also subjected to rape at the hands of the perpetrators. Sadly, some were amputated by them after being raped.

At that time, she had wounds on the vagina and anus. Notably, her anus remained open because she could not control her stool. Additionally, the successive rape have resulted in forced impregnation by the perpetrators. However, the pregnancy was aborted through the substances she took to commit suicide, like chlorine, a mix of tablets, and certain leaves with Coca-Cola.

After all this, she felt desperate and decided to travel and join her family (her mother, brothers and sisters) who are living in one of the big towns in Tigray. She shared with them all that she has experienced, including the violence she has suffered; in fact, she could not hide it, given the expressive symptoms she had. She has already developed serious mental health problems, and she gets angry very easily. Since she was mentally unstable and argued with anybody, including her mother, brothers and sisters, the instability grew to a higher degree, choking her mother. As a result, her mother and other family members chased her from the house, where she was forced to lead a desperate life in the IDP camp.

Though gender-based violence survivors suffer social stigma, ostracisation and abandonment by family members, they also have reported that their family members are suffering because of the incident inflicted on them. Various sources like Amnesty International⁹⁴, Mukwege Foundation⁹⁵ and others have already documented and reported that Tigrayan women and girls have been raped in front of family members, including children. This report (Table 6) has also found that 24.51% of the rape survivors have reported that their family members were forced to see the incident. Likewise, CITG in-depth interviews depict perpetrators forcing the family member to see the incident at gunpoint. Leaving alone, physically observing the incident, or even being a survivor's family member, causes secondary traumatic stress. Indirect exposure to sexual violence results in negative psychological, physical and emotional reactions and behavioural changes.⁹⁶ In line with this, various in-depth interviews have shown that family members of survivors have developed serious mental health problems.

The quantitative report also reveals 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 traumatisation. This data testifies that the family members of sexual violence survivors sustain greater secondary traumatisation stress than the family members of gender-based violence survivors.

⁹⁴ Amnesty International, 2021, "I Don't Know If They Realised I Was a Person" Rape and Other Sexual Violence in The Conflict in Tigray, Ethiopia, P.13

⁹⁵ *supra* at note 3 p.29

⁹⁶ *Supra* at note 6

The following case shares the experience of a survivor whose mother has been subjected to epilepsy due to the sexual violence she underwent.⁹⁷

Miliete, a 32-year-old married woman, lives in a certain town in Tigray. She used to run a shop for a living. As the war got closer to the town where she was residing, on November 17, 2020, she started to escape the town carrying her 5-year-old daughter on her back. Unfortunately, she was stopped by three ENDF perpetrators on her way to her parents' house. Then the soldiers commanded her to let her daughter down. Miliete recalls her daughter whispering in her ear '*Will they kill us?*' Though she pleaded to leave her, one of the soldiers shot her daughter twice to death while she was on her back, where her body had been split into pieces. The bullets also managed to wound Miliete around her chest and left hand. Though she was bleeding and her daughter's body was here and there, they mercilessly started raping her, and when she tried to struggle, one of them stabbed her with a knife in her thigh. They repeatedly gang raped her and eventually rendered her unconscious. Persons who manage to escape have picked her up and taken her to a cave, collected the splintered body of her daughter and buried the same. After three days without medical treatment, Miliete was taken to a nearby Hospital.

As a result of the gang rape, Miliete has sustained serious bodily and mental harm, which includes permanent injury on her left hand, abnormal vaginal discharge, blood pressure, menstrual cycle disorder and epilepsy, which has subjected her to regular medication. Moreover, she has lost her marriage due to the incident. Her husband always blames and humiliates her as being the cause for the daughter's death. Her mother has also developed psychological problems after she learnt about the incident her daughter Miliete suffered, and the reason for the death of her granddaughter too. Just like Miliete, her mother has also been confirmed positive for epilepsy and has started taking pills regularly.

Economic Consequences of Sexual and Gender Based Violence

Sexual and gender-based violence has significant and widespread economic consequences, imposing financial burden on individual survivors, families and the wider community.⁹⁸ These

⁹⁷ CITG In-depth Interviews with a survivor on June 30, 2024

⁹⁸ G.Wamue-Ngare et al 2024, Estimating the economic impact of gender-based violence on women survivors: A comparative report of support program interventions in Makueni and Naivasha, Kenya, available at <https://doi.org/10.1016/j.aprim.2023.102840> last accessed on September 4, 2025 p.2

economic burdens include both direct expenses, such as for healthcare, social services and legal fees, and indirect costs, such as lost productivity.⁹⁹

The brutal SGBV inflicted on women and girls in Tigray has resulted in serious bodily and mental harm, which has rendered the survivors to stay away from engaging in economic activities. Personal health, family support and community support are especially important factors for survivors to be able to function properly and resume their productive lives. However, as can be seen in Table 6 and Figure 7, a substantial proportion of the survivors have experienced back pain (38.49%), immobility (33.98%), physical disability (9.15%), including hearing and visual impairments, and severe mental health problems (73.63%). This report also reveals that 80.6% and 85.9% of the survivors have not obtained medical and psychosocial services respectively. However, even the very few survivors who had the opportunity to obtain medical support (19.4%) have been subjected to economic costs (Table 8). In addition to the health complications, survivors also had disrupted relationships stemming from the social stigma and isolation. The combination of all these complications has made the lives of survivors unbearable, forcing them into further poverty and desperation.¹⁰⁰

Given the health complications and disrupted relationships, they are in, the survivors could not discharge household activities that they used to perform. Global-level studies of survivors' lives also indicate a similar pattern, with families losing the support and care survivors used to receive, as the physical injuries and mental issues the survivors faced make it hard for them to perform, in some instances, even simple household chores.¹⁰¹

Table 8. Household Chores Survivors Unable to Perform After the Incident.

Task category	GBV (N=53,354)	%	Sexual Violence (N=34,288)	%
Collecting water	25,688	48.14%	17,971	52.41%
Collecting firewood	26,463	49.6%	17,363	50.64%

⁹⁹ Ibid

¹⁰⁰ Izumi, K. (2007) 'Gender-based violence and property grabbing in Africa: A denial of women's liberty and security', *Gender and Development*, 15(1), pp. 11–23. doi: 10.1080/13552070601178823. See also Farr, E. (2020) *Designing Safer Livelihoods Programs for Women Survivors of Gender-Based Violence in Gaza*. GAZA. Available at: <http://dx.doi.org/10.21201/2019/5280>.

¹⁰¹ Heise, Lori L. *et al*, 1994, *Violence against women : the hidden health burden* (English). World Bank discussion papers; no. WDP 255 Washington, D.C. : The World Bank available at <http://documents.worldbank.org/curated/en/489381468740165817> last accessed on September 4, 2025

Caring for children/elderly	15,292	28.66%	9,700	28.29%
Ironing clothes	7,571	14.19%	4,996	14.57%
Washing and sewing clothes	20,354	38.15%	14,650	47.73%
Cleaning the house	15,867	29.74%	10,838	31.61%
Washing utensils	10,938	20.5%	7,300	21.29%
Taking out rubbish	12,525	23.48%	9,146	26.67%
Preparing food	10,846	20.33%	7,075	20.63%
Caring for the sick	10,950	20.52%	7,738	22.57%
Household shopping	19,596	36.73%	12,279	35.81%
Other household chores	43,412	8.14%	2,767	8.1%

Source: CITG 2022, 2023

Survivors reported difficulty performing routine household tasks, with mobility, caregiving, and domestic responsibilities most affected. These limitations reflect both physical and psychological consequences of SGBV.

According to Table 8 above, 53,354 cases of GBV and 34,288 cases of sexual violence, respectively, reported that they were unable to discharge household chores due to the injuries they sustained. Specifically, survivors have reported household chores that they could do after the incident, like collecting water, firewood, taking care of children and the elderly, washing, and shopping. The level of their reduced ability in different activities, as the above table reveals, includes 26,463 (49.6%) in collecting firewood, 25,688 (48.14%) in fetching water and 20,354 (38.15%) in washing. The table also depicts that it is more difficult for sexual violence survivors to do housework compared to non-sexual violence.

These household chores are basic activities where women are the primary workforce. Women who are unable to do this will have to buy or pay for these items, or other members of the family will need to take this as an additional burden. With regard to this issue 49,138 (26.54%) (Table 9) of the survivors have reported that their family have already incurred additional costs to cover activities they used to perform before the incident, an additional economic burden to the family.

Beyond the inability to perform household chores, survivors have shared that they have suffered further costs. Table 9 clarifies that 32,654 (89.12%) of them have responded that the violence has left them with livelihood and economic dependency. To be more precise, gender-based violence survivors have sustained additional costs related to income loss, loss due to leaving the house, transportation costs and livelihood losses.

Accordingly, more than 245,696 (85.83%) of the survivors who had income before the incident have reported that they have suffered income loss due to the violence they have been through. 86,475 (84.57%) of the survivors also revealed that they incurred costs relating to leaving their

house attributable to the incident. In addition, the Table 9 shows that 101,608 (35.5%) of the survivors have sustained transportation expenses, while 233,721 (81.65%) have livelihood losses due to the lootings, intentional destruction and related activities during the war.

Table 9. Economic Loss among SGBV Survivors

Economic Loss	Yes	No
Became economically dependent after the incident	32,654 (89.12%)	3,986(10.88%)
Incurred medical costs	27,742 (73.62)	9,942(26.38)
Lost income after the incident	245,696(85.83%)	40,554(14.17%)
Family incurred additional household costs	49,138(26.54%)	136,029(73.46%)
Incurred costs due to displacement	86,475(84.57%)	15,788(15.43%)
Incurred transportation costs	101,608(35.5%)	184,642(64.5%)
Lost livelihood due to war	233,721(81.65%)	52,529(18.35%)

Source: CITG 2022, 2023

Survivors reported significant economic hardship, including income loss, displacement costs, and increased dependency. These findings underscore the need for livelihood restoration and financial support mechanisms.

In line with the quantitative data, the in-depth interviews undertaken with the survivors of sexual violence have confirmed that they have suffered serious economic losses due to the violence, displacements, destruction and lootings of their property. The following cases demonstrate the economic loss of sexual violence survivors in Tigray.

A 47-year-old survivor recounts her experience as follows;¹⁰²

Abrehet, a hard-working farmer, was leading a good life in one of the Woredas in Tigray. Subsequent to the war, EDF took full control of the Woreda where she was residing. It was on November 25, 2020, around 11:00 pm, while she was in her home, her children noticed three EDF soldiers coming to their house, and they immediately ran away via the other side of the house. Then the soldiers entered the house, heartlessly tortured and raped her the whole night repeatedly until she lost her consciousness. In the course of committing the violence, one of the perpetrators told her that he is HIV infected and that she will live with it. Eventually, she was found outside the house, thrown on the ground in the compound. Due to the violence endured, she has suffered physical and mental health problems. Months later, Abrehet managed to come to Mekelle and was admitted to the IDP centre, underwent a medical check-up and tested positive for HIV, where she is forced to take medicines regularly. She has not shared her sexual violence experience with anybody, including her children, for fear of stigmatisation.

¹⁰² CITG In-depth interview with a survivor on June 23,2024

In addition to the physical and mental health problems she is suffering, she has also lost everything. The perpetrators have looted all her properties, including cattle, irrigational generators. Sadly, they also totally burnt her house, including her beehives. At this time, she does not have any income or any possibility of working.

Another survivor also shares how the sexual violence she has experienced has affected her livelihood.¹⁰³

Berhan is a married farmer and businesswoman. On December 25, 2020, around midday, eight ENDF soldiers broke into her compound and threatened her to tell them where her husband was at gunpoint and with a knife. The moment she told them that she did not know where he was, they killed her cow with a gunshot. After that, they ordered her to enter her classroom. At that time, she was carrying her baby on her back. They threw her to the ground while her child was on her back. Seven of the soldiers raped her by taking turns right in front of her children for about five hours. The other soldier was also busy looting her jewellery and money.

Though she experienced physical and severe mental health problems, she could not visit health facilities because the soldiers intimidated her from visiting any health facility. Due to the successive rape, she is still suffering pain around her abdomen, exposed to continuous vaginal bleeding, and urine incontinence. Moreover, she is psychologically unstable and she always lives with suicidal ideations. Given all the complications she has, Berhan is unable to run the business and the farming activities she used to engage in. At this time, she ends up being dependent and begging.

5. Legal framework of SGBV: International, Regional and National contexts

5.1 International context

Sexual and Gender-Based Violence (SGBV) constitutes a severe violation of human rights, addressed through comprehensive international, regional, and national legal instruments.¹⁰⁴ International human rights law (IHRL) requires Ethiopia and other state parties to prevent and

¹⁰³ CITG In-depth interview with a survivor on December 8, 2023

¹⁰⁴ Geneva Conventions and Additional Protocols, Rules on Sexual Violence in Armed Conflict. see Prevention and Response to Conflict-Related Sexual Violence

respond effectively to SGBV, recognising it as a violation of human dignity and a method of systemic oppression, especially in a conflict context. In parallel, international humanitarian law (IHL) criminalises acts of SGBV during armed conflict, holding states accountable for protective measures.

The international criminal law, specifically, the Rome Statute of the International Criminal Court, expressly includes rape and sexual violence in the list of crimes against humanity.¹⁰⁵ In addition, the statute provides that “*Committing rape, sexual slavery, enforced prostitution, forced pregnancy, as defined in article 7, paragraph 2 (f), enforced sterilisation, and any other form of sexual violence also constituting a serious violation of article 3 common to the four Geneva Conventions;*” constitute war crimes.¹⁰⁶

The Genocide Convention obliges Ethiopia, as a signatory to the convention, to take measures to prevent genocide, which includes acts of sexual violence intended to destroy, in whole or in part, a protected group.¹⁰⁷ Regional legal instruments, notably the African Union’s Maputo Protocol, emphasise women’s protection and require states to combat SGBV in both peace and war contexts.

Ethiopia’s human rights protections fundamentally rest on the 1995 Federal Democratic Republic of Ethiopia (FDRE) Constitution, which guarantees inherent, inviolable, and inalienable rights encompassing civil, political, economic, social, and cultural dimensions.¹⁰⁸ The Constitution’s framework is amplified by Ethiopia’s ratification of essential international and regional human rights treaties, such as the ICCPR, CEDAW, and the African Charter on Human and Peoples’ Rights, and by integrating these instruments into domestic law.¹⁰⁹ Ethiopia’s national legislation, including the Criminal Code, aligns with these international mandates by criminalising sexual violence and establishing mechanisms for prosecution and survivor protection.¹¹⁰

¹⁰⁵ Supra note at 109, Art.7(1)(g)

¹⁰⁶ Ibid art8(2)(vi)

¹⁰⁷ Convention on the Prevention and Punishment of the Crime of Genocide (1948) article I.

¹⁰⁸ Federal Democratic Republic of Ethiopia Constitution, Proclamation No. 1/1995.

¹⁰⁹ United Nations Treaty Collection, Ratifications by Ethiopia: ICCPR, CEDAW, African Charter on Human and Peoples’ Rights. See

https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=59&Lang=EN

¹¹⁰ Ethiopia Criminal Code, Proclamation No. 414/2004, (2005), Art. 620

Ethiopia has ratified several international human rights treaties that require it to prevent and respond to sexual violence.¹¹¹ These include “*h*), *the International Covenant on Economic, Social, and Cultural Rights (ICESCR)*, *the International Covenant on Civil and Political Rights (ICCPR)*, *the Convention on the Rights of the Child (CRC)*, and *the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW*”. Additionally, Ethiopia is guided by soft law instruments such as the Beijing Platform for Action (BPA) and related political declarations and outcomes following Beijing.¹¹² These commitments obligate Ethiopia to enact laws, policies, and programs to protect women and children from sexual violence, provide support services for survivors, and address the root causes of gender-based violence through prevention and awareness initiatives.¹¹³

Ethiopia’s current legal framework covers many of the core international crimes, such as genocide, war crimes, and crimes against humanity, but the country prefers to handle such prosecutions within its national judicial system rather than submitting to the ICC’s jurisdiction.¹¹⁴ However, the ICC could potentially become involved if the United Nations Security Council refers a case involving Ethiopia.¹¹⁵

International Human Rights Law (IHRL)

The significant progress in human rights in Ethiopia began with the adoption of the 1995 Federal Democratic Republic of Ethiopia (FDRE) Constitution.¹¹⁶ This Constitution is widely recognised for providing comprehensive protection for human rights, and it defines human rights as inherent, inviolable, and inalienable.¹¹⁷ Furthermore, the Constitution acknowledges and safeguards both civil and political rights as well as economic, social, and cultural rights, which are also enshrined in various international human rights agreements.

¹¹¹ Marew Abebe Salemot and Alemtsehay Birhanu. The Ethiopian Legal Frameworks for the Protection of Women and Girls from Gender-Based Violence, *Pan African Journal of Governance and Development*, Vol. 2, No. 1, February 2021.p87

¹¹² Ibid

¹¹³ Ibid

¹¹⁴ Abush gebre, January(2020,) Does Ethiopia have a reason not to ratify the Rome Statute? Examination of Arguments “For” and “Against” Ratification Marew Abebe Salemot* and Alemtsehay see Birhanu, The Ethiopian Legal Frameworks for the Protection of Women and Girls from Gender-Based Violence *PanAfrican Journal of Governance and Development*, Vol. 2, No. 1, February 2021 P

¹¹⁵ Metekia, T. (2020). Prosecution of Core Crimes in Ethiopia: domestic practice vis-à-vis international standards. [Thesis fully internal (DIV), University of Groningen]. <https://doi.org/10.33612/diss.117149669> p.418

¹¹⁶ Rabel Desalegn.(2022) the benefits and implications of ethiopia joining international and regional human rights adjudicatory bodie.p3

¹¹⁷ Ibid

Besides the fundamental rights and freedoms established in the FDRE and State Constitutions, Ethiopia has ratified and incorporated core international and regional human rights treaties into its legal system, treating them as essential parts of the country's law, such as

- The International Covenant on Civil and Political Rights (ICCPR)
- The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)
- The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- The Convention on the Rights of the Child (CRC)
- The International Covenant on the Elimination of All Forms of Discrimination against Women. (CEDAW)
- International Convention on the Rights of Persons with Disabilities (ICRPD)
- African Charter on Human and Peoples Rights (ACHPR)
- African Charter on the Rights and Welfare of the Child (ACRWC).¹¹⁸

Beyond the major international human rights agreements, Ethiopia has also ratified and signed numerous other international instruments addressing human rights issues. These agreements have become integral parts of the country's legal system in accordance with constitutional provisions.¹¹⁹In this regard, the country is duty-bound to implement those treaties effectively and report to UN bodies.¹²⁰ International Human Rights Law (IHRL) generally prohibits SGBV regardless of the context, and mandates that the state has to protect individuals from violence and discrimination. Notably, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) requires the state parties to ensure the full development and advancement of women, to guarantee them the exercise and enjoyment of human rights and fundamental freedoms based on equality with men. ¹²¹Sexual and Gender-Based Violence (SGBV) is recognised as a serious violation of human rights and is addressed through various international legal frameworks¹²².

¹¹⁸https://clr.africanchildforum.org/policy%20per%20country/2015%20Update/Ethiopia/ethiopia_hrts_2013-2015_en.pdf. Accessed on 9/23/2025 at 9:40 AM

¹¹⁹ Ibid

¹²⁰ Ethiopia's Human Rights, Treaty Reporting to the UN Treaty Bodies 8/11/25, 10:06 AM)

¹²¹International Criminal Court (2020) "war crimes and crimes against humanity"

¹²² Supra note at 112

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (the “Torture Convention”) was adopted by the General Assembly of the United Nations on 10 December 1984 (resolution 39/46)¹²³ and ratified by Ethiopia on 13 March 1994.

Torture is defined as *“any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.”*

The convention provides that under no circumstances, including war, the threat of war, internal political unrest, or any other public emergency, and an order from a superior officer or a public authority, can torture be justified.¹²⁴

International Humanitarian Law (IHL)

International humanitarian law (IHL) specifically addresses the context of armed conflict. Both human rights and humanitarian law frameworks recognise that SGBV is not only a violation of human rights but also a tactic used in warfare to humiliate and control populations.¹²⁵

Rape and other forms of sexual violence, when committed in the context of an international or non-international armed conflict, constitute violations of IHL.¹²⁶ The law also requires States to prevent and criminalise rape and other forms of sexual violence in their domestic legal systems.

¹²⁷

IHL, particularly the Fourth Geneva Convention, prohibits acts of SGBV during armed conflicts. It prohibits "violence to life and person", including torture and outrages upon personal dignity

¹²³ UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)

¹²⁴ Ibid art. 2

¹²⁵ Article III, United Nations, Convention on the Elimination of All Forms of Discrimination against Women 1979

¹²⁶ Supra note at 109. article 7

¹²⁷ Ibid

under Article 3. Additional Protocol II also explicitly bans rape and enforced prostitution in non-international conflicts.

Rape and sexual violence may constitute crimes against humanity under the Rome Statute of the International Criminal Court (ICC).¹²⁸ According to the statute, rape and sexual violence qualify as crimes against humanity when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack.

The specific forms of SGBV considered as crimes against humanity under international criminal law are: rape, sexual slavery, enforced prostitution, forced pregnancy, and enforced sterilisation, all recognised as serious violations that can be prosecuted in both international and non-international armed conflicts, reflecting their severe and grave nature.¹²⁹ The ICC has developed policies to prioritise gender-based crimes, ensuring they are treated with the seriousness they deserve in investigations and prosecutions.¹³⁰

International Criminal Laws

Sexual and gender-based violence in armed conflict is strictly prohibited under international law and may amount to war crimes, crimes against humanity, and genocide, depending on the context and the manner of the commission of the crime. As per Article 8 of the ICC statute, rape, sexual slavery, enforced prostitution, forced pregnancy, as defined in Article 7, para.2 (f), enforced sterilisation, or any other violence may constitute war crimes.¹³¹ The statute also provides that those acts are among the acts that constitute a grave breach of the Geneva Convention.¹³²

Rape is also considered a crime against humanity under the Rome Statute and statutes of the International Criminal Tribunal for Yugoslavia (ICTY) and International Criminal Tribunal for Rwanda (ICTR). Rape can constitute an act of genocide when it is committed with the specific intent to destroy, in whole or in part, a national, ethnic, racial, or religious group. Under Article II of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide, genocide includes acts such as killing or causing serious bodily or mental harm to members of a group,

¹²⁸ International Criminal Court, (2021) serious violations that can be prosecuted under international law

¹²⁹ Ibid art7(g)

¹³⁰ New Lines Report; Genocide in Tigray: Serious Breaches of International Law in the Tigray Conflict, Ethiopia, and Paths to Accountability (June 2024) P86-89

¹³¹ Supra note at 130. art 8(xxii)

¹³² Ibid

imposing measures to prevent births within the group, all when carried out with genocidal intent. Rape and other forms of sexual violence can fall under these categories, particularly as acts causing serious bodily or mental harm or as measures intended to prevent births. The Rome Statute of the International Criminal Court (Article 6) also adopts this definition, affirming that sexual violence can amount to genocide when committed with the intent to destroy a protected group.

International jurisprudence has solidified this interpretation. In the landmark case of *Prosecutor v. Akayesu* (ICTR, 1998), ICTR recognized rape as an act of genocide, finding that sexual violence was used to destroy the Tutsi group both physically and psychologically, including through intentional impregnation and humiliation. Similarly, the ICTY, in cases such as *Prosecutor v. Krstić* (2001) concerning the Srebrenica massacre, reaffirmed that sexual violence can be instrumental in genocidal campaigns. These precedents firmly establish that rape, when carried out with the intent to destroy a protected group, is not merely a war crime or crime against humanity but may constitute an act of genocide under international law.

Acts of sexual, reproductive, and other gender-based violence can amount to genocide in the context of the acts of genocidal killing, causing serious bodily or mental harm, deliberately inflicting conditions of life calculated to bring about physical destruction, imposing measures intended to prevent births, or forcibly transferring children to another group against members of a group.¹³³ Moreover, acts including forcing family members to commit these acts against each other, or to witness them, and acts of enslavement, by which perpetrators exercise their powers of ownership over the victims in gendered and sexualised ways, can contribute to the destruction of the individual and ultimately of the group.¹³⁴ Deliberately inflicting conditions of life calculated to bring about the physical destruction of the targeted group is also included in the definition of acts of genocide.¹³⁵ These include conditions imposed with the intent to cause a “slow death”, such as imposing starvation or a subsistence diet, reducing medical services below the minimum, systematic expulsions from homes or their destruction, or forcible transfer, and sexual violence, including rapes committed with the intent to infect the survivor with HIV or

¹³³ International Criminal Court Office of the Prosecutor (December 2024) policy on gender-based crimes, Crimes involving sexual, reproductive and other gender-based violence. p.20

¹³⁴ Ibid

¹³⁵ Supra note 12 article 2(d)

other conditions.¹³⁶ Measures imposed to prevent births within the group, as acts of genocide, can be physical or psychological.

