UNDERSTANDING CONFLICT RELATED SEXUAL VIOLENCE IN ETHIOPIA

RESEARCH REPORT 2022

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Gender and Migration
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The Dr. Denis Mukwege Foundation is an international human rights organisation working together with survivors of wartime sexual violence from around the world. It supports SEMA (meaning 'Speak out' in Swahili) – the Global Network of Victims and Survivors Against Wartime Sexual Violence – which brings survivors from 21 different countries together and works at both a global level and in-country. The Mukwege Foundation is a globally recognized leader in promoting and rolling out the model of holistic, compassionate care and support to survivors of wartime sexual violence informed by the life's work of its founder, 2018 Nobel Peace Prize Laureate Dr Denis Mukwege. It takes a survivor-centered approach in all its programmes. Through its work, and that of its close partner organisation Panzi Hospital, the Mukwege Foundation has access to a broad network of medical practitioners with extensive specialization in providing holistic services to survivors of CRSV.

The Center for Human Rights, Gender and Migration, is a transdisciplinary research unit within the Institute for Public Health at Washington University in St. Louis. The Center brings a wealth of knowledge and experience in designing and carrying out complex, sensitive studies in conflict- and displacement-affected settings. CHRGM's director, Prof. Kim Thuy Seelinger, is a leading expert on CRSV and has published numerous academic articles, reports, and book chapters on prevention of and accountability for these crimes. CHRGM researchers draw on diverse research methodologies (public health, law, social work, political science) to understand and address complex human rights violations and atrocity crimes, including CRSV.

This document is an output from a project funded with UK aid from the UK government for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of, or endorsed by the UK government, which can accept no responsibility for such views or information or for any reliance placed on them.

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ACRONYMS AND ABBREVIATIONS

CONFLICT-RELATED SEXUAL VIOLENCE	CRSV
GENDER-BASED VIOLENCE	GBV
TIGRAY PEOPLE'S LIBERATION FRONT	TPLF
ETHIOPIAN PEOPLE'S REVOLUTIONARY DEMOCRATIC FRONT	EPRDF
ETHIOPIAN NATIONAL DEFENSE FORCES	ENDF
ERITREAN DEFENSE FORCE	EDF
AMHARA SPECIAL FORCES	ASF
TIGRAY SPECIAL FORCES	TSF
TIGRAY DEFENSE FORCES	TDF

EXECUTIVE SUMMARY

Following years of ethno-political fragmentation and more recent election-related tensions, violence broke out in northern Ethiopia in early November 2020. The resulting conflict, which pitted Ethiopian federal forces and their Ethiopian and Eritrean allies against Tigrayan forces in the north of the country, continues through the present. It has been characterized by several atrocities, including massive and brutal conflict-related sexual violence (CRSV).

Because of its longtime relationship with Ethiopia and its leadership on the prevention of sexual violence in conflict, the government of the United Kingdom seeks to understand the nature, drivers, and impacts of CRSV in the current Ethiopian conflict. The UK's Foreign Commonwealth and Development Office (FCDO) commissioned this study in order to answer (4) priority questions:

1. Who is perpetrating CRSV in the conflict in Ethiopia?
2. How is CRSV being used and by which armed groups?
3. Who is being targeted (e.g., ethnic identities, displaced populations, certain ages, detainees)?
4. What services are available to CRSV survivors, and how accessible are they?

To answer these questions, the Dr. Denis Mukwege Foundation (MF) and the Center for Human Rights, Gender and Migration at the Institute for Public Health at Washington University in St. Louis (CHRGM) collaborated on an independent study that