The jurisprudence of the ICTY recognises that causing serious bodily and mental harm includes ‘acts of torture, inhumane or degrading treatment, sexual violence including rape, interrogations combined with beatings, threats of death, and harm that damages health or causes disfigurement or injury.’¹³⁷ The International Court of Justice ruled that rape and other acts of sexual violence are capable of constituting the *actus reus* of genocide within the meaning of Article II (b) of the Convention.¹³⁸

As per Article 6 of the Rome Statute, acts such as killings, causing serious bodily or mental harm, and imposing measures intended to prevent births within the group may have a sexual and/or gender element.¹³⁹ If committed with the intent to destroy a national, ethnic, racial, or religious group, in whole or in part, such acts may amount to genocide, and Genocide is marked out of all other international crimes by the intention to destroy a group.¹⁴⁰

Regional Legal Context

African regional human rights laws place war-related SGBV within a broader legal and policy framework aimed at preventing and eliminating all forms of violence against women and girls, including those occurring in conflict settings.¹⁴¹

There is a comprehensive legal instrument that tackles all forms of violence against women and girls across Africa. This instrument aims to create legally binding frameworks for prevention, elimination, and effective response to violence, including sexual and gender-based violence in armed conflict and peacetime.¹⁴² The Maputo Protocol, formally known as the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, is a landmark

¹³⁶ International Criminal Court, 2013 Elements of Crimes.

¹³⁷ International Court of Justice. (2025), application of the convention on the prevention and punishment of the crime of genocide

¹³⁸ I.C.J. (2007) (I), p. 167, see the Judgment of the ICTY Trial Chamber, rendered on 31 July 2003 in the Stakić case, IT-97-24-T, and p. 175, para. 319).

¹³⁹ Policy paper on SGVB. https://www.icc-cpi.int/sites/default/files/iccdocs/otp/Policy_Paper_on_Sexual_and_Gender-Based_Crimes-20_June_2014-ENG.pdf

¹⁴⁰ Robert Cryer, et. al. (2007). An introduction to international criminal law and procedure (p.203)

¹⁴¹ . Enikő Horváth, et. al. (2007). “Gender-based violence laws in sub-Saharan Africa”. p.8

¹⁴² African Union Convention on Ending Violence Against Women and Girls, preamble (AUCEVAWG) (2025).

regional human rights treaty adopted by the African Union in 2003.¹⁴³ It is legally binding on all African Union member states that ratify it, requiring them to respect, protect, and fulfil the rights of women comprehensively across civil, political, economic, social, and cultural spheres.¹⁴⁴ The Protocol addresses a broad spectrum of women's rights, including the right to dignity, equality, freedom from discrimination and violence, reproductive health and rights, access to justice, and participation in political and decision-making processes.¹⁴⁵

National Legal Context

The Constitution of the Federal Democratic Republic of Ethiopia reveals that duly ratified treaties are "integral parts of the law of the land" and that the Bill of Rights of the Constitution must be interpreted in conformity with such ratified treaties.¹⁴⁶ This implies that sexual and gender-based violence (SGBV) in Ethiopia amounts not only to the violation of international human rights treaties but also results in violations of the relevant domestic laws of the country. At the same time, the country's failure to abide by the provisions of the Constitution amounts to a violation of the Constitution itself.

The Constitution explicitly provides for the criminal liability of persons who commit crimes against humanity and states that statutes of limitations shall not bar criminal liabilities emanating from violation of international agreements ratified by Ethiopia and other domestic laws regarding the prevention and punishment of genocide and torture, among others.¹⁴⁷ It also guarantees the right to dignity and personal integrity, specifically prohibiting torture and degrading treatment under the same provision.

The Criminal Code of Ethiopia criminalises rape and sexual violence, establishing penalties for perpetrators.¹⁴⁸ This legal provision further outlines detailed conditions concerning survivors of rape and sexual violence that may be considered as aggravating factors for the penalties imposed

¹⁴³ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Art.23 (Maputo Protocol), (11th July 2003). P.361. Available at <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa> accessed on June 23, 2025, at 3:30 pm

¹⁴⁴ Ibid art 28, 23

¹⁴⁵ Ibid article 3

¹⁴⁶ Supra note at 113, Art 9(4)

¹⁴⁷ Ibid. article 28

¹⁴⁸ Supra note at, 115

The New Lines Institute for Strategy and Policy report also confirms that Sexual violence against Tigrayan women and girls has been both extensive and extreme.¹⁴⁹ Both qualitative and quantitative data of this report depict that, during the war in Tigray, rape, including insertion of foreign objects like nails, shrapnel, metal rods, and rocks into the bodies of the survivors, was committed on Tigrayan women and girls.¹⁵⁰

Legal Analysis of SGBV-Related War Crimes, Crimes Against Humanity, and Genocide Committed During the War in Tigray

The implications of SGBV against Human Rights, Humanitarian, and international law during the war in Tigray were investigated by independent bodies, such as the UN International Commission of Human Rights Experts on Ethiopia (ICHREE). The commission conducted a full investigation into sexual and gender-based violence during the Tigray war. The report, authorised by the UN Human Rights Council, recognised extensive and systematic sexual and reproductive violence imposed especially on Tigray women and girls by Ethiopian, Eritrean, and Amhara forces and militias.¹⁵¹ The New Lines report also alleges that sexual and gender-based violence during the war in Tigray has had intense human rights, humanitarian, and international law implications. The war, which began in November 2020, was marked by systematic and widespread SGBVs inflicted by all major parties, including Ethiopian, Eritrean forces, and Amhara militias.¹⁵² The report declared that 89.7% of sexual violence survivors in Tigray lacked medical or psychological care due to health facility destruction. However, extensive evidence shows that 80% of health care infrastructures were disrupted, and there was catastrophic access.¹⁵³ ENDF, EDF, and Amhara Forces employed gang rape and sexual slavery as deliberate tools of revulsion.¹⁵⁴ Survivors reported that they were confined for weeks or months as sexual slaves, being gang raped, and these facts were described as a "prevalent and pervasive" pattern. The report further confirmed that 20 women imprisoned in a Humera warehouse, subjected to serial gang rapes over 10 days, resulting in 15 deaths from trauma and hunger. In addition, it

¹⁴⁹Supra note at: 135

¹⁵⁰ Ibid p.16

¹⁵¹ Supra note at 134

¹⁵² Ibid. 57-61

¹⁵³ Barriers: the 4th Universal Periodic Review: War-Related Sexual Violence (WRSV) in Ethiopia's Tigray Region Submitting Evidence on Gross Violations of Human Rights, War Crimes, Crime against Humanity, and Genocide. Pp.1, available at https://upr-info.org/sites/default/files/country-document/2025-04/JS17_UPR47_. Accessed on jun26 at 5am

¹⁵⁴ Ibid

revealed that sexual slavery in military camps, survivors' lengthy detention, and cruel means, including inserting objects into victims' genitals to inflict infertility and permanent damage, with a representative case involving. Akberet is one of the thousands of Tigrayan survivors who experienced brutal SGBV, and she witnessed the same violence against other survivors during the war in Tigray. She states that the perpetrators inserted a "scorching metal rod" while they declared, "*Your womb gives birth to woyane. A Tigrayan womb should never give birth*". And witnessing insertions of nails, gravel, and foreign objects to ensure sterility.¹⁵⁵ These acts are aligned with genocidal intent under Article II(d) of the Genocide Convention.

There was a systematic use of disease to inflict conditions aimed at physical destruction. Survivors' accounts reveal that perpetrators were systematically transmitting disease to the victims. A 17-year-old girl named Selam, along with 17 others, was subjected to gang rape by Eritrean soldiers over three days. When Selam brought contraceptives and HIV medication, the soldiers cruelly replied, "*Why did you even want these? We want you to be sick. That's why we are here—to infect you with HIV.*"¹⁵⁶

Reports from Amnesty International, corroborated by other human rights organisations, reveal that rape and other forms of sexual violence were systematically used as weapons of war by ENDF, EDF, and Amhara forces, as well as other allied armed actors against the Tigray people.¹⁵⁷

Findings on the crime of Genocide

Sexual violence against women in the context of war and genocide is a critical issue, as rape is deliberately employed as a tactic due to its severe physical and psychological impacts on individuals, families, and entire communities.¹⁵⁸ The harm suffered by individual survivors is intensified when such violence occurs on a large scale, as seen in conflicts like those in Bosnia-Herzegovina, Rwanda, and Darfur.¹⁵⁹ This report investigated that the trauma experienced by raped women resonates through their communities, affecting survivors as well as their families,

¹⁵⁵ [https://upr-info.org/sites/default/files/country-document/2025-04/JS17_UPR47_Ethiopia.The 4th Universal Periodic Review: War-Related Sexual Violence \(WRSV\) in Ethiopia's Tigray Region Submitting Evidence on Gross Violations of Human Rights, War Crimes, Crime against Humanity, and Genocide. 5 April 2024 accessed on 10/8/2025 at 11:10 AM](https://upr-info.org/sites/default/files/country-document/2025-04/JS17_UPR47_Ethiopia.The%204th%20Universal%20Periodic%20Review%20-%20War-Related%20Sexual%20Violence%20(WRSV)%20in%20Ethiopia's%20Tigray%20Region%20Submitting%20Evidence%20on%20Gross%20Violations%20of%20Human%20Rights,%20War%20Crimes,%20Crime%20against%20Humanity,%20and%20Genocide.%205%20April%202024%20accessed%20on%2010/8/2025%20at%2011:10%20AM)

¹⁵⁶ Ibid

¹⁵⁷: supra note at 24

¹⁵⁸ Nicolaisen, V. (2019). The Systematic Use of Sexual Violence in Genocide. Available at <https://www.diva-portal.org/smash/get/diva2:1359249/FULLTEXT01.pdf>. accessed on 9/29/2025 at 9:30 AM

¹⁵⁹ Ibid

friends, and neighbours. In addition, it reveals that forced sexual acts and impregnation symbolise the defeat of the woman and, by extension, an assault on the collective identity and consciousness of the community.

During armed conflict, rape is frequently used as a deliberate tactic to instil fear among the population, dismantle families, and fracture communities and in some cases, it aims to alter the ethnic composition of future generations.¹⁶⁰ Additionally, it is sometimes employed intentionally to infect women with HIV or to cause infertility among women in the targeted group.¹⁶¹ Even once the conflict has ceased, the effects of sexual violence continue to affect survivors, manifesting in consequences such as unintended pregnancies, sexually transmitted infections, ongoing insecurity, and social stigmatisation.

There are research findings that the deliberate and systematic application of forced impregnation, physical mutilation, sexual humiliation, and attacks on female identity demonstrates a clear genocidal intent aimed at fracturing communities and reinforcing the suppression of women within those groups. Women are often the key link to this cultural bond, and their physical and psychological destruction quickly permeates the entire group.¹⁶² *"Raping women in a community can be seen as raping the body of the community, in doing so, undermining the entire fabric of that community."*¹⁶³ Another report also justifies that Sexual and gender-based violence (SGBV) during wartime is perpetrated for multiple, sometimes overlapping reasons, rooted in power, control, and social dynamics.¹⁶⁴ One key motivation is to exert dominance and humiliation over the enemy, where sexual violence is used to degrade not only the individual survivor but also their family, community, and ethnic group.¹⁶⁵ The report also reveals that this is often motivated by patriarchal and sexist social norms that frame women's bodies as symbolic property of the men and communities to which they belong, and by attacking women sexually, perpetrators aim to inflict symbolic conquest over the entire opposing group.

¹⁶⁰ Ms. Zainab Hawa Bangura (March 2014) Sexual Violence: a Tool of War

¹⁶¹ Ibid

¹⁶² Reid-Cunningham, Allison Ruby (2008) "Rape as a Weapon of Genocide," *Genocide Studies and Prevention: An International Journal*: Vol. 3: Iss. 3: Article 4. Available at: <https://digitalcommons.usf.edu/gsp/vol3/iss3/4> p.285

¹⁶³ Ibid

¹⁶⁴ Medica Mondiale, (2022) Sexualised violence in wartime is a means to exercise power, control, and humiliate enemy men, rooted in patriarchal norms treating women's bodies as property

¹⁶⁵ Ibid

The New Lines Institute for Strategy and Policy report also confirms that Sexual violence against Tigrayan women and girls has been both extensive and extreme.¹⁶⁶ Both qualitative and quantitative data of this report depict that, during the war in Tigray, rape, including insertion of foreign objects like nails, shrapnel, metal rods, and rocks into the bodies of the survivors committed on Tigrayan women and girls.¹⁶⁷

The other forms of sexual mutilation proven by the report of New Lines Institute using the qualitative data were: burning and stirring of vaginas with hot metal rods.¹⁶⁸ The report additionally revealed that such acts were often accompanied by threats of ending their reproductive capacity, murder, and destruction of all Tigrayans, and sometimes they were carried out performatively, including in front of family members. Such acts were also frequently accompanied by other extreme acts of violence, such as forcing survivors to witness the murder of their family members during, before, and/or after their rape, or mutilating the faces of the women raped.¹⁶⁹ One clinician included in a patient note witnessed that “They tied the survivor’s hands and legs in front of her child and raped her, then they killed her four-year-old child and repeatedly raped her”¹⁷⁰.

The Akayesu Trial Chamber recalled, rape and sexual violence not only satisfy the requirements of serious bodily or mental harm but also “may be one of the worst ways of inflicting harm on the victim as he or she suffers both bodily and mental harm.”¹⁷¹ The near lack of criminalisation of the perpetrators, along with the occurrence of gang rape during campaigns, indicates that sexual violence, specifically gang rape, was used as an act of ethnic cleansing, genocide, or torture in Bosnia, Guatemala, and Rwanda.¹⁷² Rape is defined as forced sexual penetration that can result in death, serious bodily and mental harm, physical destruction of a group, and prevention of births.¹⁷³ The term “mass rape” refers to the military strategy of widespread, systematic sexual violence and rape perpetrated intentionally against civilians, and mass rap

¹⁶⁶Supra note at 134

¹⁶⁷ Ibid

¹⁶⁸ Ibid

¹⁶⁹ Supra note 47

¹⁷⁰ Ibid

¹⁷¹ Ibid

¹⁷² Elisabeth Jean Wood.(2025) Conflict-related sexual violence and the policy implications of recent research.(PP. 472-474) Available at <https://international-review.icrc.org/sites/default/files/irrc-894-wood.pdf> accessed at 5:30, Feb 2/2025

¹⁷³ Ibid

prevents births within the target group through damage to the reproductive capacities or the social fitness of women; in-group births may be prevented through forced impregnation.¹⁷⁴ Rape can be a strategy of war, ethnic cleansing, and genocide because it reduces the civilian population through a variety of practical means while instilling fear, submission, compliance, and flight from areas of contested territory.¹⁷⁵ Thus, rape can be considered an act of genocide, and it has been recognised as such by international criminal courts. Based on such reasoning, several scholars and legal experts agree that rape is a form of genocidal violence and can be considered a tool or weapon of genocide.¹⁷⁶

Killing members of the group

This study has found 529 women and girls died as a result of the SGBV per by the perpetrators. The victims have suffered multiple forms of unbearable violences including physical assault, gang rape and sexual slavery as a result of which they have lost their life. The following testimonies indicate the experience of survivors who happen to witness the death of victims in the hands of perpetrators.

It was on November 25, 2020, the seven EDF members came to her house and asked where her husband and two children were. She replied that they were in the field. The soldiers were not convinced by her reply and all and took her to abattoir (place where animals are slaughtered for food) of the town where they were using as military camp. Lemlem was detained with for 17 days subjected to gang rape and severely tortured by the perpetrators. Besides, most horrifically, they suspended her upside down the same way oxen and cows are hung in slaughterhouses. While suspended, they repeatedly struck her with the butts of their rifles, especially around her head, the back of her neck, and the right side of her body. Accordingly, she bled her mouth, nose, and ears. She was detained, raped, and tortured for a long time without food and water. Although her relatives and neighbours brought her food, the perpetrators were not allowing her to access it. During her detention, the survivor witnessed similar acts of rape on three girls and an 11-year-old child. The survivor also witnessed that she had seen a girl tied her hand back, tortured and gang-raped by the perpetrators and finally died as a result of such brutal acts.

¹⁷⁴ Ibid

¹⁷⁵ Ibid

¹⁷⁶ Ibid

A tragic case involved a young girl, about nine years old, who was with Alganesh in Dijiqe when Eritrean Defence Forces (EDF) soldiers attacked. Terrified by the soldiers, the girl clung to Alganesh but was forcibly taken, thrown to the ground, and brutally raped in front of detainees. She immediately began bleeding from the injuries, including rectal prolapse, and despite pleas for mercy, she died three days later with her mother. This account exposes the extreme cruelty and inhumanity of the perpetrators, resulting in the loss of a young, innocent life.¹⁷⁷ A 13-year-old girl was seized and brutally gang-raped by a ruthless gang of EDF soldiers alongside her mother. Most shockingly and tragically, this innocent child has mercilessly lost her life in the most terrible display of cruelty and inhumanity. The heartlessness of the perpetrators is marked by the devastating loss of the young girl's life during this brutal assault.¹⁷⁸

The survivor, Rahwa, was enclosed in her shop when four Ethiopian defence force soldiers broke the window and entered through it. Another soldier joined them while she was trying to defend herself. They tied her hands and legs and gang-raped her turn by turn. She was detained in that place for three days, during which the rapes continued. After three days of detention in her shop, they took her to the Northern Central Command Military Camp. There, multiple soldiers gang-raped her repeatedly over the course of 16 consecutive days. In addition to rape, she was subjected to torture. She was detained at the Northern Central Command along with two other girls. The survivor witnessed the deaths of the two other survivors due to excessive rape and torture. The reason for the rape and torture was her Tigrayan identity. Two of her brothers were with the Tigray forces, and the soldiers demanded that she bring them back. The survivor was deeply affected both morally and physically. She became pregnant and later had an abortion with medical assistance one month after her release. Her uterus was severely damaged, and she has been undergoing medical treatment since the time of the interview. She developed a fistula and has lost control over her urine. Moreover, she examined HIV due to the unsafe and repeated gang rapes. She remains traumatised whenever she remembers the deaths of the two girls who were killed in the detention centre.¹⁷⁹ These acts of sexual violence, particularly rape accompanied by torture and causing death to the survivor, clearly fall squarely within the acts stated under Article II(a) of the Genocide Convention, and Article 6(a) of the Rome Statute, which includes killing a member of the protected group in genocidal acts." The landmark case of *Prosecutor v. Jean-Paul*

¹⁷⁷ CITG, in-depth interview with a survivor. August 2024

¹⁷⁸ CITG, in-depth interview with a survivor. August 2024

¹⁷⁹ CITG in depth interview with the survivor on December 2023

Akayesu before the International Criminal Tribunal for Rwanda firmly established that rape and other sexual violence can qualify as genocidal acts when committed with the specific intent to destroy, wholly or partially, a protected group. This reasoning has been consistently upheld in international jurisprudence, recognising sexual violence as a means of genocide.¹⁸⁰

The killings of survivors due to sexual violence, the brutal tortures leading to death, and the severe injuries caused (e.g., death of children from rape, torture resulting in death) fall squarely within Article II(a) of the Genocide Convention and Article 6(a) of the Rome Statute. The findings expose deliberate physical destruction and infliction of conditions of life aimed at the Tigrayan group.

The reported widespread and repeated acts of sexual violence, forced detention, and killings are sufficiently systematic and arranged, as required under international criminal law, not isolated incidents. This supports the classification of these atrocities as genocidal acts, not random violence.

Causing serious bodily or mental harm to members of the group

Causing serious bodily or mental harm to members of the group is prohibited under Article II (b) of the Convention on the Prevention and Punishment of the crime of genocide. This was further illustrated in a decision of the ICTR on the Akayasu case, which reasoned that sexual violence and rape can be used to cause serious physical or psychological harm, thereby becoming an integral part of the process of destruction during the Rwanda genocide.¹⁸¹ In-depth investigation conducted by the Commission of Inquiry on Tigray genocide reveals prevalent gender-based violence (GBV), including sexual violence, rape (including gang rape), physical assault, and severe health consequences, such as fistula.

The organisation for justice and accountability in the Horn of Africa established that Eritrean defence forces badly harmed a Tigrayan survivor by breaking her Arm, and she became paralysed when the perpetrators tried to remove the Norplant contraceptive method inserted in her upper arm, and this was aimed to forcefully impregnate the survivor.¹⁸² The report further

¹⁸⁰the prosecutor versus Jean-Paul Akayesu decision of: 2 September 1998 case no. ictr-96-4-t)

¹⁸¹ the prosecutor versus Jean-Paul Akayesu decision of: 2 September 1998 case no. ictr-96-4-t)

¹⁸² Supranote at 83

mentioned that the perpetrators were saying,” *You will give birth to us, then the Tigray ethnic[ity] will be wiped out eventually*”.¹⁸³

Beyond the findings published in various reports and researches regarding sexual and gender-based violence (SGBV) committed against Tigrayans during the war in Tigray, the Commission of Inquiry on Tigray Genocide (CITG) conducted a detailed investigation. This investigation is enriched by essential data that can serve as a firm basis for reaching conclusions on a beyond-a-reasonable-doubt basis. Accordingly, a high prevalence of sexual violence, including gang rape, was investigated. Moreover, such sexual violence, especially gang rape and the resulting physical and emotional trauma, has been employed internationally as a genocidal act, particularly when used as a means to destroy the group’s social fabric and identity.¹⁸⁴

The Tigray War has resulted in a disgusting crisis marked by an alarming scale of gender-based violence (GBV) inflicted predominantly on Tigrayan women and girls. The investigation results disclose the extent and severity of abuse, underlining both immediate and long-term consequences for survivors and the Tigrayan community at large.

The quantitative data reveal that following the severe physical, emotional, and reproductive injuries, 45.47% of SGBV survivors were unable to perform household chores and their daily activities (Table 8). Besides, 57.38% of the respondents have reported being beaten by the perpetrators, while 38.48% confirm that the physical assault was made using a military weapon/gun. Moreover, about 0.93% women and girls have reported that the perpetrators had poured chemicals on their bodies.

Survivors endured a wide variety of injuries leading to severe physical, psychological, reproductive, and long-term disabilities. This included stress, anxiety, depression, feelings of helplessness, social isolation, and a sense of guilt. Physical consequences involved immobility, fistula, incontinence, chronic back pain, and disabilities such as tooth loss, vision, and hearing impairments (Table 6). Trauma, immobility, and chronic back pain resulting from SGBV constitute serious bodily harm, and these consequences severely limit survivors' ability to

¹⁸³ Ibid

¹⁸⁴ Dorina Katona (Spring 2025) (Analysis of sexual violence as genocidal acts under international law, with reference to the Genocide Convention.

perform daily activities and sustain livelihoods. The result of this survey shows that 19% of the SGBV survivors reported sustaining physical injuries following the incidents (Table 6).

Additionally, approximately 16.66% of survivors of SGBV indicated that they experienced reproductive health problems. Among those with reproductive health injuries, about 29.63% suffered genital, pelvic, rectal, or oral injuries; 30.53% experienced incontinence or fistula; 48.2% had menstrual disorders; 10.22% reported miscarriages; 18.27% endured pelvic pain and dysfunction; 4.85% faced pregnancy complications; 0.57% experienced infertility; 10.18% contracted sexually transmitted infections; and 6.4% were diagnosed with HIV (Table 5).

A significant number of reproductive health damage, such as fistula, pelvic dysfunction, and menstrual disorders, are tangible manifestations of serious bodily harm resulting directly from sexual violence committed against Tigrayan women and girls during the Tigray war. About 30.5% of sexual violence survivors who experienced reproductive health problems following the incident have been exposed to fistula (Table 5).

Back pain affecting a significant number of survivors suggests chronic or debilitating conditions potentially caused by torture, assault, or other forms of cruel treatment.

There was also a high prevalence of forced observation of families when their family members were being raped. Among the survivors who were willing to respond if family members were forced to witness the incident, 24.5 % of rape survivors reported that they had been raped in front of their families. Perpetrators forced 14% (Figure 6) to be raped by their own family members.

The qualitative data also show that the survivors were raped by their family members under the instruction of the perpetrators at gunpoint. There is no way that these survivors and their families cannot be emotionally harmed to the extreme. Forcing family members to see the incident causes serious mental harm to the survivor, as she is humiliated when she is raped in front of her family. This becomes worse in a society where awareness of the community about sexual violence is limited. It is serious mental harm not only to the survivor but also to the family members who are forced to witness acts of sexual violence against their female family member.

Witnessing such violence inflicts severe distress on families, causing traumatic stress, anxiety, depression, feelings of helplessness, social isolation, and guilt. It can also cause moral injury, helplessness, and long-lasting psychological scars to those forced to witness the violence. The

research has also found that among survivors of SGBV, respondents 73.6% had high levels of psychological distress (Figure 7).

In this regard, combined with proven intent, overwhelming evidence of serious bodily and mental harm, this results in a violation of the Genocide Convention. Thus, these findings appear to be reasonable grounds to believe that at least a material element of article II(b) of the Genocide Convention is fulfilled and, with the proven intent, combined with overwhelming evidence of serious bodily and mental harm, results in the violation of the genocide convention.

The documented gender-based violence, particularly rape and associated physical and emotional damage, aligns with acts prohibited under the Genocide Convention and International jurisprudence, especially from the ICTR, which has established rape and sexual violence as instruments of genocide when committed with the intent to destroy a group.¹⁸⁵ The high incidence of fistula among survivors highlights not only physical destruction but also the distressing impact on reproductive capacity and social standing, which can be interpreted as part of a genocidal strategy to destroy the Tigrayans.

These injuries go beyond mere temporary discomfort and compromise physical integrity and quality of life, fulfilling the legal standard for "serious bodily harm." Moreover, such injuries contribute to the physical destruction of the Tigrayans not only by direct killing but by inflicting lasting harm that impairs survivors' everyday functioning and livelihoods. Since the conditions stated under the convention are fulfilled as provided in this survey, acts causing severe physical, reproductive or mental harm, including those affecting reproductive health, constitute crimes of genocide.

Regarding the legal implications of these data, for instance, the report shows that a fistula caused by rape represents not only severe physical harm but also a grave violation of women's rights to health, dignity, and bodily integrity.¹⁸⁶ International law recognises rape and sexual violence in armed conflict as crimes against humanity and war crimes, without any justification or consent.¹⁸⁷ Rape and sexual violence are prohibited under both treaty and customary

¹⁸⁵ Supra note 15 p.8.

¹⁸⁶ OSCE, Sexual and Gender-Based Violence in Armed Conflict. Available at: <https://www.osce.org/files/f/documents/1/9/524088>

¹⁸⁷ N. Dyani, (2006) "Protection of women from sexual violence during armed conflict," African Human Rights Law Journal,

international law, constituting war crimes, crimes against humanity, and potentially acts of genocide.¹⁸⁸

The infliction of fistula as a traumatic consequence of rape further compounds the severity of these crimes, illustrating the extreme physical and psychological suffering endured by survivors.¹⁸⁹ Moreover, the described data and qualitative accounts reveal serious mental harm sustained by survivors and their families due to sexual violence. This harm, aggravated by forced witnessing and family involvement under coercion, aligns with international criminal law definitions of crimes against humanity and genocide. In this regard, the use of sexual violence to cause lasting physical injuries like fistula is considered to be a grave breach which amounts to torture, inhuman treatment, and a violation of reproductive rights.¹⁹⁰ Therefore, States are obligated to prevent, investigate, and prosecute such crimes, provide reparations to survivors, and ensure access to comprehensive health care, including treatment for fistula. The forced observation of rape compounds the severity of the offence, as it adds additional layers of psychological harm to victims and witnesses and is a gross violation of human rights. The use of sexual violence as a weapon of war, including rape, sexual slavery, and forced witnessing within families, also constitutes injury attacking the survivors' bodily function, mental wellbeing, family and social cohesion, all core aspects protected by genocide law. The physical and mental injuries suffered by survivors are not isolated acts of violence but qualify as "serious bodily and mental harm" intentionally inflicted on Tigrayans, to be criminalised under the Genocide Convention.

In addition to the quantitative approach, this report also employed a qualitative approach of research. Accordingly, some survivor testimonies obtained through in-depth interviews are provided here.

Senayt is a survivor who was gang raped, burnt with melted plastic fluid, and had her vagina cut with scissors by three EDF soldiers on November 21, 2020. During the attack, they brutally beat and tortured her, interrogating her to confess the whereabouts of her husband, but she did not know. Senayt, in a heartbroken manner, said, "*After raping me, one of them held and stepped on*

¹⁸⁸ International Committee of the Red Cross, (2016), "Q&A: sexual violence in armed conflict,"

¹⁸⁹ OSCE, Sexual and Gender-Based Violence in Armed Conflict, detailing

¹⁹⁰ Longombe et al., 2008, "Fistula and traumatic genital injury from sexual violence in a conflict setting in Eastern Congo," Reproductive Health Matters, vol. 16, no. 31, pp. 132–141,

my neck and legs so tightly, and another collected plastic, set it on fire, and started melting it on my neck, left shoulder, arm, ribs, and thigh. Then they cut my vagina with a pair of scissors.” She then lost consciousness, and they left her, thinking she was dead. That very day, the EDF soldiers also forcefully took her 13-year-old son with them, and she has had no news of him since.

The survivor’s burn wounds have not yet healed, her vagina is still open, and her left hand is no longer functional. Generally, Senayt has been suffering from physical impairments and psychological disorders for the last five years without timely or sufficient health services. The one-stop centre where she is being treated has insufficient facilities, and she lacks the financial means to obtain the necessary medical treatment elsewhere.

She was subjected to gang rape, torture, burning, genital mutilation, and severe physical assault. These acts caused serious bodily and mental wounds, resulting in impairment and disfigurement. Beyond qualifying as war crimes, crimes against humanity, and violations of the torture convention, these findings align with the International Criminal Tribunal for Rwanda (ICTR) and the International Criminal Tribunal for the Former Yugoslavia (ICTY), which have set important precedents recognizing rape and sexual violence as tools of genocide when committed with specific genocidal intent.¹⁹¹

The ICTY, in its July 31, 2003 Judgment in the Stakić case, explained that the phrase "causing serious bodily and mental harm" in Article 4(2)(b) of its Statute includes acts such as torture, cruel or degrading treatment, sexual violence like rape, beatings during interrogations, death threats, and any harm that affects health or causes injury or disfigurement. This harm does not have to be permanent or irreversible.¹⁹²

The ICTR's Akayesu case specifically concluded that rape can constitute genocide, emphasising the discriminatory targeting of protected groups and the severe bodily and mental harm inflicted.¹⁹³

The International Criminal Court (ICC) has developed jurisprudence around serious bodily and mental harm as genocide, requiring the harm to be intentionally inflicted and of such severity as

¹⁹¹CITG, in-depth interview with a survivor on July 03,2025

¹⁹² 1 IT-97-24-T, Trial Chamber Judgment, Stakić case, 31 July 2003, para. 516.

¹⁹³ Supra note at 185.

to contribute to the destruction of the targeted group.¹⁹⁴ Serious bodily harm includes mutilation, disfigurement, and injuries causing long-term physical impairments or psychological disorders, all of which Tsiryti suffers from as a result of the attack.

Imposing measures intended to prevent births within the group

The study recently undertaken by PHR and OJAH confirmed that Eritrean forces severely harmed a Tigrayan survivor by breaking her arm when the perpetrators tried to remove the Norplant contraceptive embedded in her upper arm. As a result her arm is paralysed, this was aimed to forcefully impregnate the survivor.¹⁹⁵ The report further mentioned that the perpetrators were saying “*You will give birth to us, then Tigray ethnic[ity] will be wiped out eventually*”.¹⁹⁶ The survivor clearly constitutes “serious bodily or mental harm” under Article II(d) of the Convention, and at the same time, the perpetrators expressly declared that they intended to prevent birth among Tigrayans. In this regard, at least material elements are fulfilled to constituting the crime of genocide.

The International Criminal Tribunal for Rwanda (ICTR) and other international bodies have recognised rape and sexual violence as acts of genocide when committed with such intent. Another research also found that, especially rape survivors, like those in Muslim communities, were considered to be unfit for marriage.¹⁹⁷

The ICTR Trial Chamber in Akayesu listed a range of physical and mental measures aimed at preventing births within a group.¹⁹⁸ The Chamber also notes that measures intended to prevent births within the group may be physical, but can also be mental. For instance, rape can be a measure intended to prevent births when the person raped refuses subsequently to procreate, in the same way that members of a group can be led, through threats or trauma, not to reproduce. Rape and other forms of SGBV, threats of imminent death or other serious harm, are included in

¹⁹⁴ Prosecutor v. Zdravko Tolimir, Case No. IT-05-88/2-A, Judgment (Appeals Chamber), 8 April 2015, parag.. 201-204,

¹⁹⁵ Supra note at 57

¹⁹⁶ Ibid

¹⁹⁷ Jonathan M. Short, Sexual Violence as Genocide: The Developing Law of the International Criminal Tribunals and the International Criminal Court, 8 MICH. J. RACE & L. 503 (2003). Available at: <https://repository.law.umich.edu/mjrl/vol8/iss2/5> accessed on 7/24/2005 at 4:30.

¹⁹⁸ International Protocol on the Documentation and Investigation of Sexual Violence in Conflict, March (2017), Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law, p. 26

the list of acts that potentially cause serious bodily or mental harm and qualify as an act of genocide¹⁹⁹

So, it is that sexual violence among Tigrayan survivors aligns with the justifications provided above. So, it prevented births in the Tigrayan community. Because the Tigrayan community is a very conservative community where sexual violence survivors, in most cases, are subject to social stigma, discrimination, divorce, and considered undesirable for marriage. The data revealed that 20,033(26.71%) of the sexual violence survivors experienced social stigma, discrimination, 1.23% were close to divorce, and 4.42% faced divorce because of the sexual violence that they were exposed to during the war in Tigray. Additionally, 1.76% of the respondents were chased from their homes. So, this implies that there is a high tendency to prevent birth among Tigrayans and resulting in a violation of the genocide convention.

Rape is defined as forced sexual penetration that can result in serious bodily and mental harm, physical destruction of a group, and prevention of births. The report also underlined that “mass rape” is a strategy of widespread, systematic sexual violence and rape perpetrated intentionally against civilians, preventing births within the target group through damage to the reproductive capacities or the social fitness of women in the community. Births may be prevented through forced impregnation.

Brutal methods included inserting objects into victims' genitals to inflict infertility and permanent damage. A representative case involved Akberet, whose perpetrators inserted a "scorching metal rod" while declaring, *"Your womb gives birth to woyane. A Tigrayan womb should never give birth"*. Other survivors reported insertions of nails, gravel, and foreign objects to ensure sterility. These acts aligned with genocidal intent under Article II(d) of the Genocide Convention.

In addition to the acts of inflicting serious bodily and mental harm, the research has also found different acts of SGBV, which can be acts of preventing birth among the people of Tigray. An act of preventing birth can be made by rendering survivors infertile or destroying the reproductive organs of survivors, or raping in front of loved ones. Forced impregnation has been considered as

¹⁹⁹ International Criminal Court Office of the Prosecutor, (December 2023) Policy on Gender-Based Crimes, Crimes involving sexual, reproductive and other gender-based violence(pp.20-29)

an act different from rape that constitutes acts of genocide.²⁰⁰ Forced impregnation interferes with autonomous reproduction and can destroy a group. This is because the trauma caused by the pregnancy might prevent the survivor from having normal sex and bearing a child. Society might marginalise those who bear children of the perpetrator from getting married, and the pregnancy of the perpetrator will occupy their womb and prevent them from giving birth to their own choice.²⁰¹

The use of foreign objects and a high rate of physical impairments following multifaceted violent assaults evidences an intent to inflict serious bodily harm and disrupt the reproductive and social continuity of the Tigrayan ethnic group. Gang rape, sexual slavery, and rape by the use of objects are among the most frequently reported forms of sexual violence during the war in Tigray.

Among the sexual violence survivors, 12.67% have reported experiencing sexual slavery by perpetrators. In this regard, as a significant number of Tigrayan women and girls are forced to experience sexual slavery, they will not be able to give birth to Tigrayan children due to forced impregnation and other consequences of these incidents, which results in the prevention of birth among Tigrayans, and this aligns with violation of Article II sub article (c) of the Genocide Convention.

According to this investigation, vaginal bleeding, pelvic injury, fistula, and sexual dysfunction were among the most commonly observed effects of the rape committed by the perpetrators, especially the gang rape survivors, and those survivors who were raped along with the insertion of a foreign object had prolonged vaginal bleeding. Rape, including rape by inserting foreign objects into the reproductive organs of survivors and gang rape, which caused vaginal bleeding, depicts the extent of serious bodily harm on the survivors.

Beyond the infliction of severe bodily and mental injury, rape using foreign objects, group assaults, and sexual slavery, forcing abortions (may result in sterilisation or trauma), and other acts affecting reproductive health, directly correspond to birth preventive measures under the Genocide Convention. So, this appears as a significant reason that justifies the crime of genocide being committed against Tigrayans.

²⁰⁰ Siobhan k. fisher, occupation of the womb: forced impregnation as genocide, available at <https://scholarship.law.duke.edu/cgi/viewcontent.cgi?article=3320&context=dlj>, accessed on July 07/2023)

²⁰¹ Ibid

International criminal tribunals have also recognised that the act of deliberately impregnating women to impose pregnancies upon them is directly related to control over reproduction, thereby affecting the group's ability to reproduce within its own community.²⁰²In this regard, of 36,279 Tigrayan women and girls who were asked if they were forcefully impregnated, 37.16% were forcefully impregnated during the incident, 48% aborted the unwanted pregnancies, and 17.8 % continued with the pregnancy and gave birth. The remaining (6.7%) were still pregnant at the time of data collection (Table 5). The qualitative data also show that the survivors who gave birth to the children of the perpetrators are mostly facing difficulties in having a normal mother-child relationship. The findings of this report related to forced impregnation and resulting pregnancy complications are directly related to the case, *The Prosecutor v. Dragoljub Kunarac et al*, at the International Criminal Tribunal for the former Yugoslavia (ICTY) recognized under international law.²⁰³

The act of deliberately impregnating Tigrayan women to impose pregnancies upon them is directly related to control over reproduction, affecting the Tigrayans' ability to reproduce within their own community. so, this meets at least the material requirement of the genocidal act under the convention.

Induced Miscarriage or interruption of pregnancy with the intention of terminating the pregnancy also qualifies as genocide by preventing birth to Tigrayans. Among the survivors who revealed if they were pregnant before the sexual violence, 18,313 (9.9%) reported that they were pregnant before the incident. 4871 (26.6%) of the survivors who were pregnant at the time of sexual violence, reported that they experienced miscarriage after they faced SGBV during the war on Tigray (Table 5).

EDF members gang-raped and pulled the fetus from the womb of a mother.²⁰⁴ In this case, EDF members gang-raped a 35-year-old pregnant woman and pulled out the fetus by inserting their hands into her womb. Similarly, The Telegraph reported that "Amhara militia have cut the heads off four children by pulling them out of their mothers' wombs."²⁰⁵

²⁰² *The Prosecutor v. Dragoljub Kunarac et al*. International Criminal Tribunal for the former Yugoslavia (ICTY), Appeals Judgement, Case No. IT-96-23 & IT-96-23/1-A (2002),)

²⁰³ Supra note 33

²⁰⁴ Supra note at 54

²⁰⁵ Supra note at 57

The systematic occurrence of miscarriages and interruption of pregnancy among Tigrayan women, directly resulting from GBV and trauma, constitutes a measure intended to prevent births under the Genocide Convention. The intention of the perpetrators can be inferred from the qualitative data, which suggests intentional actions targeting Tigrayan pregnant women to terminate the pregnancies. In this regard, the case induced Miscarriage of pregnancy is also an act of preventing birth because at least the conceived child has been aborted, and the pregnant woman has been prevented from having a baby that she was expecting to give birth. Here is the survivor testimony from the qualitative data testifying to the induced miscarriage committed by the perpetrators.

Following the outbreak of the war, Selam was 9 months pregnant and attempted to flee the conflict zone by vehicle, accompanied by two other girls who were also escaping the area. After travelling several kilometres, they were stopped at a checkpoint by seven Eritrean soldiers, of whom one was a female soldier.

The soldiers violently assaulted the group: they beat and restrained the driver, then took the two girls into the nearby forest. The pregnant woman was forcibly dragged to the ground and taken into a military vehicle. Five of the soldiers then gang-raped her sequentially while the sixth soldier repeatedly struck her on the head and spine with the butt of a firearm, causing her to fall and bleed. All perpetrators were aware of the survivor's pregnancy.

During the assault, the female soldier recorded the incident using the survivor's mobile phone. At one point, the female soldier applied downward pressure on the survivor's abdomen, causing her to lose consciousness. After the assault, the soldiers released the driver and returned her to the vehicle. They brought back only one of the two girls, who was visibly swollen and physically injured. The soldiers ordered the driver to leave immediately.

While travelling, the survivor suffered a miscarriage. The driver tended to her and subsequently discovered that the newborn baby girl had died; he buried the infant at the location.²⁰⁶

Among Survivors of GBV who responded to having experienced symptoms of psychological disturbance, 73.6% had high levels of psychological distress. So, this emotional pain may prevent birth among the survivors.

²⁰⁶ CITG, in-depth interview with a survivor on November 28, 2023

Rendering survivors infertile, pelvic pain & dysfunction, miscarriage complications from unsafe abortions, and fistula are the predominantly serious reproductive health problems that constitute acts of preventing birth. In this regard, 24.8% of GBV survivors experienced reproductive health problems, preventing birth among the Tigrayan community, which is criminalised under the genocide convention.

Sexual violence in war, including insertion of foreign objects and gang rape, has profound legal implications under international law. Targeted sexual violence, including reproductive mutilation or actions intended to destroy an ethnic group's capacity to reproduce, obviously constitutes genocide under the Convention on the Prevention and Punishment of the Crime of Genocide.

A significant number of family members were being forced to see the incidences of sexual violence. So, such acts have the potential of preventing birth, as she will be ashamed to live a married life and her dignity and value in the community. The impact of forcing family members to see acts of rape on preventing birth will be more significant when the husband is among the family members forced to see the act of sexual violence.

Some survivors included in the qualitative part of the survey testified that they were raped in front of their loved ones/husbands. Raping in front of her husband/lover is one way of discouraging relationships among them and thereby preventing birth within the group. The data shows that the perpetrators used SGBV to destabilise the familial and societal relationships, as most of the survivors reported that they got divorced following the incident. The stigma and discrimination surrounding rape are not only affecting their day-to-day life negatively, but also have the potential to prevent birth among the people of Tigray. The experience of a few survivors out of thousands of Tigrayan women and girls is provided below to show the extent and context of rape and its effect on the health of survivors. The complications from forced abortions and the trauma of forced pregnancies directly impair the reproductive capabilities and potential of the group. This aligns with the Genocide Convention's prohibition on imposing measures intended to prevent births within the group

Additionally, this part of the report includes qualitative data revealing acts aimed at preventing births among thousands of Tigrayan SGBV survivors who experienced sexual and gender-based violence.

Alem was gang-raped and mercilessly beaten by three Eritrean Defence Forces (EDF) soldiers in front of her husband on November 22, 2020, in the early morning. When Alem and her husband begged them to stop, the soldiers said, *“We are doing this to avenge what your ancestors have done to us. Your fathers have been looting our gold for their wives. You Tigrians are not humans; you don’t know religion except begging. You Tigrayan women should not give birth to Tigrayans; if you are going to give birth, it should be from us.”*

One month later, she was again cruelly gang-raped, and her husband was murdered by three other EDF soldiers when they were displaced. During this second assault, the soldiers violently beat her with the backs of their weapons, causing severe physical injuries, including heavy bleeding from her mouth and nose. Alem was unable to control her emotions while recounting the second incident, where she experienced unspeakable cruelty. Straggling with her heavily flowing tears, she said, *“When I was being raped, I heard my husband being murdered.”* She also added, *“When one of the perpetrators tried to take off my wedding ring, another told him to cut off my finger so it could be removed easily.”* They also mutilated her genitalia with a blade and inserted an iron object into her anus.

Because she could not access health services in Tigray, she later tested for HIV and pregnancy in Addis Ababa, where she gave birth to a child whose father is unknown. Initially struggling to accept the baby, she now raises her daughter with love, though she is deeply worried about how to explain the child’s paternity. Alem continues to live with severe physical and psychological trauma, including flashbacks and nightmares, while raising her two fatherless children without any income. She also said that her neighbours were raped and murdered along with their husbands and children.²⁰⁷

Shewit is another survivor who revealed that she was gang raped by 20 ENDF and EDF soldiers at her home for the whole day till she became unconscious in 2020. She was gang-raped. The perpetrators gang raped her, not only using their reproductive organs, but also employing foreign objects, including a metal bar that was forcibly inserted into her uterus, causing severe damage. As a result, Shewit experiences chronic pain in her womb and abnormal vaginal discharge. Upon seeking medical treatment in Mekelle, doctors decided that her uterus must be removed, rendering her permanently unable to bear children. Since the incident, Shewit is largely unable to

²⁰⁷ CITG, in-depth interview with a survivor June 11 2025

perform household responsibilities and must remain at home due to urinary incontinence. She also suffers from pain during sexual intercourse with her husband. Additionally, she experiences severe psychological trauma, including persistent flashbacks, nightmares, impaired cognitive functioning, difficulty concentrating, and intense headaches triggered by serious thought.²⁰⁸

Acts of forced impregnation and rape, along with statements by perpetrators such as, “*Tigrayan women should not give birth to Tigrayans. If they give birth, it should be from us,*” are clear indicators of genocidal intent aimed at disrupting the Tigrayans' biological continuity and erasing their identity. International courts have recognised that rape, forced impregnation, and the transmission of diseases (notably HIV/AIDS) committed with genocidal intent meet the definitions under Articles II(b), II(c), and II(d) of the Genocide Convention.

The insertion of a metal bar into the survivor's uterus, resulting in irreversible damage and removal of the womb, is an act that directly and permanently destroys the survivor's reproductive capacity. This falls directly within "imposing measures intended to prevent births within the group" (Article II(d)), a component of genocide coupled with genocidal intent.

Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part

Sexual and gender-based violence (SGBV) can deliberately inflict conditions of life calculated to destabilise or destroy a group by causing profound social, psychological, and physical harm that disrupts family and communal bonds.²⁰⁹ This form of violence can be employed to terrorise the community, undermine cultural values, and foment distrust, shame, anger, and division, thereby weakening the social fabric that holds the group together.²¹⁰ Such inflicted conditions can be purposefully designed to cause a group's physical destruction, in whole or in part, through the deterioration of social bonds, livelihoods, health, and psychological well-being, making it increasingly difficult for the group to maintain its identity and cohesion.²¹¹

²⁰⁸ CITG, *in-depth interview with a survivor on May 28/2023*

²⁰⁹ Ndabarushimana A. & Mfismukiza G. (2022). Impact of Gender-Based Violence on Community Development: Case study of Rumonge Commune (Burundi). *European Scientific Journal*, ESJ, 18 (35), 149. <https://doi.org/10.19044/esj.2022.v18n35p149>

²¹⁰ Ibid

²¹¹ Ibid

High prevalence of multiple physical impairments has been reported among survivors of SGBV during the war in Tigray. The lasting physical impairments resulting from such injuries contribute to “conditions of life” that severely impact the survival and well-being of survivors and their dependents. Chronic pain and immobility often prevent survivors from working or accessing essential care, increasing their vulnerability and undermining community sustainability. The international criminal tribunals interpret genocidal acts to include deliberately inflicting on a group *"conditions of life calculated to bring about its physical destruction in whole or in part."* This includes methods that do not immediately kill but ultimately lead to physical destruction by depriving the group of necessities such as food, medical care, shelter, hygiene, or by causing exhaustion or expulsion.²¹²

Reports indicate that most women raped during the Rwandan genocide were affected by HIV and were left to die slowly and painfully.²¹³ The use of rape as a means to transmit HIV violates Article 6 (a, b, and c) of the Rome Statute and Article II (b and c) of the Convention on the Prevention and Punishment of the Crime of Genocide. One method of creating conditions of life calculated to eliminate a protected group, in whole or in part, is by disseminating sexually transmitted diseases, including HIV/AIDS.

Beyond causing serious bodily or mental harm to members of the group and preventing birth within the protected group, the deliberate transmission of HIV AIDS to the protected group members is considered as intentionally inflicting on them conditions of life calculated to bring about its physical destruction in whole or in part.²¹⁴

This report indicates among the survivors who reported sexual and reproductive health consequences, 10.18% of survivors are infected with sexually transmitted diseases, including HIV/AIDS. The data obtained from one-stop- centres also indicate that 6.4% of SGBV survivors accessing health services tested positive for HIV. Additionally, 26.31% of sexual violence survivors in a particular Woreda also tested positive for HIV/AIDS. Given the low reporting rate of SGBV, particularly rape, within the Tigrayan community, and the disruption of healthcare services caused by the war, the spread of HIV/AIDS is likely underreported. The transmission of

²¹² Supra note at.185t.pp.207-209

²¹³ Amnesty International 05 April 2004, Rwanda: “Marked for Death” , rape survivors living with HIV/AIDS in Rwanda

²¹⁴ international criminal law perspectives on wartime rape as a means to spread STIS (2020/2021) P.250

HIV/AIDS is a slow and destructive weapon, especially in conservative and impoverished communities where access to healthcare is very limited. Qualitative data further reveal multiple incidents where HIV transmission was intentionally inflicted on Tigrayan women during the war in Tigray. The data indicate a massive transmission of HIV/AIDS among Tigrayans. In this regard, it is important to highlight a few survivor testimonies from the many cases already documented.

Besides, (80.5%) of GBV survivors were denied access to health services after the incidents. So, this aggravates reproductive health consequences and increases the magnitude of unwanted pregnancy and other health consequences.²¹⁵

As it was provided in the above, Alem's testimony attests that the perpetrators intentionally inflicted HIV AIDS on the survivor during the incident.

Alem's testimony powerfully illustrates the cruel intent behind the perpetrators' actions during the war in Tigray. She testified that the perpetrators deliberately inflicted HIV/AIDS on her as a weapon of war, stating that the violence was not only physical but also aimed at causing lifelong suffering through the transmission of the virus. This act represented a form of biological aggression designed to destroy Tigrayan women physically and psychologically and to inflict lasting harm on the community. Alem's account reflects a broader pattern of intentional HIV transmission documented among survivors, underscoring the genocidal nature of these crimes, where the health and future of targeted groups were systematically devastated by purposeful infection with HIV/AIDS.

Atsede lives in Abi Adi city, and used to run a hotel for her livelihood. After the Tigray war broke out, the city was subjected to intense artillery shelling and air attacks. Fearing the attacks, she left Abi Adi city on December 13, 2020, with her family and went to her parents' home in X, where she stayed for a while. On December 24, 2020, hearing that the order had been restored, she started walking back to Abi Adi city to check her house. She was accompanied by her young brother, who had come with his family from Mekelle. Unfortunately, on the way to Abi Adi, they were stopped by three ENDF soldiers around 4:00 am. One of the soldiers caught her, and when she begged, *"Don't you have a sister or mother?"* he replied, *"Your sisterhood and motherhood*

²¹⁵ Supra note at 134

will stop right now.” He then started raping her in front of her brother. Atsedo lost consciousness and is uncertain if the other two soldiers also raped her or for how long the assault lasted. Her brother, who witnessed everything, never told her the details. Amit recalls the soldier who began raping her insulted her by calling her a “*lousy Tigrayan*” and repeatedly uttered the word “Takefafiwalesh,” Amharic for “you spread it,” which she only understood after testing HIV positive. She was examined in 2014 in Mekelle. Atsedo also witnessed house-to-house looting and the deliberate closure of medical services in Abi Adi city.

The acts of starvation and denial of medical care following SGBV further contribute to creating conditions of life that destroy Tigrayans as well. The data show that only 19.42% of sexual violence survivors received medical support, meaning that 80.56% did not obtain any medical assistance for various reasons. Moreover, 86% of SGBV survivors who have needed psychosocial services were unable to access the services.

The destruction and looting of health facilities have exacerbated this situation. Qualitative data attribute this largely to the dysfunction of many health institutions and insecurity to move for health services, including fear of soldiers along routes to healthcare. Generally, the quantitative data indicate that over 80% of sexual violence survivors have been deprived of medical services and medications. Such denial is an act of destruction inflicted over time (Figure 1).

The high rates of HIV/AIDS and other sexually transmitted infections among SGBV survivors, in light of this provision, covers acts that do not necessitate immediate killing but aim to destroy a protected group through harmful living conditions that lead gradually to its physical destruction. The infection of a significant proportion of survivors with HIV/AIDS and other STDs, compounded by limited access to healthcare, lack of essential medical services, and widespread destruction of healthcare infrastructure in conflict settings, constitutes such a deliberately inflicted condition of life calculated to cause at least partial physical distraction of Tigrayans.

The destruction of essential services such as health centres has severely hindered access to post-rape medical care and other necessary health services for women and girls. The widespread looting and destruction, coupled with systematic attacks on Tigrayan women, have deliberately destroyed the living conditions of survivors and the broader Tigrayan community, as can be inferred from both the acts themselves and the broader context in which the crimes were committed. The World Health Organization reported that out of the accessible health facilities in

the Tigray region, more than 90% were partially or completely damaged, with 98% lacking essential family planning supplies, and 93 % of referral facilities lacking the basic supplies necessary for providing key obstetrics services or signal functions for pregnant women and newborns.²¹⁶ As stated earlier, among the survivors who reported sexual and reproductive health problems, 42.12% reveal that they conceived as a result of the barbaric rape, and 3.6% experienced complications from abortion. In a setting where access to primary healthcare for pregnant women and SGBV survivors is reduced by approximately 84%, the survivors are at significant risk due to complications from pregnancy and abortion, among other things.

As evidence obtained through in-depth interviews reveals, survivors were often denied health services by perpetrators, who frequently threatened them not to seek treatment or disclose their experiences, under threat of death.²¹⁷ Here, the findings also revealed that 62.18% of the survivors who were denied health services were unable to access care because health facilities were destroyed, and 6% were forbidden by perpetrators from seeking medical help. Some survivors were also raped again on their way to health facilities, and others avoided seeking care due to fear of encountering armed soldiers stationed at hospital entrances. Additionally, health professional displacement, lack of financing, and transportation challenges further hindered access to services.

Sexual violence, combined with forced or survival-driven displacement, contributes to creating living conditions that destroy the Tigrayan people. The quantitative data show that 55% of the survivors who reported social problems, were forced to leave their homes due to familial, societal, or security pressures (Table 7).

This data leads to a logical conclusion that sexual violence has been used as a method of destruction, not only against the survivors but also against the Tigrayan people, partially or as a whole. Sexual violence here functions not only as a physical attack but also as a long-term, destructive condition causing chronic illness and potentially premature deaths. These inflicted conditions systematically destroy group members through deprivation of care, directly relating to Article II(c) of the UN Convention on the Prevention and Punishment of the Crime of Genocide.

²¹⁶WHO Reviving Tigray's Health System to Prevent Maternal Death, 01 January 2024, see also Zenawi et al, Damage to the public health system caused by war-related looting or vandalism in the Tigray region of Northern Ethiopia. available at <https://www.frontiersin.org/articles/10.3389/fpubh.2024.1271028/ful>

²¹⁷ CITG kII interview with key informant Dr. Adonai Yohannes on July 14,2022

By imposing severe health consequences such as chronic illness, reproductive health damage, and increased mortality risk, it contributes to the physical destruction of the group over time. This interpretation aligns with the understanding of international judicial bodies regarding genocidal acts imposed through harmful living conditions, as recognised in the Genocide Convention and the Statute of the International Criminal Court (ICC). This links sexual violence and its consequences to the genocidal act described in Article II(c) of the Convention. The ICTR case *Prosecutor v. Kayishema and Ruzindana* further elaborates on the definition of Article II(c) to include lack of proper hygiene, medical care, and housing.²¹⁸

The findings reveal violations fitting several genocidal acts defined in the Convention, including deliberately inflicting conditions of life calculated to bring about physical destruction, if the mental element is satisfied. The lack of access to healthcare services compounds these harms, supporting the conclusion that sexual violence and forced displacement experienced by survivors are part of a concerted genocidal campaign against the Tigray people.

The experience of one survivor is discussed below to illustrate the extent and context of the rape and its health impacts on survivors.

Mental Element Constituting the crime of Genocide in general

As can be inferred from Art. 6 of the Rome Statute, the mental element of the crime committed is critical when it comes to the crime of genocide. The mental element of the crime of genocide is the special intent ‘to destroy in whole or in part a protected group as such’ that distinguishes genocide from other crimes. The special intent required for genocide necessitates each perpetrator, whether leader or foot soldier, having the intention to destroy the group or part of it when committing any of the prohibited acts.²¹⁹

The convention on the prevention and punishment of crimes of genocide forbids direct and public encouragement to commit genocide, such as statements made by government officials and private parties.²²⁰ Similarly, Ethiopia's criminal code forbids inciting genocide and war crimes

²¹⁸*Prosecutor v. Clément Kayishema and Obed Ruzindana* (Case No. ICTR-95-1- of the Appeals Judgment (May 21, 1999). pp.115-120

²¹⁹ Supra note 140 p182

²²⁰ Supa note 112 Art. III

through speech, imagery, or writing.²²¹ Moreover, hate speech via broadcasting, publishing, or social media utilizing text, image, audio, or video is prohibited.²²²

The crime of genocide requires not only proof of intent to commit the alleged prohibited acts but also proof of the specific intent to destroy the protected group, in whole or in part. The specific intent is critical and must relate to the group as such. In other words, the perpetrator must positively ascribe certain characteristics to the targeted group which they wish to destroy, and these characteristics cannot be wholly subjective; they must have an objective basis.²²³ The following issues need to be considered while assessing whether a specific intent exists. First, specific intent needs to be distinguished from personal motive. Such that the existence of a personal motive to commit underlying acts of genocide (for example, revenge, or the advancement of certain policy objectives) does not preclude the existence of a specific intent to destroy the protected group. Yet equally, the existence of a motive which may be seen as associated with the destruction of a protected group does not displace the requirement to prove that the perpetrator(s) actually possessed the specific intent to destroy the protected group. Specific intent is also to be distinguished from other reasons or motives the perpetrator may have. Great care must be taken in finding in the facts a sufficiently clear manifestation of that intent.²²⁴

Secondly, the specific intent must amount to physical or biological destruction of the group, and not only seek to annihilate the “cultural or sociological characteristics which give to that group its own identity distinct from the rest of the community. This applies even to underlying acts of genocide which do not directly concern physical or biological destruction, such as the imposition of measures intended to prevent births or the forcible transfer of children from one group to another group. Such acts must still be carried out with the intent of achieving the physical or biological destruction of the group, although it should be recalled that this does not necessarily mean the death of all the group’s members and can encompass circumstances in which the group is by other means prevented from reconstituting itself.²²⁵

²²¹ Supra note 113 Art. 274 (a)

²²² Ethiopia's Proclamation No. 1185/2020 on the Prevention and Suppression of Hate Speech and Disinformation Art.4

²²³ Supra note 140 p179

²²⁴ Ibid p26

²²⁵ Sura note 140 p 184

In the absence of direct evidence to prove genocidal intent, circumstantial evidence, including the actions, can be deduced. The ICTR has stated that intent may be deduced from the behaviour of others. The *Akayesu* Trial Chamber stated that intent may be deduced from the general context of the perpetration of other culpable acts systematically directed against that same group, whether these acts were committed by the same offender or by others. Other factors, such as the scale of atrocities committed, their general nature, in a region or a country, or the fact of deliberately and systematically targeting victims on account of their membership to a particular group, while excluding the members of other groups, can enable the Chamber to infer the genocidal intent of a particular act.²²⁶

In cases where a perpetrator is otherwise liable for a genocidal act, the requirement of genocidal intent can be satisfied if the perpetrator acted in furtherance of a campaign targeting members of a protected group and knew that the goal or manifest effect of the campaign was the destruction of the group in whole or in part.²²⁷ Hence, genocidal intent can be deduced not only from the special intent of the perpetrators but also from the general context of the perpetration of the crimes.

5.2 Legal analysis of the intention behind SGBV in Tigray

Depending on the mental element of the perpetrators and the context in which the acts are committed, the acts of SGBV committed in Tigray can be categorised as genocide, crimes against humanity, and war crimes. Conclusions need to be stated at the end.

The intention behind the SGBVs committed in Tigray can be inferred from the statements made by relevant actors and facts and circumstances, such as the general context, the perpetration of other culpable acts systematically directed against Tigrayans, the scale of atrocities committed, the systematic targeting of victims on account of their Tigrayan membership, the repetition of destructive and discriminatory acts, and the existence of a plan or policy. In this regard, some of the crucial witnesses, infamous statements made by higher political and military authorities, statements of state and affiliates, and statements of perpetrators are provided herein.

²²⁶ Ibid p184

²²⁷ Ibid

Mr. Pekka Haavisto, the foreign affairs minister of Finland, in his position as senior EU envoy during a closed-door meeting with Prime Minister Abiy Ahmed and other ministers, revealed that *When I met the Ethiopian leadership in February 2022, they really used this kind of language, that they are going to destroy the Tigrayans, they are going to wipe out the Tigrayans for 100 years, and so forth.*²²⁸

The aforementioned intention was shared by the statements of perpetrators on the ground while committing crimes. A testimony²²⁹ given by a survivor of rape named Rahel, who was raped by an ENDF soldier in her house, said, *“One day, in the middle of the night, an ENDF soldier knocked on the door and ordered me to open it. After he got in, he raped me anally twice. In the middle, his comrades were calling him to hurry and come. Then he pulled and threw me near the bed, and he picked up his cell phone and started video recording me. He said to me, ‘Look towards me! The video is for my superiors: to show that I discharged my command.’”* The act of the perpetrator indicates that he committed the violence on the orders of his superiors.

The Ethiopian Prime Minister on 30 June 2021 also stated that all Tigrayans were supporting “the enemy” and that the “junta” was a “cancer” and “invasive weed” that needed to be removed.²³⁰ Other officials labelled the Tigrayan people as enemies. The former Amhara Regional State President, Agegnehu Teshager (in his capacity as the then president), on Amhara state television publicly made an incendiary speech on __July 2021. He said, *“From now onwards, we will not rest until we annihilate this enemy. These [Tigrayans] people are the enemy of the entire people of Ethiopia. These people are the enemy of the Oromo; the enemy of Afar; the enemy of Gambella; and the enemy of Somali.”*²³¹

Dr. Tedros Tefera, a doctor working at the sprawling refugee camp in Hamdayet told CNN *“The women that have been raped by..... say that while being raped the perpetrators said to them that they are purifying their blood – to either Amharanize them or at least leave their Tigrinya status ... and that they have come there to cleanse them ... to cleanse the blood line.”*²³²

²²⁸ Supra note 130 p29

²²⁹ Berhan Gebrekristos and Mulu Mesfin; Mekanit: atrocities committed o Tigrayan women, 2022

²³⁰ (Report of the International Commission of Human Rights Experts on Ethiopia, 14 September 2023)

²³¹ <https://www.tghat.com/2021/07/25/amhara-president-tigrayans-are-enemies-of-ethiopia/>

²³² CNN report 2021; ‘Practically this has been a genocide. <https://edition.cnn.com/2021/03/19/africa/ethiopia-tigray-rape-investigation-cmd-intl> accessed on 11 July, 2025

The war was followed by genocidal incitements. Media corporations, government officials, famous artists, religious leaders, and business leaders in Ethiopia reportedly made genocidal statements against Tigrayans. Daniel Kibret, the Prime Minister's social affairs adviser, on a live state television stated *"Weyane [Tigrayans] is not something we can understand. We can only erase it. For instance, in Australia. ...there is an island called Tasmania, which is found in southern Australia. They have destroyed Tasmanian tribes until only one person remained. Only one person! They have completely wiped them out. It is only by wiping out. As I had said before, it is only by wiping out [of existence] the disease called Weyaneness. ... Firstly, so that it may not exist physically. ... Secondly, the very idea. The idea of Weyaneness must never exist. Even in the form of an idea. ... When people say 'Weyane,' one ought to say 'in the name of the father'! A common Ethiopian Orthodox reaction uttered against wickedness while crossing oneself. Everyone should say that!"*²³³

Daniel Kibret further explicitly refers to the erasure and killing of members of the Tigrayans, stating: *"They should be erased and disappear from historical records. A person who wants to report them should find nothing about them. Maybe he can find out about them by digging in the ground."*²³⁴ These statements of Daniel Kibret were publicly broadcast on Ethiopian state television on January 24, 2022.

A retired Brigadier General of the Derg regime, Kassaye Chemed, said on the government-aligned Walta TV station: *"The military and security officers should order those who hold sticks and arms in villages in Tigray to put them down. If they refuse, they should shoot them. That's it! It is a state of emergency. There is nothing more important than Ethiopia. The main snake got hit around its middle: it then fled and got under a rock in Mekelle. I will not give out the details here, but the government! ... A good plan has to be prepared, and they have to be hit and destroyed."*²³⁵

ESAT (Ethiopian Satellite Television) also made infamous genocidal incitements against Tigrayans. On or around 1 November 2021, the account "ESAT What's New" from ESAT also posted on Facebook the following statement: *"Why do we tolerate the renegade Tigrayans*

²³³ Supra note 130 p29

²³⁴ Ibid p139

²³⁵ Ibid p32

*among us while we are dying? Raise your machete, axe, or gun and ignite the campaign against renegade Tigrayans in the respective areas. Ignite the massacre to a point no Tigrayan survives.”*²³⁶

In a Facebook post, Prime Minister Abiy Ahmed referred to Tigrayan leaders as “‘cancer’ and ‘weeds’ in need of removal.” He also tweeted, which was later removed by the then Twitter, that “We work to get the weeds up. But when we pull out the weeds, we take all possible care not to damage the wheat. In our country, weeding is done with a hoe. The children of Ethiopia are also doing it.”²³⁷

Eritrean media rhetoric included the following accusations against Tigray and Tigrayans: Tigray caused “all the complications Eritrea has experienced in the past 15 years”; “Tigray has always been associated with ‘duplicity, treachery, lies and backstabbing’”; and “Tigrayans are our Eritrean enemies, betrayers and liars.”²³⁸

Specific to the genocidal SGBVs committed in Tigray, the Ethiopian Prime Minister’s statement shows that the SGBVs committed in Tigray were intentional. On March 21, 2020, during a parliamentary session, in relation to the widespread SGBVs committed in Tigray, while addressing the parliament, he tried to justify the genocidal SGBVs committed in Tigray by saying, “Our soldiers were raped by a knife while Tigrayan women were raped by men”. Such a statement indicates that sexual violence was encouraged by political and military officials, including the Prime Minister himself.

On the ground, EDF, ENDF, Amhara Special Forces, Afar Special Forces, and Fano militias used dehumanising and derogatory language before, during, and after rapes and other sexual violence. Survivors were targeted on the basis of both their ethnicity and their gender, indicating a broader effort to terrorise, displace, and punish the Tigrayan population. Thus, violations against Tigrayan civilians were frequently accompanied by insulting or derogatory language, often through pejorative terms including “junta,” “woyane,” and “agame” during attacks (Table 10). At times, perpetrators indicated a clear intention to target the group on the basis of ethnicity. This

²³⁶ Ibid p33

²³⁷ Ibid p32

²³⁸ Supra note 25

pattern included describing Tigrayans as “cancer,” indicating a desire to kill men and children, or else to “destroy” women’s reproductive capacities.²³⁹

Table 10. Alleged Perpetrator Behavior and Ethnic Targeting

Response		Survivor count	Percentage (%)
Perpetrator Awareness of Survivor’s Ethnic Identity (N = 181,304)	Aware	162,654	89.70%
	Not aware	10,945	6.00%
	Not sure	7,704	4.30%
	“You are a daytime hyena”	64,316	35.50%
	“You are a member of the devil”	55,691	31.30%
	“We are here to transmit HIV to Tigrayans”	9,912	5.50%
	“We want to clean your blood”	28,400	15.70%
Words or Phrases Used by Perpetrators (N = 181,300)	“You shouldn’t give birth again”	15,904	8.80%
	“I have to mix my race with yours”	32,550	18.00%
	“I need to cool my war aggression”	27,070	15.00%
	“I am attracted to and want sexual satisfaction”	7,650	4.20%
	“We are ordered by our superiors”	5,404	3.00%
	“We have to humiliate your husband/family”	5,720	3.20%
	“You are a family of TDF”	20,566	11.30%
Other derogatory terms (e.g., “Junta,” “Agame,” “dirty Tigrayan”)		39,604	21.80%

Source: CITG 2022, 2023

The report depicts that SGBV crimes committed on Tigrayan women and girls were accompanied by insults and ethnic slurs. Around 64,316 (35.48%) of the interviewed SGBV survivors affirmed that the perpetrators insulted them during the incident, where the insults targeted their ethnic roots (Table 10). The survivors said they were called ‘*day-time hyenas*’, a term previously used by the Ethiopian Prime Minister to describe Tigrayans. Moreover, around 55,691 (31.27%) of the SGBV survivors also testified that the perpetrators told them, ‘*You are a member of the devil.*’ (Table 10). Ethnic slurs, insults, threats, and degrading comments, together with the intention of the soldiers to dilute the Tigrayan population and wipe out Tigrayan ethnic identity, can show a genocidal intent in the actions of the perpetrators.

Statements made by perpetrators manifested the intention of the perpetrators, including the intention to dilute the Tigrayan blood and destroy Tigrayan women’s wombs so that Tigrayan women would not give birth anymore. The genocidal intention can be deduced from the

²³⁹ Report of the International Commission of Human Rights Experts on Ethiopia” (14 September 2023), A/HRC/54/55, available at <https://docs.un.org/en/A/HRC/54/55>

statement made by perpetrators. Hence, it becomes conceivable to believe that there was genocidal intent shared by the perpetrators. The manifestation of the genocidal intention was followed by similar expressions in the course of the commission of the crimes. Around 32,550 (18%) of the survivors of SGBV asserted that during the commission of the crime, the perpetrators told them that they wanted to dilute the Tigrayan race with theirs. Perpetrators have told victims that they want them to bear their children and dilute their offspring (Table 10). The survivors made it clear that the perpetrators committed the crime with the intent of affecting the ethnic composition of the Tigrayan people. Around 28,400 (15.66%) of the interviewed survivors stated that perpetrators told them they were raping them because they wanted to clean their blood. Around 15,904 (8%) of the respondents testified that the perpetrators were saying that they were raping them because they did not want Tigrayan women to give birth anymore (Table 10).

Moreover, on several occasions, the perpetrators have made it clear that their main intention was to make sure that victims would not be able to give birth to a Tigrayan child anymore. Around 3% of the survivors mentioned that the perpetrators told them that they were committing the crime to discharge the command of their superiors. (Table 10). These testimonies show that it is evident that the SGBV against Tigrayan women was part of a broader systematic plan or policy to use rape as a method of exterminating Tigrayans and killing victims slowly and brutally. Around 5.47% of the survivors asserted that the perpetrators told them that they committed the crime to transmit HIV/AIDS to them (Table 10).

In-depth interviews conducted with survivors further indicate also reveals the interview of perpetrators to commit genocide. In this regard, a 55-year-old survivor, Almaz²⁴⁰ who was gang raped by four EDF soldiers. The survivor witnessed the rape of a 9-year-old lost girl who died as a result. She also saw an ENDF soldier raping a pregnant woman in the cave where they were hiding. Almaz recalls the EDF and ENDF soldiers' statements while committing the barbaric rapes and murder. She recalls the EDF soldiers' vow, *"We (Eritreans) will make you (Tigrayans) cry for the next forty years like you did to us. We will see if the TPLFs will save you. We will make you bear our (Eritrean) children, not Tigrayans."* She also overheard the one ENDF who was raping a pregnant woman nearby say, *"You will not bear the child you are pregnant with."* The survivor's testimony reveals that not only the intention of the perpetrators but also the

²⁴⁰ CITG, In-depth interview with a survivor, June 23, 2024

magnitude, context, as she sustained both serious bodily and mental injury after she saw the gang rape and death of survivors.

Moreover, in-depth interviews of the report reveal shared statements between and among perpetrators who belong to different forces while committing SGBV crimes. For instance, the statement “*You will not give birth again. We will not allow you to have a Tigrian child. This has to stop; we have to destroy your race.*” is shared by EDF, ENDF and Amhara Forces. The shared statements of perpetrators can show shared intention, pattern and command to commit SGBV crimes (Table 11).

Table 11. Statements of perpetrators, identity, and Description

S. No	Statement of perpetrator	Perpetrator identity
1	It is Time to destroy all Tigrians. You have nowhere to go. Now is your end.	EDF, Amhara forces and, ENDF
2	Your son is fighting with us, so how can you complain when we rape you? It is fair you deserved the suffering	EDF
3	Unlike Tegarü we Eritrean are pure and healthy, we don't use condoms	EDF
4	You will not give birth again. We will not allow you to have a Tigrian child. This has to stop; we have to destroy your race.	EDF and Amhara Forces
5	You are lucky to have sex with us. It is a blessing for you	EDF and Amhara Forces
6	You will never have a Tigrian child. Maybe you can try to have a child from us	EDF, ENDF and Amhara Forces
7	We came here to eliminate all Tegarü. We have to see Tigrian free world	EDF
8	This is the womb that was producing Woyane/Junta. It has to be destroyed. Unless we do this, your son and grandson will continue troubling us. We have to rest by destroying it	EDF and Amhara Forces
9	If you were HIV negative, it is nice to me you have it now. I don't need to kill you, suffer longer.	EDF
10	I was ordered to kill all male; your son is 19 but I didn't kill him. For that you have to thank me all the time I slept with you.	EDF
11	Your baby is lucky to be a female. She was already killed she was male	EDF
12	We can't finish Woyane in a fight. This is how we can end their race. They will suffer or even surrender when they hear this.	EDF
13	I will kill you anyway, just enjoy your last sex. I am doing a favour; you have to appreciate it.	EDF
14	Every Tigrayan woman deserves to suffer. You are the one who produces Junta and makes us suffer with it. You have to pay for it	ENDF, EDF and Amhara Forces
15	Leave our land and go to Mekelle. If not, you will suffer all the time you try to be here	Amhara Forces
16	This is our time. Your time has expired. We will not waste it like you, we will eliminate you all.	Amhara Forces
17	This is the right time to stop you from giving birth Daytime hyena	ENDF and Amhara Forces
18	From now on you can have a child only from us. No more from Junta	ENDF and Amhara Forces
19	Now your blood is clean. You are also lucky, even our girls usually have one husband, look at you how many of us had sex with you?	Amhara Forces

S. No	Statement of perpetrator	Perpetrator identity
20	I need to enjoy and spend the night with you all the time I came here. Don't leave your house or try to go anywhere, always be around. Unless we will burn the house and kill your neighbour and relatives	ENDF
21	We have a 20 years old wound; you need to have that wound and pay for it for 40 years	EDF
22	You are trash. You will never have human grace. From now on you are useless	EDF

Source: CITG 2022, 2023

The Genocide Convention provides physical protection of certain kinds of human groups in order to ensure their survival among the human population. The Groups protected under the Convention are national, ethnic, racial, or religious. The ICJ also ruled that these groups must have particular positive characteristics: national, ethnical, racial, or religious, which have a particular distinct identity.²⁴¹ In case of difficulty to determine that a victim is a member of a certain group a subjective approach has its attractions: that is, taking the fact that a perpetrator considers the victims to be members of a group he or she is targeting as the criterion for the identification of members of the group. The most significant factor in a particular case may be that the perpetrators have the specific intent to destroy a group identified by themselves. In this regard, the *Bagilishema* case ruled;

*The perpetrators of genocide may characterize the targeted group in ways that do not fully correspond to conceptions of the group shared generally, or by other segments of society. In such a case, the Chamber is of the opinion that, on the evidence, if a victim was perceived by a perpetrator as belonging to a protected group, the victim should be considered by the Chamber as a member of the protected group, for the purposes of genocide.*²⁴²

Tigrayans fall within the category of the protected group of the Genocide Convention as they self-identify as an ethnic group sharing a common language of Tigrigna and culture, among others. Tigrayans fall within the category of the protected group of the Genocide Convention as they self-identify as an ethnic group sharing a common language of Tigrigna and culture, among others. The Irob and Kunama people also identify themselves as belonging to their Tigrayan group sharing language and culture in general while keeping their respective Irob and Kunama sub-identity. Particularly, the perpetrators were committing such SGVB acts on Irob and Kunama

²⁴¹ Supra note 130 p23-24

²⁴² Supra note 140 p172

women and girls identifying them as Tigrayans; they were calling the survivors while raping them, “you lousy Tigrayan”, “you Agame”, “we came here to eliminate all Tigrayans” etc. Hence, the report depicts that Tigrayans, including Irob and Kunama, women and girls, as a protected group, were intentionally targeted. In this regard, a survivor of gang rape and sexual slavery named Hiwot testified²⁴³ how the EDF soldiers intentionally targeted. Hiwot migrated to Asmara in 1992 when she was just 15 to support her family, who were living in Adigrat. In Asmara, Hiwot was hired in a family house as a housemaid, where she learned to speak and listen to the ‘Tigre’ language from the community where she worked. Long story short, she was displaced after the Ethio-Eritrea war and started a new life in Ethiopia, Bahir Dar. Again, she was displaced to Tigray, Adigrat city, due to the political unrest that targeted many Tigrayans in 2016 in Amhara Regional State. Unfortunately, things got worse for her and the whole Tigrayans as the Tigray war broke out. After that, Hiwot was raped by an EDF soldier on 21 Nov 2020. Again, on February 19, 2021, Hiwot, her 11-year-old son, and 15 other women were taken by EDF soldiers on a truck to the wilderness. In the wilderness, the soldiers started gang raping them on a daily basis. In the middle, they shot her son to death before her eyes. After that, she heard one of the EDF soldiers speaking in Tigre language to whom she responded in that language. Hiwot recalls *“on the third day, a soldier who had a turn to rape me was coming when I heard him speak Tigre language. Then I replied to him in Tigre, and he was shocked, and he said, “Oh no! Are you Eritrean? Are we raping a daughter from our country? Why didn’t you speak before? We thought you were Tigrayan Agame.”* Then he picked her up and started chatting with her. From that moment onwards, they stopped raping Hiwot. This reveals that Tigrayan women and girls were deliberately targeted as a group.

The evidence presented above proves the existence of a genocidal intent and a planned widespread attack as provided under Articles 6 and 7 of the Rome Statute. The wider context in which other people are also committing crimes of genocide against the targeted group is a further material element of genocide recognised by the ICC. Hence, the statement the soldiers made in the incidents serves as a prove to show the genocidal intent to destroy the Tigrayan identity as stated under Article II of the Convention on the Prevention and Punishment of the Crime of genocide.

²⁴³ Berhan Gebrekristos and Mulu Mesfin, *Mekanit: atrocities committed on Tigrayan women*. p21-24

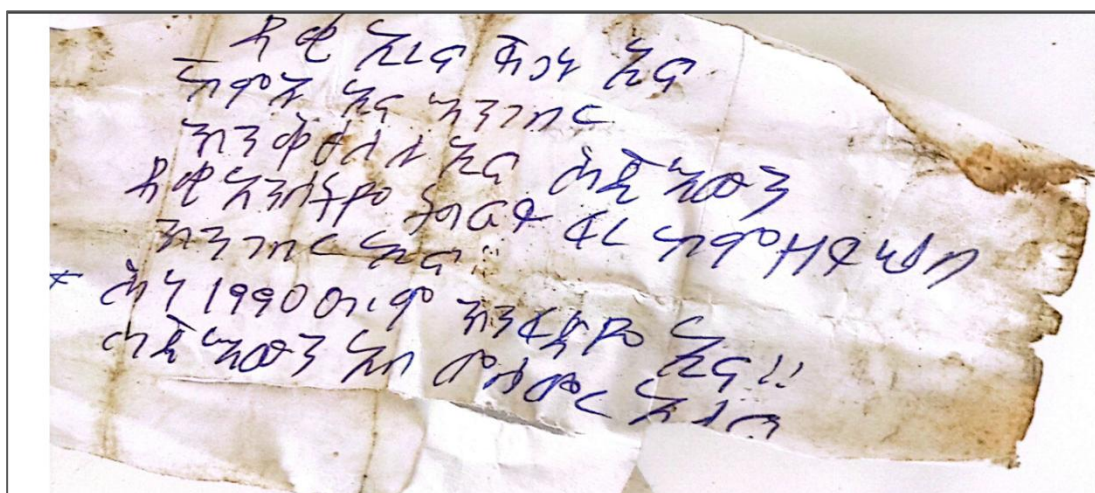
The report reveals that, in addition to the specific intention of the perpetrators, the context of the commission of the crimes can show the intention behind the SGBV crimes. The report revealed that the context under which rape and sexual violence are committed against Tigrayan women show extreme level of brutality. It included widespread and consecutive individual and multiple-perpetrator rape (vaginal, oral, and anal with body parts or objects), insertion of foreign objects into victims' genital organs. The pattern also shows in most cases concerned multiple-perpetrator rapes, which were often committed in co-perpetration of forces belonging to different armed forces and allied militias. The multiple perpetrators' rapes and insertion of foreign objects show the severity of the crimes committed, most of which were followed by the infliction of serious physical and mental harm. The report reveals that of those who were willing to respond, around 25.3% were subjected to the insertion of a foreign object. The report reveals that the EDF, ENDF, and Amhara Forces perpetrated the crime of rape using objects, including broken blades, sharp metallic materials, knives, iron rods, military weapons, sand, hard soil, used tissue paper, nails, sticks, used condoms, stones, dirty cloths, a dead snake, etc. This context can show that the outrageous rapes by inserting foreign objects into victims' genitalia are not ordinary acts of rape but an intention to inflict serious bodily and mental injury on Tigrayan women and girls.

Insertion of foreign objects can not only prevent birth but also inflict serious bodily and mental injury on victims. A 27-year-old survivor testifies to a horrific story of gang rape accompanied by the insertion of foreign objects. Hewan²⁴⁴ used to live in the Eastern zone with her children. Before the incident, she went to a rural area where her parents live to give birth. As Hewan said when the war broke out in 2020, she had just given birth to twins a week before, and she didn't flee anywhere as a result. By then, Hewan was only scared of the heavy shelling and never thought of sexual violence. On 25 Nov.2020, she was at home with her father when seven EDF soldiers came there. First, they forced her father outdoors and beat him. Then they turned to her and started joking around about her giving birth to twins and if she was Chinese. Then they ordered her to enter the house. Hewan recalls that at that moment, one of her babies was asleep, and she embraced the other one. Then one of the EDF soldiers snatched her baby off her, and she fell down. Then one of them kicked her in her ear with his boot, and she started bleeding. Then he beat her with a rifle butt on her ribs, and she fell down. They kept asking her where her husband was. After that, they asked if she had gold. Hewan gave them her gold jewelry. Then

²⁴⁴ CITG In-depth interview with a survivor, July 5, 2025

they ordered her to sleep on the bed and the seven of them started raping her one after the other. Hewan recalls that one of them resisted not rape her. Then one of the EDF soldiers angrily said, *“Did you forget what they did to us? It is by procreating children like this that they dominate us,”* pointing to her twins. Then they all repeatedly raped her vaginally and orally. Hewan said that they had at least raped her twice each. Then one of them injected her on her left leg with a substance she didn’t know. After that, one of them ordered *“kill her.”* But the other one said, *“She is already dead; we don’t need to waste a bullet,”* and they left. Hewan, who was gangraped a week after her delivery, couldn’t move, and her mother nursed her for six months.”

Hewan added that after more than two years of persistent pain, she approached medical personnel in Adigrat, where she was referred to Ayder Hospital. Then she had to do an X-ray procedure. Then the doctors found out that foreign objects inside her womb. Hewan recalls, *“During the medical procedure, nails, metal screws, nail clippers, and two letters wrapped in plastic were removed from my womb. Small stones were also removed from my womb. I saw and read the letters; the doctors also read them before me. The letter said ‘From now on, Tigrayan women will never give birth to Tigrayan anymore. We will make them never give birth. We will take revenge for what they did to us years back.’ My mother also told me that, while nursing me, she found condoms removed from my womb when I peed.”* The testimony of the survivor intention of the perpetrators to commit genocidal sexual violence through the act of preventing birth, and inflicting serious bodily and mental injury.



Clinical Evidence of Foreign Object Insertion, April 2023. De-identified image documenting foreign object insertion. Included to support forensic findings and survivor testimony. Use is restricted to authorised case review.

Another in-depth interview with a 35-year-old survivor²⁴⁵ reveals the intention to commit genocide. The survivor, who was four months pregnant, was imprisoned and gang raped by four Amhara forces and two EDF soldiers on February 19 2020. The survivor recalls, “*while raping me, I heard them all say, ‘Tigrayan mothers shall grieve standing: Tigrayan mothers’ womb must never give birth.’*” The Amhara forces members particularly said, “*You cursed Tigrayan! We will annihilate you not only from Ethiopia but also from the face of the earth.*” One of the EDF further said, “*We will make you cry like you did to us.*” The survivor's pregnancy was aborted as a result. The statement of the perpetrators can unequivocally demonstrate the intention to commit genocide.

The report further depicts that sexual violence of rape involves not only vaginal penetration but also anal, oral, or all penetrations at once. Of those who were willing to respond, oral and anal penetration alone accounted for 20.15% of the route of penetration of rape (Figure 7). The massive scale of the raping and the pattern of outrageous ways of anal, mouth and penetration through all routes aggravated the maximum terror by damaging and destroying multiple aspects of human life, including social, cultural, and religious values. This number is quite substantial, considering the report's limited geographical and demographic scope. This alarming number shows that the gross human rights violation has been planned and systematic actions of the perpetrators, and the Ethiopian and Eritrean troops and the Amhara forces have used SGBV as a means of committing genocide through harming the physical and mental well-being of Tigrayan women and girls. This can demonstrate a serious violation of the genocide convention that prohibits inflicting serious bodily and mental injury on protected groups.

Moreover, the report reveals the massive perpetrations by multiple perpetrators of sexual violence. As far as sexual violence of rape is concerned, around 70% of the rape survivors were subjected to multiple perpetrators or gang rape (Figure 5). The outrageous pattern of sexual violence committed against Tigrayan women and girls clearly revealed its context to inflict not only serious bodily harm but also serious mental harm.

Moreover, the sexual violence, including rape, committed on Tigrayan women and girls was completely against the values, norms, and religion of Tigrayans. The sexual violence included forcing family members to witness the act and forcing family members to perform it on their

²⁴⁵ CITG, In-depth interview with a survivor, June 28, 2024

loved ones. Of the survivors of sexual violence who were willing to respond if their family members were forced to witness the act, around 23.2% (Figure 6) mentioned that their family members were forced to witness the incident. Furthermore, of the survivors of sexual violence who were willing to respond if their family members were forced to perform the act, 13.7% mentioned that their family members were forced to perform the act. This pattern of sexual violence indicates the systematic nature of the SGBVs with the intention of inflicting serious mental harm on the survivors and their family members who were forced to see or perform the act of sexual violence. The aggravated form of sexual violence, where intentional acts demolish the core family institution among Tigrayan families by causing serious mental harm not only to the survivors but also to the family members who were forced to witness or perform the outrageous sexual violence.

International criminal tribunals ruled that rape can cause serious bodily and mental injury. The *Akayesu* Trial Chamber's decision indicates that rape and sexual violence, considering the context, constitute genocide as survivors sustain serious bodily and mental injury. The report unequivocally revealed that the context of the SGBVs committed on Tigrayan women and girls inflicted serious physical and mental injury, including reproductive health injuries. The magnitude of the violence is uncanny. The report depicts that of those who sustained SGBVs (286250), 19% survivors reported that they sustained physical damage after the incident. Furthermore, of the survivors of SGBV, around 16.65% reported that they sustained reproductive health injury, including 29.63% genital, pelvic, rectal, and oral injuries, 30.53% incontinence or fistula, and 48.2% menstrual disorder. Miscarriage, pelvic pain and dysfunction, pregnancy complications, infertility, sexually transmitted infections are also among the reproductive health consequences (Table 5). The magnitude of reproductive health injury is predominantly higher among rape survivors, 82.1%. The magnitude of serious bodily injury inflicted by committing SGBVs on the ground can indicate the context of the commission of genocide.

Similarly, the report depicts serious physical damage among survivors of SGBV. Of the survivors who responded to sustain physical damage, the major types of physical damage, among others, are around 33.75% immobility and 38.2% back pain. The magnitude of physical damage is higher among the survivors of rape, including 78.5 % bleeding, 70% immobility, and 78.75%

back pain (Table 6). The magnitude of the physical damage inflicted on survivors can further show the context of the commission of the crime of genocide.

As per the ICTR decision, rape and sexual violence not only inflict serious bodily injury, but they can also inflict serious mental injury on survivors. This is particularly relevant when it comes to the context of the crime of genocide. The report revealed that the SGBVs committed against Tigrayan women and girls inflicted serious mental injury upon them. Of the SGBV survivors who responded to have sustained psychological distress, 73.6% sustained serious mental injury (Figure 7). In-depth interviews with rape survivors reveal that the serious mental injury inflicted on Tigrayans is manifested in depression, suicide, and a tendency to commit suicide. The magnitude of physical damage, reproductive health injury, and mental injury can manifest as serious bodily and mental injury and acts of preventing birth among Tigrayan women and girls through the genocidal SGBVs.

The intentional acts of causing serious bodily and mental harm and acts of preventing birth among Tigrayans are yet worsened by the deliberate infliction of conditions of life calculated to bring about the physical destruction of Tigrayans. The health facilities have experienced structural damage, looting of equipment and medicines, and destruction of health records, where the allied forces, Ethiopian and Eritrean government forces, and Amhara militias have been implicated. The destruction of health facilities obviously worsened the consequences of the physical and sexual violence on Tigrayan women and girls. The report revealed that around 80.5% GBV survivors mentioned that they had no access to medical support after sustaining SGBV crime. The report further revealed that survivors mentioned that the reasons for denial of medical service, among others, were 50% destruction of medical centres, 28.6% unavailability of medical service, and 4.8% denial of medical service (Figure 1). The complete collapse of Tigray's health system with the outbreak of the conflict is reportedly exceptional. While a decrease in medical coverage may generally be consequential upon armed conflict, targeted acts against health facilities, together with the imposition of a systematic blockade or siege, progressively led to conditions of life that are capable of bringing about the destruction of the Tigrayan group.²⁴⁶ In this regard, a 35-year-old survivor²⁴⁷ testimony revealed how she was denied medical support. Semhal was gang raped by three EDF soldiers for a whole day. The EDF soldiers also burnt her

²⁴⁶ Supra note 130 p71

²⁴⁷ CITG interview with survivor, June 25 2024

body by melting plastic all over her body. Finally, they cut her vagina with a pair of scissors. That very day, they took her 13-year-old son, whom she has never heard from ever since.

When asked if she got medical support after the incident, Semhal testified, *“After the incident, I got no medical support at all. The soldiers destroyed the hospitals and clinics. The hospitals are yet to be reconstructed. My family treated me by washing with salt. I was able to come to Ayder Hospital after a long time.”* Significant in-depth interviews reveal that the perpetrators deliberately destroyed health facilities, resulting in exacerbation of the reproductive health and mental health consequences on survivors.

The in-depth interviews conducted with survivors of rape also show the systematic nature of genocidal rapes against Tigrayan women and girls. For instance, widespread rapes were perpetrated by EDF soldiers in one Woreda of the Southern Tigray zone, on 08/ 04/ 2021. During that very day, 102 survivors were raped in just one day by the EDF troops. In-depth interviews similarly reveal widespread rapes committed in a similar pattern in many places. In this regard, survivors mentioned they were raped when they came back to their homes to take food for their children, who were starving in the wilderness where they fled to escape heavy shelling. Several survivors also mentioned that the rape incidents were perpetrated after the armed forces unleashed rumours that their homes were safe in order to perpetrate systematic rapes. In this regard, a 50-year-old survivor said, *“When the war broke out, I fled to a nearby place. On November 05, 2020, I returned home to take foodstuffs, and I was unfortunately caught by five EDF soldiers in the afternoon around 2:00 pm. They asked me where I was going, and I replied that I was going to the Mill. Then one of them said, ‘You are providing food to the woyanes’. Then they beat me with a stick, boots, and a rifle's butt, and I fell down. Eventually, they all raped me repeatedly for the whole night, and I lost my consciousness. I bled so badly. The next morning, I was picked up by strangers and was taken care of by my brother's wife for six months.”*²⁴⁸

Furthermore, the report depicts that perpetrator committed SGBVs crimes throughout the zones and Woredas Figure 8 and Figure 9, respectively show the zonal and Woreda level mapping of perpetrators.

²⁴⁸ CITG In-depth interview with a survivor, June 25, 2024

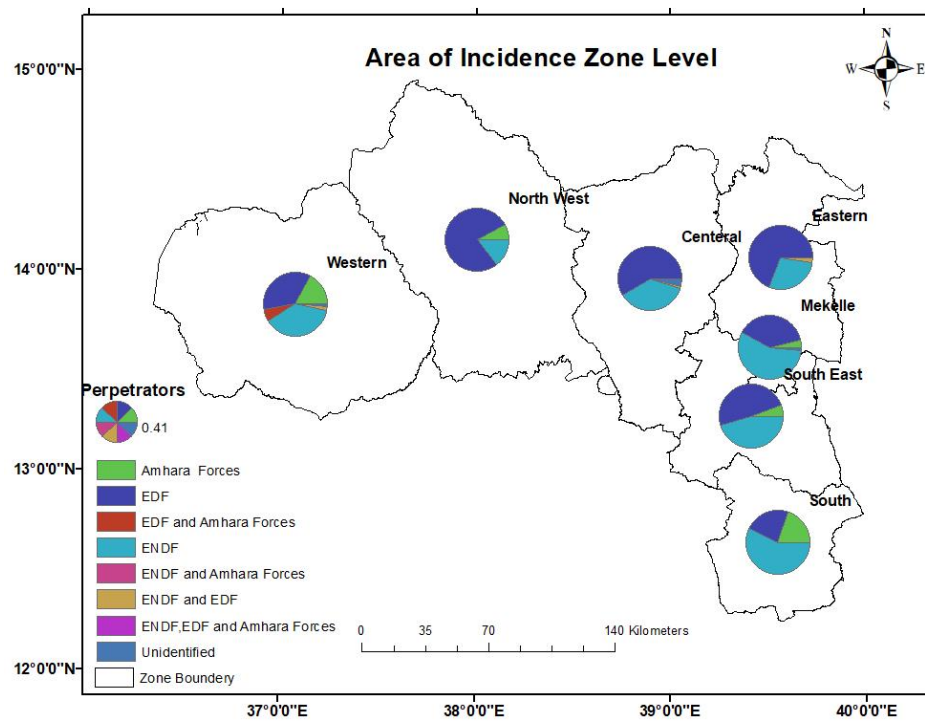


Figure 8. Zone Level perpetrators Mapping

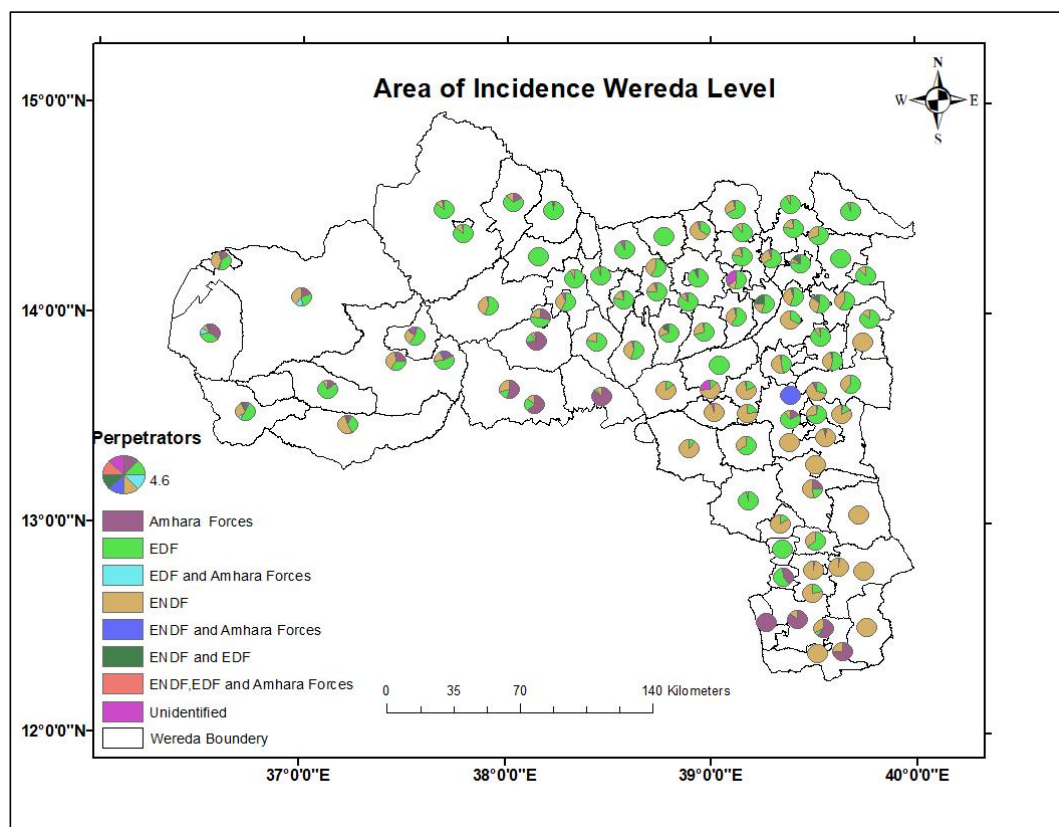


Figure 9 Wereda level perpetrators mapping

The report shows the co-perpetration of SGBVs on Tigrayan women and girls by the ENDF, EDF, and Amhara forces. Though the data doesn't show that the EDF and Amhara forces were subordinated under the ENDF to take instructions, several sexual violence, including rapes incidents, show the co-perpetration alongside the ENDF troops. The report also revealed the commission of sexual violence co-perpetrated by EDF and Amhara forces. The report reveals that the highest rate of rape was committed by EDF 54.47% followed by 35.66% ENDF forces, 4.88% Amhara forces, and 0.02 %Afar Forces. Furthermore, the report also revealed 1.62% of co-perpetration of rape by EDF and ENDF forces, 1.09% of co-perpetration of rape by EDF and Amhara Forces, 0.26% of co-perpetration of rape by ENDF and Amhara Forces and 0.04 of co-perpetration by ENDF, EDF and Amhara Forces (Table 12). A significant number of in-depth interviews with gang rape survivors also show the co-perpetration of sexual violence of rape by perpetrators belonging to different forces.

Table 12 Identity of Perpetrators and Co-perpetration of GBVs and Rape

Perpetrator	% of GBV Survivors Affected (94,213)	% of Rape Survivors Affected (88,654)
EDF	55.65%	54.47%
ENDF	34.99%	35.66%
Amhara Forces	4.60%	4.88%
EDF and ENDF	1.55%	1.62%
EDF and Amhara Forces	1.03%	1.09%
ENDF and Amhara Forces	0.24%	0.26%
Afar Forces	0.05%	0.02%
ENDF, EDF, and Amhara Forces	0.04%	0.04%
Afar Forces and EDF	0.02%	0.02%
Unidentified	1.83%	1.93%

Source: CITG 2022, 2023

In this regard, a 20-year-old survivor, Mahlet²⁴⁹ Said, *“I used to live in western Tigray, Dansha town. After the Tigray war broke out, I decided to go to Shire Town. When many others and I arrived at Adi Remetse on Nov.9, 2020, we were caught by EDF and Fano forces at the checkpoint. Then three EDF soldiers and two Fanos took me to a house where they all repeatedly raped me vaginally from 6:30 pm to 10:30 pm. At last, I ended up unconscious.”*

²⁴⁹ CITG In-depth interview with a survivor, June 30 2024

Mahlet further added, “while raping me, I recall struggling with them, and they heavily hit me with their rifles and sticks. As a result of the gang rape and torture I was subjected to, I have sustained serious bodily injury. My left leg and hand are damaged, and I am lame now due to the hamstring I developed. Besides, I am suffering from severe pain in my vagina, itching, abnormal vaginal discharge, and severe burns.” Mahlet went on and said, “While raping me, I heard the EDF soldiers say, ‘You are Tigrayan. Tigrayan Women’s wombs must be wrecked because you (Tigrayan women) should never give birth to Tigrayans. You (Tigrayans) must perish as a race.’” Co-perpetration can indicate the systematic pattern of the violence and the existence of a plan and cooperation of different armed forces to commit sexual violence in addition to the shared statements of perpetrators that belong to different forces discussed above.

To give a greater picture of the intention to commit genocide on Tigrayans alongside the context of the commission, full testimonies from in-depth interviews with survivors are presented herein.

Testimony of a survivor

Selam, 39, was gang raped by five EDF and an ENDF in two separate incidents. She used to live in the Eastern zone, Irob Woreda, and used to run a medium-sized business. After the war broke out, she and her family fled to Dohan. On Nov.04, 2020, fearing any possible attack. Then, around 1:00 pm, EDF soldiers caught them, and they instantly killed her husband. Then one of the soldiers beat her with a rifle, and three EDF soldiers raped her in a bush before her children, who were 8, 5, and 4 years old. Finally, one of them inserted a nail into her womb. Selam recalls that the soldiers shot to death a pregnant woman and took another woman with them, whose fate she doesn’t know. She then managed to travel on foot, struggling with her pain, and arrived in Adigrat. Selam added that after she moved to Axum, the war escalated again, and on 05/12/2022, two EDF soldiers and one ENDF soldier came to the home she was living in. Then they started beating her before her children. Though she begged them, they continued beating her with a rifle around her thigh and knee. They also beat her with their shoes. Then one of them raped her anally and vaginally before her children. Selam recalls that in both incidents the EDF soldiers insulted her, *“You wicked Agame!”*. Besides, in the first incident of rape, she heard the EDF

soldier who inserted nail to her womb say “*we are going to wreck your womb so that you wouldn’t be able to give birth to a child again.*” Besides, Selam added that the soldier who raped her in Axum told her “*I am an HIV AIDS carrier and I use ART medicine; I am going to infect you.*”²⁵⁰ The statement of the perpetrators and the acts of sexual violence can demonstrate the genocidal intention of the perpetrators.

Testimony of a survivor

Senait, 30, was gang raped during two different periods of time. The first time she was gang raped by three Ethiopian Federal Police forces and two Fano members in 2021. The second time, she was gang raped by three EDF soldiers in 2022. Senait used to live in Humera. After the Tigray war broke out, she was gang raped by three Federal Forces and two Fano members before her daughter and sons in her home. When they came home, one of them slapped her older daughter and ordered her to get lost. However, she managed to see everything from the toilet where she hid. Her two sons were also there when she was raped. It was her daughter who counted the exact number of perpetrators as Senait was rendered unconscious. They raped her for three consecutive days, starting from February 28, 2021, around 10:30 pm. She recalls that they raped her vaginally. Besides, they closed the house and denied her and her children food and water for three days. Her children spent the nights in the restroom. After this, Senait was displaced to the Shire IDP centre in April 2021. Again, the war escalated in 2022. Terrified of what happened to her in Humera, she left the IDP centre and fled to Semema, where her aunt lived. On her way to Semema, around a place called Abaqo, she was unfortunately caught by three EDF soldiers who repeatedly gang raped her vaginally on October 17, 2022, from 10:00 am to 3:00 pm. The survivor affirms that she was tortured by the perpetrators when she tried to struggle. Furthermore, Senait witnesses the murder of her aunt and the massacre of around 30 people in Semema by the EDF soldiers. As a result, she became pregnant, for which she managed to undergo an abortion. Senait said, “*When I was first gang raped by the Federal Police and Fano members, I recall them saying, ‘This womb must never bear a child. It either must be wrecked or give birth to our children.’ When the EDF soldiers raped me, I recall them insulting me ‘wicked Agame!’ and saying, ‘we came here to wreck you (Tigrayan women) or, we*

²⁵⁰ CITG, In-depth interview with a survivor, June 29, 2024

will make you bear our bastards.”²⁵¹ The statements made by the perpetrators and the act of sexual violence contain the intention to commit genocide through the act of sexual violence.

The sample of evidence presented above and survivors’ testimonies depict that the SGBVs committed on Tigrayan women are not just an ordinary crime or a bypass of war, but rather a part of a widespread and systematic attack targeting Tigrayan women that has the intention of destroying the Tigrayan ethnic group. This can be blatantly observed from the specific intent of the perpetrators, including the statements the perpetrators made during the incident and their motive behind the commission of the crime. Moreover, the intention to commit the crime of genocide against Tigrayans can be inferred from the context of the genocidal SGBVs. Besides, the report depicted that the context of the commission included the horrific experiences of survivors as presented. Accordingly, rape is more prevalent than other types of sexual violence, such as sexual assault, sexual slavery, and other forms of sexual violence. The report’s in-depth interviews reveal that most of the rape cases committed by the perpetrators were gang rapes. Furthermore, the context of commission indicates killing, infliction of serious physical and mental harm, inserting foreign objects into the vagina and rape by using foreign objects, and co-perpetration of sexual violence by perpetrators belonging to different armed forces. The magnitude of the sexual violence rape alongside the statements by the perpetrators is also evidence of a genocidal intention to commit genocide. Accordingly, the report revealed that both the specific genocidal intent and context of commission of the SGBV crimes can show the intention of perpetrators to commit genocide on Tigrayans.

Legal Analysis of the Crimes against Humanity of SGBVs committed in Tigray

The term ‘crimes against humanity’ first appeared in an international instrument in the Nuremberg Charter, when it was included as a means of prosecuting the German Nazi leaders for the gross atrocities committed against certain members of the civilian population, including German citizens, during the Second World War. Although the ICTY, ICTR, and ICC Statutes or Charters have defined the scope of the crime differently, in essence, a crime against humanity consists of an inhumane act (typically a series of inhumane acts such as murder, rape, and torture) committed as part of a widespread or systematic attack that is directed against a civilian population.

²⁵¹ CITG In-depth interview with a survivor, June 29 2024

Crimes against humanity as indicated in the Rome Statute of the International Criminal Court (ICC), encompasses crimes such as murder, extermination, rape, persecution and all other inhumane acts of a similar character (wilfully causing great suffering or serious injury to body or mental or physical health), committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack.²⁵² The acts show widespread or systematic attacks characterised by multiple acts of large-scale violence, carried out in an organised manner and resulting in numerous victims.

SGBVs can be committed as part of crimes against humanity. The Rome Statute of the ICC stipulates those crimes against humanity may be committed in the form of rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity.²⁵³ Particularly, rape constitutes not only a crime against humanity by itself, but it also constitutes a form of torture, for it causes severe pain and suffering, both physical and psychological. In *Furundžija*, the accused was convicted of torture for acts during an interrogation, including sexual threats, rapes, and forced nudity, inflicted on the victim for purposes of intimidation, humiliation, and extracting a confession.²⁵⁴ Rape is committed when a perpetrator invades the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body. The invasion can be committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression, or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent. The concept of ‘invasion’ is intended to be broad enough to be gender-neutral. It is understood that a person may be incapable of giving genuine consent if affected by natural, induced, or age-related incapacity.²⁵⁵

With regard to the term ‘any civilian population’, the word ‘any’ highlights the central innovation and *raison d’être* of crimes against humanity. The law of crimes against humanity not only protects civilians against foreign forces, but it also covers, for example, crimes by a State against its own subjects. Hence, the nationality or affiliation of the victim is irrelevant. In the

²⁵² Rome Statute of International Criminal Court, 2002, Art.7

²⁵³ Ibid Art.7

²⁵⁴ *Furundžija* ICTY T. Ch. II 10.12.1998 para. 267

²⁵⁵ *Supra* note 136 Art. 7 and the footnote, p8

term ‘civilian population’, the term ‘civilian’ connotes crimes directed against civilians rather than combatants, while the term ‘population’ indicates that ‘a larger body of victims is visualized’, and that ‘single or isolated acts against individuals’ fall outside the scope of the concept. The reference to population implies ‘crimes of a collective nature’ but does not require that the entire population be targeted.²⁵⁶

The term ‘widespread’ has been defined in various ways, and generally connotes the large-scale nature of the attack and the number of victims. No numerical limit has been set; the issue must be decided on the facts. While ‘widespread’ typically refers to the cumulative effect of numerous inhumane acts, it could also be satisfied by a singular massive act of extraordinary magnitude.²⁵⁷ A widespread attack may be demonstrated in geographic terms or in terms of the number of persons targeted. The assessment asks whether an attack was massive, frequent, carried out collectively with considerable seriousness, and directed against a multiplicity of victims. It is neither exclusively quantitative nor geographical, but must be carried out on the basis of all the relevant facts of the case.²⁵⁸

The term systematic has also been defined in various ways. In the *Akayesu* case, it was defined as thoroughly organized, following a regular pattern, on the basis of a common policy and involving substantial public or private resources. In the *Blas`kic* case, it was defined as requiring a plan or objective, large-scale or continuous commission of linked crimes, significant resources, and implication of high-level authorities. The hallmark of ‘systematic’ is the high degree of organization, and features such as patterns, continuous commission, use of resources, planning, and political objectives are important factors.²⁵⁹ A systematic attack need not be of similar scale to a widespread attack, but must instead be characterized by a distinct pattern of crimes. This might be evidenced by non-accidental repetition of similar criminal conduct on a regular basis or a series of repeated actions seeking to always produce the same effects on a civilian population.²⁶⁰

²⁵⁶ Supra note 140 p192

²⁵⁷ Ibid p193

²⁵⁸ Ibid 140 p194

²⁵⁹ Supra note 140 p195

²⁶⁰ Supra note 136 p84

The attack against civilians need not involve the use of armed force. It refers to the broader course of conduct, involving prohibited acts, including SBVS, as provided under the ICC Statute. The ICC Statute also rejects both the armed conflict requirement and the requirement of discriminatory grounds for international crime to constitute a crime against humanity. Today, it seems well settled that a nexus to armed conflict is not required. The majority of instruments and precedents oppose such a requirement. The limitation in the Nuremberg Charter is generally seen as a jurisdictional limitation only, and the ICTY Statute definition appears to be the anomaly. Indeed, the jurisprudence of the ICTY itself concludes that the requirement is a deviation from customary law.²⁶¹

With regard to the mental element of the crime against humanity, both the mental element of the perpetrator and awareness of the broader context of his action are crucial. Hence, the accused must also beware of the broader context in which his actions occur, namely, the attack directed against a civilian population.²⁶² Thus, it is the context of a widespread or systematic attack against a civilian population that makes an act a crime against humanity, and hence knowledge of this context is necessary in order to be culpable for a crime against humanity as opposed to an ordinary crime or a war crime. Tribunal cases indicate that awareness, wilful blindness, or knowingly taking the risk that one's act is part of an attack will suffice. The mental element of a crime against humanity must involve an awareness of the facts or circumstances which would bring the acts within the definition of a crime against humanity.²⁶³ The perpetrator is not required to have had detailed knowledge of the attack or its characteristics. In most conceivable circumstances, the existence of a widespread or systematic attack would be notorious, and knowledge could not credibly be denied. Thus, knowledge may be inferred from the relevant facts and circumstances.²⁶⁴

The ICC elements of the crimes also take a similar position, stating that the element of knowledge of widespread or systematic attack should not be interpreted as requiring proof that the perpetrator knew all characteristics of the attack or the precise details of the plan or policy of the State or organization. In the case of an emerging widespread or systematic attack against a civilian population, the intent clause of the last element indicates that this mental element is

²⁶¹ Supra note 140 p191

²⁶² Ibid p 200

²⁶³ Ibid

²⁶⁴ Ibid

satisfied if the perpetrator intended to further such an attack. Attack directed against a civilian population, in this context, is understood to mean a course of conduct involving the multiple commission of acts.²⁶⁵ Thus, perpetrators cannot blindly deny being aware if the context clearly shows a widespread or systematic attack on civilians.

In addition to the Rome Statute's stipulation that sexual violence is part of crimes against humanity, the UN Special Rapporteur on systematic rape, sexual slavery, and slavery-like practices observed that sexual violence includes: any violence, physical or psychological, carried out by sexual means or targeting sexuality. Sexual violence covers both physical and psychological attacks directed at a person's sexual characteristics, such as forcing a person to strip naked in public, mutilating a person's genitals, or slicing off a woman's breasts. Sexual violence also characterizes situations in which two victims are forced to perform sexual acts on one another or to harm one another in a sexual manner.²⁶⁶

In this regard, the SGBVs committed in Tigray were reportedly widespread or systematic. ICHREE reported that the patterns of rape and sexual violence included: widespread and consecutive vaginal, oral, and anal multiple-perpetrator rape with body parts or objects; vaginal, oral, and anal individual perpetrator rape with body parts or objects; and the insertion of foreign objects into victims' genital organs post-rape. Most cases concerned multiple perpetrator rapes involving up to fifteen perpetrators who often belonged to different armed forces and allied militias. Multi-perpetrator rapes were also committed against pregnant women. Vaginal rape was the most common form of rape found; however, anal and oral rape, including multi-perpetrator rapes, were also perpetrated. Rapes exposed survivors to unplanned pregnancy and sexually transmitted infections and diseases, including HIV.²⁶⁷

This report indicates that the SGBVs committed against the Tigrayan women and girls have taken place all over Tigray across all zones and in huge numbers. (Table 4) The fact that it had been committed everywhere, affecting a considerable number of survivors, depicts the widespread element of crimes against humanity, unless the genocidal intent puts it under the genocidal act of sexual violence. The places where the violence has taken place include river

²⁶⁵ Supra note 136 Art 7 Introduction

²⁶⁶ (UN Special Rapporteur on Systematic Rape, Report, paras. 21–22 available at <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2019/06/report/rape-and-sexual-violence-human-rights-law-and-standards-in-the-international-criminal-court/ior530012011en.pdf>)

²⁶⁷ Supra note 25

sides, military camps, bush/forests, checkpoints, hotels, market/shopping centres, school/education institution, workplace, religious centres, safe houses, public toilet, farm place, street/pathway, prison, health facilities, survivor's houses, cars, etc. Some of the incident locations, like military camps, checkpoints, schools, educational institutions, and prisons, depict not only the widespread nature of the sexual violence but also its organized nature. Military camps, schools, health facilities, and prison centres are public/government resources that can depict systematic attack as a resource of the system was used for that very purpose. As far as the places of incident is concerned the report depicts that of those who sustained the SGBV crime of rape, most (85 %) of the survivors were raped at the survivor's residence followed by (14%) at streets or pathways and 7.85% who were raped at bushes or forest forcefully taken from roads or while hiding themselves from heavy artillery shelling in caves (Table 4). This shows that most of the rape committed against Tigrayan women were house-to-house rape, which is the core of the systemic and widespread nature of the violence, exhibiting that the superior body gave identical commands to its soldiers to make house-to-house searches and the atrocious acts. This obviously shows the existence of a well-planned and organized campaign to dehumanize and humiliate Tigrayans through brutal acts of SGVB, among other things.

Furthermore, as was clearly put in the above section, the report reveals that the context in which the violence was committed included widespread or systematic rapes including gang rapes, insertion of foreign objects, forcing family members to see or perform the act of sexual violence on their loved family member (sister, daughter etc), infliction of serious bodily and mental injury, destruction of health facilities, co-perpetration of the crimes by forces such as ENDF, EDF, Amhara forces. The magnitude of the violence clearly reveals the commission of crimes against humanity through the acts of SGBVs. With regard to the crime of rape and sexual slavery, a 28-year-old survivor's testimony represents the systematic nature of the sexual violence sustained by Tigrayan women and girls. The survivor, Axumawit, said, *"I used to live in western Tigray, Woreda Adi Remetse in Mai Gaba town. After the Tigray war broke out, we fled as a family to Woreda Tselemti, Mai Tsebri town. I lived for almost two years there. After that, the War escalated again, and I fled to Endaba Guna with four other women, fearing any possible attack. On September 18, 2022, we were captured by the Amhara police in a place called Emba Madre. Then they imprisoned us in one house, and they started raping us. I personally was raped by seven policemen for two weeks on a daily basis. The other four, too, were gang raped alongside*

me. We couldn't see one another, though, because the rapes took place during the nighttime."²⁶⁸

The survivor and her fellow women were released after two weeks of gang rape and sexual slavery. Significant in-depth interviews of this report revealed a similar pattern of gang rapes and sexual slavery, including in military camps, health facilities, checkpoints, schools, and survivors' residences. The report documenting 286,250, SGVB survivors, 152,108 rape victims out of which 70% are gang raped, 12.67% of rape survivors forcefully enslaved, 975 burned by chemicals, 529 including children killed during brutal SGVB act particularly rape, 104,275 sustained severe physical assault including tearing of their genitals, beating etc, depicts that the widespread or systematic SGBVs committed in Tigray can constitute crimes against humanity unless they contain genocidal elements.

Legal Analysis of the War Crimes of SGBVs committed in Tigray

War crime is a serious violation of international humanitarian law. of the four Geneva Conventions and the Additional Protocols, customary international law, and international tribunal decisions. Such crimes are derived primarily from the four Geneva Conventions of 12 August 1949, their Additional Protocols I and II of 1977, the Hague Conventions of 1899 and 1907, customary international law, and decisions of international criminal tribunals such as the ICTY and ICTR laid a clear foundation to clarify war crimes. These laws were put in place in response to the inhumanities of the Second World War.²⁶⁹ Unlike the crimes of genocide and crimes against humanity, armed conflict is an essential element of war crimes. It is associated with armed conflict, be it international or non-international. It is the insecure and volatile situation of armed conflict that warrants international interest and gives rise to international jurisdiction over the crime.²⁷⁰

Geneva Convention, which protects the civilian population in times of war, mandates that protected persons are entitled, in all circumstances, to respect for their persons, their honour, their family rights, their religious convictions and practices, and their manners and customs. They shall at all times be humanely treated and shall be protected, especially against all acts of violence or threats thereof and against insults and public curiosity. Women shall be especially

²⁶⁸ CITG, In-depth interview with a survivor on June 29 2024

²⁶⁹ Supra note 140 p222-26

²⁷⁰ Ibid p233

protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault.²⁷¹ Moreover, the Rome Statute for the ICC states that rape, sexual slavery, enforced prostitution, forced pregnancy, as defined in Article 7, paragraph 2 (f), enforced sterilisation, and any other form of sexual violence are likewise recognised as war crimes²⁷² when committed in an armed conflict setting.

International humanitarian law instruments provide both general and detailed guidelines on the treatment of protected persons during periods of armed conflict; however, protections for women are minimal and weak. Crimes of gender-based violence committed during wartime were further developed and emphasised by different cases decided by different international criminal tribunals. These prosecutions have led to the development of the jurisprudence of wartime SGBV. The decisions also enforce those prohibitions against gender-based violence within armed conflicts. The first step forward for gender-based war crime prosecution came out of the ICTR was the Akayasu case, which set a benchmark for the legal jurisprudence by deciding rape as an act of genocide, among other crimes. The ICTR Trial Chamber in Akayesu introduced a conceptual definition of rape. Accordingly, rape is a form of aggression and ... the central elements of the crime of rape cannot be captured in a mechanical description of objects and body parts. Rather, rape is conceptualised as a physical invasion of a sexual nature, committed on a person under circumstances that are coercive.²⁷³

The ICTR Trial Chamber in Akayesu listed a range of physical and mental measures aimed at preventing births within a group: For purposes of interpreting Article 2(2)(d) of the Statute, the Chamber holds that the measures intended to prevent births within the group should be construed as sexual mutilation, the practice of sterilization, forced birth control, separation of the sexes and prohibition of marriages. In patriarchal societies, where membership of a group is determined by the identity of the father, an example of a measure intended to prevent births within a group is the case where, during rape, a woman of the said group is deliberately impregnated by a man of another group, with the intent to have her give birth to a child who will consequently not belong to its mother's group.²⁷⁴ Furthermore, the Chamber notes that measures intended to prevent

²⁷¹ Geneva Convention IV Art.27

²⁷² Supra note 252 Art.8 (b) (20)

²⁷³ ICTR, the Prosecutor v. Jean-Paul Akayesu, TC I, Judgement, Case No. ICTR-96-4-T, 2 September 1998, para.

⁶⁸⁷ ('P. v. Jean-Paul Akayesu TJ'))

²⁷⁴ Ibid

births within the group may be physical, but can also be mental. For instance, rape can be a measure intended to prevent births when the person raped refuses subsequently to procreate, in the same way that members of a group can be led, through threats or trauma, not to procreate.²⁷⁵

Another important case was a case decided under a trial held in Asia by the U.S. military commission, General *Tomoyuki Yamashita*, commander of the 14th Area Army of Japan, was charged with failing to exercise adequate control over his troops, who had committed widespread rape, murder, and pillage in Manila (known as the "*Rape of Manila*") during the war. Yamashita insisted that he knew nothing of the atrocities because of a complete breakdown of communications; he also alleged that his troops were disorganized and out of control, and thus, inferentially, he could not have prevented the crimes even if he had known of them. He further objected that because he was actively fighting a war and planning military strategies, he could not be held responsible for failing to control all persons under his authority. The Commission concluded, however, that because the crimes were committed over a large area during an extended period, *Yamashita* either did know of the crimes, or he could have and should have known of them unless he intentionally remained wilfully blind to them, and intentional ignorance would provide no excuse for being derelict in his duties.²⁷⁶ Thus, failing to take necessary steps to prevent troops from committing war crimes constitutes war crimes.

The *Furundzija* Case was also an imperative case decided by the ICTY advanced the prosecution of sexual violence by expanding the definition of rape to include oral and anal penetration. The ICTY additionally acknowledged that, though rape is covered under the ICTY Statute, other less grave forms of serious sexual assault are implicitly covered under the term other inhumane acts. The ICTY Trial Chamber in *Furundzija* opted for a mechanical definition by identifying the following objective elements of rape:

- a. The sexual penetration, however slight, of the vagina or anus of the victim by the penis of the perpetrator or any other object used by the perpetrator or of the mouth of the victim by the penis of the perpetrator;

²⁷⁵ Ibid

²⁷⁶ The trial of General Tomoyuki Yamashita, United States Military, Manila, (8th October -7th December, 1945) and the Supreme Court of the United States.

b. By coercion or force or threat of force against the victim or a third person.²⁷⁷

The ICC Rome Statute states that SGBV can be committed as a war crime, taking circumstances into consideration. Specific to non-international armed conflict, the Statute states that rape, sexual slavery, enforced prostitution, forced pregnancy, as defined in article 7, paragraph 2 (f), enforced sterilization, and any other form of sexual violence constitute a serious violation of article 3 common to the four Geneva Conventions.²⁷⁸

On the ground the ENDF, EDF and regional forces including Amhara forces, and Afar forces reportedly committed war crimes of violence to life and person, in particular murder; outrages upon personal dignity, in particular humiliating or degrading treatment; intentionally directing attacks against the civilian population and civilian objects; pillage; rape; sexual slavery; sexual violence; and the intentional use of starvation of civilians as a method of warfare.²⁷⁹

The report depicts that around 11% of the interviewed survivors asserted that the perpetrators told them that they were committing the violence because the victims were family members of the Tigrayan Defence Forces. Moreover, around 4% of the interviewed survivors revealed that the perpetrators told the victims that they were raping them to satisfy themselves sexually. Moreover, around 3% of the survivors stated that the perpetrators were saying that they had the intention of humiliating their husbands or family (Table 10). These are manifestations of the commission of war crimes of SGBVs on Tigrayan women and girls in transgression of the international humanitarian laws.

In an in-depth interview, a 36-year-old survivor testifies the commission of war crimes of rape, killing of civilians and sexual slavery. The survivor, Medhanit,²⁸⁰ used to live in Western Tigray, Humera. In September 2020, she came to the Central zone, Enda Mariam Shewito, to visit her family. Then the Tigray war broke out. Medhanit was raped and subjected to sexual slavery in one incident and was raped in another incident.

Medhanit testified that the first incident happened to her on November 23, 2020, when three EDF soldiers came to her home and claimed that her husband was a Militia. At last, they raped

²⁷⁷ ICTY, *The Prosecutor v. Anto Furundžija*, TC II, Judgement, Case No. IT-95-17/1-T, 10 December 1998, para. 185 ('P. v. Anto Furundžija TJ')

²⁷⁸ Supra note 81

²⁷⁹ Supra note 238

²⁸⁰ CITG interview with survivor on June 22, 2024

Medhanit. She added that the EDF soldiers' Camp was in the elementary School of Enda Mariam Shewito, near her home. As a result, they raped her on a daily basis, during the daytime, until December 24, 2020. Each day, four/five soldiers raped Medhanit, and she doesn't exactly count how many soldiers raped her because most of the time she loses her consciousness. They warned her that they would kill her if she went anywhere. She was scared to leave her home. The EDF soldiers raped the survivor before her children, who were 14 and 9 years old.

Medhanit added that the second incident was in the last phase of the war. She was already traumatized by the first incident, and when the war got closer again, she fled to a rural place where her relatives live. Unfortunately, once again, seven EDF soldiers came to the house where they were all hiding and took seven of her relatives, one of whom was a priest, and killed them all. Then three EDF soldiers raped Medhanit for days repeatedly from October 29, 2022, Nov. 06, 2022. They always took her out of the house and raped her under the trees near the home. Medhanit affirms that the EDF soldiers intend to commit genocide. She affirms that she heard them say, *'You are supporting the Woyaness, and we came here to avenge. They insulted me, 'wicked Tigrayans.'* The rape, sexual slavery, and killing of the seven civilians constitute a war crime in violation of international humanitarian law.

5.3 Responsibility of perpetrators for committing SGBVs against women and girls in Tigray

Credible independent reports show that the ENDF, EDF, Amhara Forces, and Afar Forces committed the SGBVs in extreme brutality. SGBVs against Tigrayan women and girls have been both extensive and extreme. The brutal characteristics of the perpetrators are revealed in circumstances including the multiple perpetrators' rapes/gang rapes, insertion of foreign objects into victims' genital organs, burning and searing of vaginas with hot metal rods. Such acts were often accompanied by threats about ending their reproductive capacity, and sometimes were carried out performatively, including in front of family members.²⁸¹ The perpetrators were forcing Tigrayans to rape their family members and were also compelling family members to witness their relatives' rape incidents. Significant incidents, as in-depth interviews of the report depict, were accompanied by the killings of family members.

²⁸¹ Supra note 130 p58

The report depicts that around 3% (Table 10) of the survivors mentioned that the perpetrators told them that they committed the crime because they were ordered by their superiors. These are consequences of the genocidal statements publicly made by political and military officials discussed in the above section. Thus, it is evident that the SGBV committed against Tigrayan women and girls was part of a broader systematic plan or policy to use rape as a method of exterminating Tigrayans. Although superior order can hardly relieve them from criminal accountability, this depicts that there were masterminds and designers behind the infantry who committed the atrocities on the ground. These planners and designers are the main culprits, with the highest responsibility in planning and executing the SGBVs.

The report revealed that the criminal responsibility for the SGBVs committed on Tigrayan women and girls is mostly borne by EDF soldiers (55.65%), followed by ENDF 34.99%, and Amhara forces constituting 4.6%. In addition, the report revealed co-perpetration of SGBVs by perpetrators belonging to different forces, including 1.55% co-perpetration by EDF and ENDF, 1.03% co-perpetration by EDF and Amhara Forces, and 0.04% co-perpetration by ENDF, EDF, and Amhara Forces. (Table 12) This indicates a significant number of perpetrators are foreigners who are Eritrean forces.

5.4 State obligation and the human right to an effective legal remedy for SGBVs

The right of each individual to be equally protected by the law, and to have access to legal remedies if her/his rights are violated, is included in several international instruments. The Universal Declaration of Human Rights (UDHR, 1948) provides the right to be free from discrimination, the UDHR called on States to strengthen their justice systems to make these commitments a reality for every individual assuring, all human beings are entitled to the three fundamental rights (Equality before the law, Equal protection by the law, Access to effective remedies by a competent tribunal). It in particular stipulates that everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted to him by the constitution or by other laws.²⁸²

²⁸² Universal Declaration of Human Rights adopted and proclaimed by the UN General Assembly in resolution 217 A (III) of 10 December 1948 at Paris Art.8)

Under the ICCPR, state parties are obliged to ensure that any person whose rights or freedoms as herein recognized are violated have an effective remedy, ensure that any person claiming such a remedy has right thereto determined by competent judicial, administrative or legislative authorities, or by any other competent authority provided for by the legal system of the State, and to develop the possibilities of judicial remedy and to ensure that the competent authorities enforce such remedies when granted.²⁸³ The Convention against Torture (CAT) also obliges states to prevent acts of torture in their territory and to punish when they are found committed.²⁸⁴

Under the international criminal law, the Convention on the Prevention and Punishment of the Crime of Genocide, Articles I-V require the Contracting Parties to enact the necessary legislation to punish individuals within their jurisdiction for conduct contrary to the Convention. In particular, Article III provides that Contracting Parties should not only punish genocide itself, but also conspiracy to commit genocide, direct and public incitement to commit genocide, an attempt to commit genocide, and complicity in genocide. Moreover, Article VI of the convention states that all persons charged with such acts shall be tried by a competent tribunal of the State in the territory of which the act was committed, or by such international penal tribunal as may have jurisdiction with respect to those Contracting Parties which shall have accepted its jurisdiction.²⁸⁵

Furthermore, the Genocide convention, under Art. VIII provides that the Contracting Party may call upon the competent organs of the United Nations to take such action under the Charter of the United Nations as they consider appropriate for the prevention and suppression of acts of genocide or any of the other acts enumerated in articles II and III of the Convention.

The ICJ has confirmed that Article I not only impose on contracting parties to the Genocide Convention a direct obligation to prevent genocide, including as necessary preventing persons or groups not directly under their authority from carrying out genocide, but also prohibits States from themselves committing genocide.²⁸⁶

²⁸³ International Covenant on Civil and Political Rights adopted by the UN General Assembly in resolution 2200 A (XXI) of 16 December 1966 at New York Art.2

²⁸⁴ Supra note 128 Art2-4

²⁸⁵ Supra note 112 Art.VI

²⁸⁶ ICJ, Case concerning Application of the Convention on the Prevention and Punishment of the Crime of Genocide (Bosnia and Herzegovina v. Serbia and Montenegro), Judgment of 26 February 2007, ICJ Reports 2007, p. 43, paras. 166-167.

The four Geneva Conventions and Additional Protocol I cover war crimes that constitute ‘grave breaches’ under these instruments. The provisions state that each High Contracting Party shall be under the obligation to search for persons alleged to have committed, or to have ordered to be committed, such grave breaches, shall bring such persons, regardless of their nationality, before its own courts or hand them over to another High Contracting Party.²⁸⁷ Specific to conflicts of non-international character, Common Art 3 of the Geneva Conventions obliges high contracting parties, among others, to treat protected persons humanely, to protect them against violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture, outrages upon personal dignity, in particular, humiliating and degrading treatment. Such protections are also provided under the Additional Protocol II of the Geneva Conventions.

State responsibility results from actions or omissions attributable to the State and breaching an international obligation of the State. Ethiopia and Eritrea carry responsibility for the crimes committed by their organs, including their armed forces, as well as inter alia persons or groups of persons acting on or under their instructions, direction, or control. Ethiopia is further required to prevent harmful conduct by another State or non-State actors on its territory. Internationally wrongful acts attributable to the Ethiopian and Eritrean states entail legal consequences. This is without prejudice to individual criminal responsibility and vice versa.²⁸⁸

5.5 The Ethiopian Transitional Justice and Accountability for SGBVs committed in Tigray

Following the Cessation of Hostilities Agreement reached between the FDRE government and TPLF in RSA, Pretoria, guns were silenced. The Pretoria Agreement under its Art. 10(3) imposes an obligation on the Ethiopian Government to implement a comprehensive national transitional justice policy aimed at accountability, ascertaining truth, redress for victims, reconciliation, and healing. It further demands that transitional justice should be in line with the FDRE constitution and the African Union Transitional Justice Policy Framework.

The AU TJ policy basically depends on the principles of African leadership, national ownership of the process, Inclusiveness, Equity and Non-Discrimination, Context Specificity, Due Regard

²⁸⁷ Geneva Convention I Arts. 49–50, Geneva Convention II Arts. 50–1, Geneva Convention III Arts. 129–30, Geneva Convention IV Arts. 146–7, Additional Protocol I Arts. 11, 85–6, and 88

²⁸⁸ Supra note 130

to the Gender and Generational Dimensions of Violations and Transitional Processes. Regarding the prosecution of perpetrators, it requires justice and accountability to be delivered through independent national courts if they are in place and have the capacity and the confidence of the affected society. In cases where the national courts lack the capacity and confidence of the affected community, it invites the adjudication to take place through special courts, extraordinary chambers, or hybrid courts. The policy alternatively demands that if member States are unable to facilitate the prosecution of perpetrators using such avenues due to legal, political, economic, or social challenges, they should galvanize national and regional consensus for and cooperate with relevant regional or international judicial processes that have jurisdiction.²⁸⁹

The AU transitional justice policy gives special emphasis to the protection of women and girls affected by conflicts under section three. The document calls for states to recognize the gendered nature of conflicts and their direct and indirect effects on women and girls. It further emphasizes women's representation and participation at all stages of TJ processes by writing women's participation into peace agreements and TJ laws, and policies. Moreover, the document calls for the adoption of urgent measures to address the psychosocial, medical, and livelihood needs of survivors of sexual and gender-based violence. In general terms, the policy states; criminal investigations and national and local processes for truth and reconciliation should give particular attention to sexual and gender-based violence as well as to patterns of gender inequality in the society that enable gender-based violence.²⁹⁰

In relation to the investigation and prosecution of SGBV, the policy states that TJ processes should adopt measures that protect victims of such violence from social and cultural stigma and ameliorate procedural and evidentiary requirements that militate against their effective prosecution. Provisions should also be made for adopting urgent measures to address the psychosocial, medical, and livelihood needs of survivors of sexual and gender-based violence, including educational opportunities for child victims.²⁹¹

Accordingly, the FDRE Council of Ministries approved the Transitional Justice policy in April 2024. Nonetheless, the problems of the TJ policy in relation to victim-centeredness, gaps within

²⁸⁹ African Union Transitional Justice Policy Adopted February 2019, February 2019, p17 available https://au.int/sites/default/files/documents/36541-doc-au_tj_policy_eng_web.pdf

²⁹⁰ Ibid p21

²⁹¹ Ibid p21

the national legal frameworks, institutional independence and impartiality, public trust, inclusiveness of stakeholders, timeliness, etc, became the focal points of criticism.

Mindful of the criticisms against the anticipated TJ process in Ethiopia, access to justice for the SGVB survivors in Tigray should be taken seriously. Legal justice is often left out of SGBV programming due to fear of counterattack or fear of the potential complexity of the law. Even though legal aid services are not advisable until basic services are in place and trust has been established, legal aid must be instituted at the appropriate time for survivors to maintain their safety and to obtain justice. Women and girls in Tigray have been victims of SGBV and abuse during the conflict, which lasted for more than two years. The data show that hundreds of thousands of survivors of SGBV, women and girls, were gang raped, subjected to torture, dehumanised, and in general sustained unspeakable suffering, as the details provided in respective sections of this report. Hence, now is the right time for Tigrayans to get justice, and increased attention is required to be given to provide services to survivors. A minimum set of good-quality services must be provided for healthcare, psychosocial support, police protection/security, and legal justice. Furthermore, quality legal services can strengthen the connection between humanitarian, development, and peace-building works. Obtaining full legal protection is one of the main priorities for populations affected by humanitarian crises, particularly in situations like that of Tigray the lives of communities and individuals are disrupted by conflicts and violence. During the conflict vulnerability of women and children was higher, and sexual and gender-based violence is among the priorities that need to be addressed.

The report reveals that justice is among the primary needs of the SGBV survivors. Out of those who responded to the question whether they want to pursue legal action against the perpetrators, 81.58% of the survivors want to institute legal suits against the perpetrators, 16.1% are not willing to file a legal action in a court of law, and around 2.3 % have not yet decided about it. This data shows that a high number of survivors need immediate and fair justice, and the remaining 18.4% tells us the social stigmatisation of SGBV and their poor trust in the institutions hinder them from seeking justice. The qualitative data collected indicates that those who don't want to institute legal action believe that the legal institutions are biased and incompetent to entertain prosecution of the systematic and international crimes committed by the allied forces of

the Eritrean and Ethiopian. Some of them also need to stay behind their doors without seeking justice, fearing the stigma and isolation from their family or community.

Neglect of gendered patterns of abuse ultimately limits women's and men's access to justice. It limits the reach of reparations programs, distorts the historical record, and undermines the legitimacy of transitional justice initiatives. Hence, actions need to be taken to satisfy the justice needs of victims. Thus, based on this acute gender sensitive need for justice that better options of TJ for the victims to be assessed.

The concerns against the TJ process being owned by the Ethiopian government include its non-compliance with international standards, lack of a legal framework to address international crimes, failure to apply a victim-centred approach, lack of gender sensitivity, and accountability gap for crimes by Eritrean forces. Particularly, the policy failed to consider the voices of victims, including SGBV victims in Tigray. The process remained exclusively a national transitional justice process. Looking, for instance, in the prosecution process of the transitional justice policy, the Ministry of Justice is given the power of coordination of the TJ process in all aspects. Besides, among others, it has the power to establish institutions helpful for the operationalisation of the TJ process. Moreover, the policy stipulates the establishment of a Special Prosecutor and Special Bench with the latter to operate within the Federal court structure.

On top of that, the fact that the Federal government is one of the alleged perpetrators makes it unlikely to impartially and independently render genuine prosecution through its institutions. This is proven by the track records of the Federal government over and over again. Ethiopia's attempts to terminate ICHREE's mandate during its term are unprecedented. Not only does it suggest that states can politically maneuver to overturn the decisions of the Human Rights Council, thereby avoiding independent scrutiny and accountability, but it could also set a dangerous precedent regarding international scrutiny and impunity for rights abuses elsewhere.²⁹²

The Ethiopian Government has also reportedly expressed skepticism about the factual basis for many of the allegations of criminality during the conflict. Significantly, for example, Ethiopia dismissed the ICHREE's finding that all sides in the conflict had committed war crimes as highly

²⁹² Human Rights Watch Threats to Terminate the Mandate of the International Commission of Human Rights Experts on Ethiopia, Feb 29, 2023)available at <https://www.hrw.org/news/2023/02/28/threats-terminate-mandate-international-commission-human-rights-experts-ethiopia> accessed on Jan. 23,2025)

politicised, refused to cooperate with the ICHREE, prevented access to fact-finding investigations, and tried to set conditions for the ICHREE's work, which proved unacceptable to the Commission's experts. Later, Ethiopia slammed the commission's reports as inflammatory and biased.²⁹³

The government continued its campaign against independent rights scrutiny when, in March 2023, it threatened to introduce a resolution at the UN Human Rights Council prematurely terminating the ICHREE's mandate.²⁹⁴ The government also refused to cooperate with and resisted the work of the African Commission on Human and Peoples' Rights (ACHPR) Commission of Inquiry on Tigray, whose investigation ended in May 2023 without the release of a public report on its findings and recommendations.²⁹⁵

ICHREE reported concern over the public trust in the transitional justice. It stated that the vast majority of Ethiopians asked by the Commission about accountability and healing expressed their complete lack of trust in Ethiopian State institutions to carry out a credible process of transitional justice. The Commission's own assessment of the Government's actions to date bears out this mistrust. The Government's consultation process falls well short of African Union and international standards. Rather than reflecting victims' voices, it is hostage to an arbitrary deadline for completion. Impunity, rather than accountability, is the norm regarding past violations.²⁹⁶

Different CSOs also expressed concern about the public trust in the TJ process. The federal government has continued to deny that abuses were committed throughout the conflict despite the overwhelming, reliable evidence compiled by international and domestic organizations. As recently as 4 July 2024, Ethiopian Prime Minister Abiy Ahmed stated in a speech to Parliament that Ethiopia's forces "*didn't kill in mass*" (*we don't commit mass killings*) despite acknowledging the commission of human rights abuses in the country and the need to take responsibility. These dismissive comments continue to foment an environment of distrust.²⁹⁷

²⁹³ Supra note 130

²⁹⁴ Human Rights Watch Report May 2024 available at <https://www.hrw.org/world-report/2024/country-chapters/ethiopia> accessed on 23, July 2025

²⁹⁵ Ibid

²⁹⁶ Supra note 25

²⁹⁷ Global Centre for the Responsibility to Protect: Civil Society Concerns in achieving Transitional Justice and accountability for mass atrocity crimes in Oct 2024) available at <https://www.globalr2p.org/publications/civil->

Tigrayan women sustained genocidal SGBV in an unprecedented pattern by the Ethiopian Federal government, Eritrean, and regional allied forces. One cannot expect these women to have confidence and trust in the Federal transitional justice institutional framework, which is operationalized and financed by the same. This calls for the resolution of the crimes committed against Tigray women through a mechanism that goes beyond the national channel.

The Harvard Humanitarian Initiative report shows public trust of Tigrayans over the existing federal institutions is low, as compared to other regions, as far as accountability is concerned. There are significant regional differences in people's preferences for specific venues for criminal trials. Nationally, 41% favour existing domestic courts, 23% favour a new special domestic court, 23% favour a hybrid court with international/foreign judges, and smaller percentages favour international courts set up by the UN (11%) or the African Union (3%). But in Tigray, just 2% favoured domestic courts, compared to 60% favouring a UN tribunal and 27% favouring a hybrid court.²⁹⁸

Moreover, the policy failed to properly address the crimes committed by EDF members, who worked hand in hand with the Ethiopian forces. The current transitional justice policy is confined to the jurisdiction of Ethiopia and provides no genuine pathways to justice for survivors of abuse by Eritrean forces. The involvement of Eritrea in the conflict of Tigray requires the legal aspect of transitional justice to be an international matter, thereby making it difficult for the local courts to prosecute and enforce the crimes committed by the Eritrean soldiers. Be that as it may, the Ethiopian authorities continued to deny or downplay allegations that it committed abuses against civilians, casting doubt on its commitment to hold its forces and Eritrean soldiers to account for grave crimes.²⁹⁹

The other concern over the process is the implication of foreign forces in the perpetration of the sexual violence. This report reveals that around 58.3% of the perpetrators of the SGBV cases that occurred during the Tigray conflict were committed by the EDF. Nonetheless, there are no realistic pathways to ensure accountability for crimes committed by such as Eritrean soldiers in

[society-concerns-in-achieving-transitional-justice-and-accountability-for-atrocities-in-ethiopia/](#) accessed on Jan.25,2025

²⁹⁸ Harvard Humanitarian Initiative; ETHIOPIA PEACE & JUSTICE SURVEY 2023 p35 available at <https://hhi.harvard.edu/publications/ethiopia-peace-justice-survey-2023> accessed on Jan,25,2025

²⁹⁹ Human Rights Watch report, 2025 available at <https://www.hrw.org/world-report/2025/country-chapters/ethiopia> accessed on Jan. 25, 2025

Ethiopia, including means to ensure accountability of those with command or superior responsibility. This entails that a large portion of perpetrators will escape justice and accountability in general, and prosecution in particular. Even though international crimes can be entertained in any country without any restriction, it is highly unlikely for the Ethiopian courts to entertain cases to make Eritrean perpetrators responsible for the crimes committed by them, taking into account their territorial mandate of the courts and the hostile relationship between the two countries. It further undermines the overall goal of transitional justice, which is to address past atrocities and human rights abuses towards sustainable peace, justice, and reconciliation. Unless the perpetrators face justice before the adjudicating organ, one cannot think of healing and justice for the affected women.

With regard to the timing of the transitional justice process, executing transitional justice measures requires a meticulously planned sequence. Each component of the justice process needs to be introduced at the right time, allowing for a cohesive and systematic progression of steps. Specifically, in the fragile post-conflict setting, a balance and compromise must be struck between peace and reconciliation on the one hand and responsibility and accountability on the other.³⁰⁰ Ethiopia's condition remained unchanged as armed conflicts continued throughout the country, including in the two largest regions: Oromia and Amhara. These dynamics not only cast doubt on the government's commitment to the transitional justice initiative but also obstruct its effective implementation.

As to the period of limitation of the transitional justice, in particular, criminal accountability, the TJ policy states that it goes back to 1987 E.C., when the FDRE Constitution was ratified. This clearly downplays the magnitude of international crimes committed during the Tigray war in general and SGBV crimes in particular, diluting them among domestic grievances.

The other concern over the TJ policy is the material jurisdiction being vested in the Military court. The Ethiopian Défense Forces Proclamation No.1286/2023 Art 40 states that the Primary Military Court shall have jurisdiction over offences committed by members of ENDF in transgression of international law and offences of bodily assault resulting in bodily injury. This proclamation seems enacted to escape military perpetrators of international crimes from the FDRE criminal code punishments provided in Articles 269 through 283. These crimes in the

³⁰⁰ Supra note 25 paragraph 38

FDRE criminal Code, among others, include crimes of Genocide (Art.269), and war crimes against civilians (Art. 270). The proclamation gives the Federal government discretionary power to adjudicate members of the ENDF who committed international crimes through the Military court. Considering the tremendous influence of the Federal government, members of the ENDF who committed grave human rights violations could end up being adjudicated by the military court. That means the Special Bench will only entertain civilians who committed those crimes. The accountability of members of the ENDF and its allies is doubtful. Thus, the prosecution of the TJ process will end up selective and victor's justice as there is no means available to run the TJ process impartially.

Establishment of an independent international truth-seeking body, and establishment of an ad-hoc international tribunal that leads the investigation, prosecution, and judicial process as a whole is needed. Having a realistic transitional justice process that will have full trust and a sense of ownership by the people of Tigray is a basic condition to provide justice for those who were attacked by the perpetrators.

The legal action to be undertaken should respect the dignity of victims of SGBV to be realistic because leaving all these victims of SGBV without justice will not bring sustainable peace and democracy, as aimed by the transitional justice policy of the AU and the policy to be drafted by the Ethiopian government. Hence, Ethiopia and the international community should move forward to bring sustainable peace and democracy by reconsidering the independent transitional justice process to be gender sensitive and recognising the international nature of the conflict that happened in the Tigray region.

The Federal government endeavours to end independent investigations and prosecutions of the international crimes, SGBVs, including, which will likely end up in a process of impunity, not accountability. It would be safe to conclude that a government-owned TJ process wouldn't genuinely investigate and prosecute perpetrators of its own crimes, as everything is being manipulated by the Federal government. Nor does the Federal government make significant efforts to operationalise the TJ on the ground. Thus, the process will end up as victor's justice or lead to selective prosecution for some perpetrators as a scapegoat for the extensive SGNB atrocities.

Given the Ethiopian government's track record, including its aversion to impartial investigations, as evidenced by its treatment of members of the UN-mandated ICHREE, and its propensity to influence investigations, it is unlikely that victims will experience successful transitional justice. Thus, an international accountability mechanism is the only option to genuinely investigate and prosecute the genocidal SGBVs committed in Tigray.

5.6 Avenue for accountability for the Genocidal SGBVs committed in Tigray

As many instruments mention, national prosecutions of international crimes are not only the primary vehicle for the enforcement of international crimes, but they are also often considered a preferable option for political, sociological, practical, and legitimacy reasons to international prosecutions. As was mentioned in the above section, the transitional justice under operation will not genuinely investigate, prosecute, and adjudicate the genocidal SGBVs committed on Tigrayan women and girls. The following section assesses the possible avenues for accountability for the crimes.

The report revealed that, at the state level, the governments of Ethiopia and Eritrea carry State responsibility for the violations and abuses of international law committed by their organs of state, and persons and groups acting under their instruction, direction, or control. Ethiopia is additionally responsible under international human rights law for its failure to protect its citizens and others on its territory from violations committed by the EDF and non-State actors.

As far as state responsibility is concerned, the ICJ may be granted jurisdiction over the States in relation to the crime of genocide. The ICJ has confirmed that Article I of the Genocide Convention not only imposes on Contracting Parties a direct obligation to prevent genocide, including as necessary preventing persons or groups not directly under their authority from carrying out genocide, but also prohibits States from themselves committing genocide.³⁰¹

In order for the ICJ to find that a State is responsible for genocide, it must be shown that genocide, as defined in the Convention, has been committed. Once the ICJ has determined the

³⁰¹ ICJ, Case concerning Application of the Convention on the Prevention and Punishment of the Crime of Genocide (Bosnia and Herzegovina v. Serbia and Montenegro), Judgment of 26 February 2007, ICJ Reports 2007, p. 43, paras. 166-167.

existence of one or more acts of genocide, it will then determine whether those acts, i.e., carrying out genocide, may be attributed to the respondent State.³⁰²

Ethiopia, as a contracting State to the Genocide Convention, may potentially have recourse to its prerogatives and duties under that regime as a matter of State responsibility, including under Article IX, i.e., submitting disputes relating to the responsibility of a State to the ICJ. However, the prospect of investigations with a view to potentially holding individuals criminally accountable for the crimes under international law is likely to depend on Ethiopia's own exercise of jurisdiction, which is unlikely for the reasons mentioned above.

When it comes to individual accountability of perpetrators of international crimes, the ICC and international criminal tribunals come to the forefront of accountability mechanisms. A major feature of the ICC is that the Court cannot exercise its jurisdiction unless there is a failure by a national judicial system. The Court is intended to supplement, not to supplant, national jurisdictions, and the preamble to the ICC Statute recognizes that every State has a responsibility to exercise its own criminal jurisdiction over international crimes. This is known as the principle of complementarity. It is based not only on respect for the primary jurisdiction of States but also on practical considerations of efficiency and effectiveness, since States will generally have the best access to evidence and witnesses and the resources to carry out proceedings.³⁰³

As far as Ethiopia is concerned, it is not a party to the Rome Statute of the International Criminal Court, which is the only court with permanent jurisdiction over crimes of genocide, crimes against humanity, and war crimes. Nevertheless, there are possibilities whereby the ICC can have jurisdiction over crimes committed in the territory of a non-party state. According to Art.13 of the Rome Statute, a non-party state may choose to accept the ICC jurisdiction to entertain crimes committed within its territory. To that end, the Prosecutor may open an investigation accordingly. However, it is unlikely for the Federal government of Ethiopia to accept the ICC jurisdiction and enable an independent investigation of its own genocidal crimes committed. The Federal government of Ethiopia was reportedly engaged in blocking independent investigations of the crimes committed, including those of the UN ICHREE.

³⁰² ICJ, Case concerning Application of the Convention on the Prevention and Punishment of the Crime of Genocide (Bosnia and Herzegovina v. Serbia and Montenegro), Judgment of 26 February 2007, ICJ Reports 2007, p. 43, paras. 378, 384. See further paras. 385, 391-393, 396-407.

³⁰³ Supra note 26 p127

If Ethiopia or Eritrea fails to accept the ICC ad hoc jurisdiction, the UN Security Council can refer the genocidal crimes to the ICC. However, for geopolitical reasons, it again appears highly unlikely that Security Council members would pass such a resolution. The UN Security Council has only ever referred two situations (Darfur and Libya) to the ICC. A referral of the situation in Syria was blocked by two permanent members, Russia and China. Afterward, in this light, States have been more reluctant to consider such a referral. Yet action by the ICC would also ensure that Eritrean soldiers could be prosecuted for alleged crimes on Ethiopian territory.³⁰⁴ Thus, there is a possibility of the genocidal crimes being entertained under the ICC despite the geopolitical situation of countries holding departing positions in relation to the crimes committed in Tigray.

The other alternative avenue for accountability is the establishment of an international criminal tribunal in the absence of a prospect of proceeding with the UN Security Council referral of the crimes to the ICC. To this end, firstly, the international community can establish a tribunal applying customary international law, similar to the ad hoc tribunals for the former Yugoslavia and Rwanda. Nevertheless, the existence of a deadlock in the UN Security Council, which is likely to prevent a referral to the ICC, is equally likely to prevent the creation of a new ad hoc tribunal.

Secondly, the UN General Assembly may create a mechanism, based on a resolution adopted by a majority of UN Member States. However, this mechanism does not have jurisdiction to prosecute crimes under international law, but rather to investigate such crimes and to share evidence with States for prosecution by them under the universal jurisdiction principle. In principle, if universal jurisdiction is the only means of recourse, it is likely to be more effective if supported by such a mechanism. On the other hand, unlike an ad hoc tribunal created by the UN Security Council, these kinds of investigative mechanisms created by the UN General Assembly do not have any power to require the cooperation of the State concerned, and so may be limited in what they can achieve.³⁰⁵

Thirdly, the UN Human Rights Council can create a similar mechanism to that which might be created by the UN General Assembly. Again, while it has never created a tribunal, it likewise

³⁰⁴ Kjetil Tronvoll, “The Anatomy of Ethiopia’s Civil War” (2022), 121 *Current History*, p. 169 (stating that “the insistence of Russia and China on non-interference has blocked any resolution addressing the conflict”).

³⁰⁵ *Supra* note 130 p 118

created an independent investigative mechanism (for Myanmar). Such a mechanism would be essentially similar in its potential functions and powers.³⁰⁶

The other option is the creation of special courts through the agreement of the United Nations and the Federal government of Ethiopia. This procedure was operationalized in countries like Sierra Leone, Kosovo, East Timor, Cambodia, and Bosnia and Herzegovina. In Sierra Leone and Cambodia, the conflicts were a civil war and persecution by a murderous regime, respectively, and the courts are a result of an agreement between the United Nations and the post-conflict governments. For instance, the Special Court for Sierra Leone (SCSL) was established by a treaty between Sierra Leone and the UN. A request from the President of Sierra Leone to the Security Council for the creation of a special court to deal with crimes committed in the civil war led to a resolution. The SCSL has jurisdiction to prosecute persons who bear the greatest responsibility for serious violations of international humanitarian law and Sierra Leonean law, committed in the territory of Sierra Leone since 30 November 1996.³⁰⁷ However, the track record of the Federal Government of Ethiopia depicts the pursuit of a domestic accountability mechanism through the TJ process. Nor does it show the willingness to create a transitional government that deals with post-conflict situations.

The other possibility for accountability of the genocide committed in Tigray is through the principle of universal jurisdiction. Universal jurisdiction refers to jurisdiction established over a crime without reference to the place of perpetration, the nationality of the suspect or the victim, or any other recognized linking point between the crime and the prosecuting State.³⁰⁸

States around the world with relevant legislation relating to crimes against humanity, war crimes, and genocide may be able to prosecute allegations under the principle of universal jurisdiction. The precise requirements depend on the State concerned. In some States, this may require a link of some kind between the prosecuting State and the alleged crime. However, this might be satisfied, for example, by the presence of the victim(s) or perpetrator(s) on the territory of the State concerned.³⁰⁹ Nonetheless, universal jurisdiction doesn't impose on other states the duty to cooperate, and perpetrators may escape prosecution by residing in safe states. States are entitled,

³⁰⁶ Supra note 130 p118

³⁰⁷ Supra note 140 p152

³⁰⁸ Ibid p 44

³⁰⁹ Supra note 130 p118

but not obliged to assert universal jurisdiction over war crimes, crimes against humanity, genocide, and torture. The existence of jurisdiction per se does not give rise to any obligations on behalf of the territorial or nationality State to assist in any investigation, provide evidence, or extradite suspects.³¹⁰

The genocidal SGBVs committed by the allied forces can only be investigated and prosecuted by an international independent organ, such as the ICC, through the establishment of an ad hoc international criminal tribunal, the application of universal jurisdiction despite the sophistication in relation to the geopolitical situation of countries.

6. Concluding Remarks and Recommendations

6.1 Concluding Remarks

The crimes of SGBVs are serious violations of international human rights laws, international humanitarian law and international criminal law. They can be committed as part of international crimes of the crime of genocide, crimes against humanity and war crimes. The crime of genocide is recognized as a serious breach of international law. As indicated under the Rome Statute genocide means acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such by killing members of the group, causing serious bodily or mental harm to members of the group, deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part, imposing measures intended to prevent births within the group and forcibly transferring children of the group to another group.

The intention behind the act of genocide can be deduced from the specific intent of the perpetrators and the general context of the perpetration of other culpable acts systematically directed against that same group. The report depicts the specific intent behind the genocidal SGBVs committed by the allied forces of EDF, ENDF and Amhara Forces against Tigrayan women and girls. The specific intentions are inferred from the statements made by higher political authorities, statements of public figures, statements made through mainstream media and social media platforms. The genocidal statements also included ethnic slurs, hate speeches,

³¹⁰ Supra note 140 p44

degrading comments and statements of genocidal incitements which were massively used by the perpetrators of sexual violence's to inflict staggering consequences on the ground.

In addition, the general context in which the genocidal SGBVs committed on Tigrayan women and girls clearly demonstrates the intention behind the crimes. The brutal SGVB crimes were committed systematically in a pattern and widely spread all over Tigray. The context demonstrates that the SGBVs were perpetrated with extreme brutality including insertion of foreign objects to the women's genitals, forcing family members to witness rapes and perform sexual violence on their family members, perpetration of gang rapes by the armed forces, co-perpetration of gang rapes by the allied armed forces, inflicting serious physical and mental injury including reproductive health injuries, intentional transmission of HIV/AIDS. On the ground, the brutal SGBVs were accompanied by genocidal statements which demonstrate, among others, the intention to prevent Tigrayan women and girls from giving birth again, forcing them to interbreed their race with the perpetrators, to cleanse their Tigrayan blood and the ethnic slurs coined by the higher political and military authorities. The effects of the systematic SGBVs were exacerbated by the intentional destruction of health facilities, denial of medical services and humanitarian blockage and siege. The context of the perpetration also shows that the systematic rapes were committed predominantly in the survivor's residence. In-depth interviews revealed that survivors were raped after they returned to their homes from the wilderness where they fled to escape artillery shelling. Other patterns depicted that survivor were raped in their residences when they returned to their homes to get food for their children, hiding in the wilderness, to escape artillery shellings. The report also depicted that the perpetrators were using public infrastructures, including schools, prison centres, hospitals, military camps and other facilities, to carry out sexual violence, including rapes and sexual slavery. Generally, the specific intention of the perpetrators alongside the general context in which the genocidal SGBVs were committed shows a clear intent to destroy Tigrayans through serious bodily or mental harm, imposing measures intended to prevent birth, and deliberately inflicting on the group conditions of life calculated to bring about its physical destruction on Tigrayans.█

The report also reveals the perpetration of crimes against humanity and war crimes by the allied armed forces. As far as the venue where the crime against humanity of sexual violence is committed, the report revealed that the sexual violence occurred in multiple places all over

Tigray - including in river sides, military camps, bush/forests, checkpoints, hotels, market/shopping centers, school/education institution, workplace, religious centers, safe houses, public toilet, farm place, street/pathway, prison, health facility, victim's houses, car etc. The finding also shows that sexual violence was committed in military camps, schools, health facilities and prison centres and other public/government facilities that clearly depict a systematic nature of the crimes. The report further depicted that war crimes of rape, sexual slavery, forced pregnancy and other forms of sexual violence were committed by the allied forces.

This report conveyed an extensive and grave sexual violence committed during the Tigray war and its consequences. The findings revealed that the sexual violence was extensive and included sexual slavery involving multiple perpetrators, insertion of foreign objects and extreme physical and psychological harm. The report shows the survivors endured serious physical disability following the incidents, including immobility, back pain, loss of hearing and sight and other forms of permanent disabilities. The sexual violence perpetrated on Tigrayan women and girls has also inflicted serious reproductive health injuries such as fistula or incontinence, infertility, forced impregnation, menstrual disorder, miscarriage, pelvic rectal, and oral injuries, sexual dysfunction, sexually transmitted infections, including HIV/AIDS and other injuries. The severe injuries perpetrated reflect the lasting harm designed to destroy the community's capacity for social and biological continuity. The systematic sexual violence has also inflicted serious mental harm among the survivors. Furthermore, the destruction of health facilities and the denial of medical and psychosocial services aggravated the serious injuries inflicted upon Tigrayan women and girls. These manifest deliberate infliction of conditions of life calculated to bring about physical and social destruction.

Furthermore, the report conveyed that the systematic sexual violence perpetrated on Tigrayan women and girls resulted in serious socio-economic consequences. Socially, survivors predominantly prefer to remain silent about the incidents they endured. The report shows that survivors of sexual violence faced stigma and ostracisation, divorce, social isolation, discrimination, including by religious leaders and family members, rejection by family members, including their own children. In-depth interviews revealed that survivors have been subjected to blame, insult, repudiation and rejection by their husbands. Furthermore, a large percentage of

SGBV survivors lost their role or function in society due to the violence they experienced. The report also shows that the family members of sexual violence survivors sustain secondary traumatisations, particularly among those who were forced to witness or perform sexual violence on their family members.

Economically, the report conveyed that the sexual and gender-based violence inflicted on Tigrayan women and girls brought significant and widespread economic consequences on the survivors, their families and the community at large. The brutal and violent SGBVs resulted in serious bodily and mental harm, which caused the survivors to stay away from engaging in economic activities. As a result of the health complications and disrupted relationships, the survivors were unable to perform household activities which they used to perform. This led survivors to livelihood and economic dependency and additional expenses.

The widespread and systematic sexual and gender-based violence committed during the war in Tigray constitutes serious violations of international human rights, international humanitarian, and international criminal laws. The data demonstrates that acts such as widespread rape, gang rape, sexual slavery, and the use of sexual violence as a weapon of war by Ethiopian, Eritrean, Amhara forces, and allied militias were not isolated incidents but part of a coordinated genocide targeting the Tigrayan people. Beyond meeting the criteria of war crimes, crimes against humanity, and, notably, these acts qualify genocide under the 1948 UN Genocide Convention by inflicting serious bodily and mental harm, deliberately inflicting condition of life calculated to bring about destruction of Tigrayans people and measures intended to prevent births within Tigrayans ethnic community with the aim of the destructing Tigrayans in whole or in part have been imposed.

Ethiopia and Eritrea carry responsibility for the wrongful acts, including the systematic SGBVs committed by their organs, including their armed forces, as well as inter alia persons or groups of persons acting on or under their instructions, direction or control. Ethiopia is further required to prevent harmful conduct by another State or non-State actors on its territory.

The report findings depict that there is sufficient evidence to conclude that there is reasonable ground to believe that the Ethiopian National Defence Force (ENDF), the Amhara Forces and the Eritrean Defence Forces (EDF) have committed genocide, crimes against humanity and war crimes through heinous SGBVs against Tigrayan women and girls. In addition, there is sufficient

evidence to believe that the Afar forces have committed war crimes through the SGVB against Tigrayan women and girls. Furthermore, the report concludes that there is reasonable ground to believe that some high-ranked military commanders and higher civil officials of the Federal government of Ethiopia, the Regional State of Amhara and the State of Eritrea incited genocide on Tigrayans and made statements possessing genocidal intentions. All individuals, from high-ranked commanders and civil officials to foot soldiers, who have committed the crime are individually responsible.

In addition, the report concludes that, at State level, the Federal Democratic Republic of Ethiopia and the State of Eritrea are responsible for the heinous crimes committed. Ethiopia is additionally responsible for failing to prevent serious SGBV crimes committed by other State or non-State actors on its territory.

A failure to prevent and punish serious violations of international human rights laws, international humanitarian law, and international crimes gives rise to State responsibility. Hence, as the aforementioned violations are committed under the direct command of the Ethiopian and Eritrean governments. The two countries and regional states will be responsible for the serious violations their respective perpetrators committed. In addition, Ethiopia, as a nation which should have prevented harmful conduct by another State or non-State actors on its territory, is responsible for the serious SGVB act committed on Tigrayans by all perpetrators and their consequences.

Following the Pretoria Agreement (CoHA), the FDRE Council of Ministries approved the Transitional Justice policy in April 2024, claiming to address _accountability, ascertaining the truth, redress for victims, reconciliation and healing. Nevertheless, the Transitional Justice headed by the Federal government will not genuinely address the genocidal crimes committed in Tigray including SGBVs for reasons, among others, which are non-compliance with the international standards, lacks - legal framework to address international crimes, failure to apply victim-centred approach, lacks - gender sensitivity, lacks - public trust and inclusiveness, and also manifests accountability gap for crimes by Eritrean forces. It is also unlikely for the Federal government to genuinely investigate and prosecute crimes of its own.

Accountability mechanisms for the genocidal sexual violence committed in Tigray need to be impartial and independent. As far as state and individual criminal accountability is concerned,

international accountability mechanisms such as the ICJ, UN Security Council referral to the ICC, through the establishment of an ad hoc international criminal tribunal, and the application of universal jurisdiction must be implemented. Nevertheless, it should be noted that these accountability mechanisms were seen to be severely affected by the geopolitical situation of countries.

6.2 Recommendations

Strengthen Health Services for Survivors

- Expand access to comprehensive medical care by establishing well-equipped and confidential health centres throughout Tigray. These centres should be staffed by trained medical professionals specialising in key areas such as reproductive health, physical injury treatment, fistula management, and mental health support.
- Enhance both immediate and long-term medical and psychosocial services tailored to the complex needs of sexual and gender-based violence (SGBV) survivors, including specialised treatments for physical trauma, sexual and reproductive health complications, and mental health disorders.
- Provide psychosocial and mental health support emphasising trauma counselling and psychiatric care, particularly for survivors experiencing severe psychological distress.
- Create safe and stigma-free environments that encourage disclosure of SGBV, actively addressing harmful cultural taboos and fears that prevent survivors from seeking help.
- Reconstruction of the severely damaged health facilities throughout the Tigray region, which enhances survivors' access to medical care.
- Prioritise survivor-centred, trauma-informed care and rehabilitation for survivors of sexual violence with specialised care for minor survivors.

Address Social and Economic Consequences

- Implement community sensitisation campaigns aimed at reducing stigma, discrimination, and social ostracisation of survivors, fostering social acceptance and community support.

- Develop livelihood and economic empowerment programs to restore survivors' societal roles, thereby facilitating their recovery and reintegration as productive, independent members of society.
- Engage community and religious leaders, alongside family members, to support survivors and promote shifts in harmful cultural norms and attitudes towards gender-based violence.

Justice and Accountability

- Support documentation and evidence preservation initiatives essential for prosecutions and historical record-keeping. The Tigray regional government should ensure the proper collection, safeguarding, and accessibility of necessary data and documentation for responsible justice bodies.
- Prioritise independent investigations - and prosecution of SGBVs and related crimes committed during the war in Tigray to ensure accountability.
- Ensure that survivors receive legal assistance and protection, including accessible legal aid services critical for enabling survivors to pursue justice without fear of reprisal.
- Support the investigation - and accountability of perpetrators implicated in serious violations of international criminal law, human rights law, IHL, including the crimes of genocide, war crimes, and crimes against humanity committed by members of the Ethiopian National Defence Forces (ENDF), Eritrean Defence Forces (EDF), Amhara Forces and civilian officials.
- Referral by the UN Security Council of the SGBVs committed in Tigray to the International Criminal Court (ICC) based on the Rome Statute.
- Explore the establishment of an international tribunal applying customary international law, akin to the ad hoc tribunals for the former Yugoslavia and Rwanda, via a binding United Nations Security Council resolution under the UN Charter.
- Support the investigation - and accountability for perpetrators of serious rights violations committed in Tigray under international law, including through universal jurisdiction.

- Advocate for an independent, gender-sensitive, and victim-centered transitional justice process that includes survivors' voices.
- Develop and implement witness protection programs to facilitate survivor participation in justice mechanisms safely and effectively.

Prevention of Future Violence

- Implement security and protection measures to enhance the safety of women and girls in conflict and displacement settings (including internally displaced persons' centers) through security sector reforms and community policing initiatives.
- Provide targeted training for military and police personnel on international humanitarian law and gender-based violence, and enforce strict codes of conduct to prevent future SGBV incidents.
- Promote community education and awareness programs to challenge harmful gender norms and reduce stigma and discrimination against survivors.
- Ensure unhindered humanitarian access to all affected areas, including previously inaccessible Woredas, to deliver protection and critical services.

Strengthen Survivors' Protection and Support

- Implement targeted livelihood and economic empowerment programs designed to reduce dependency and assist survivors' recovery.
- Provide literacy and vocational training, especially for women and girls who lost their livelihoods due to war-related SGBVs.
- Support social reintegration efforts through community dialogue, stigma reduction initiatives, and family counselling programs.
- Advocate for sustained financial, technical, and logistical support from regional and international actors—including the African Union, United Nations agencies, donor governments, and multilateral institutions—for survivor-centred services such as healthcare, psychosocial support, legal aid, and socioeconomic reintegration in Tigray and displaced communities.

- Support the establishment and strengthening of national and local institutions to implement comprehensive justice mechanisms encompassing prosecution, truth-seeking, reparations, and institutional reform aligned with transitional justice principles.
- Fund and provide technical support to strengthen knowledge among survivors and build capacity among health, law enforcement, and justice sector actors to support investigations and prosecutions of SGBV crimes.
- Ensure the rights of children born of the perpetration of sexual violence, including by ensuring their access to social support, education, health, and protection.

International Cooperation and Support

- Promote international cooperation to facilitate prosecution processes and a genuine transitional justice process, including truth finding, reparations programs and recognition of survivors' rights and measures that guarantee the non-recurrence of sexual violence crimes.
- Mobilise international donors to prioritise funding for humanitarian aid, health services, legal support, and psychosocial care addressing SGBV in Tigray.
- Support global advocacy efforts to raise awareness about the genocide and SGBV in Tigray, aiming to generate the necessary political and humanitarian response.

The FDRE government, Tigray Interim administration, Justice and Human rights organisations, Civil Society organisations, Diaspora, international communities, local and international media are required to strive to their best for the realisation of the above stipulated recommendation in the manner allied to their set-up.



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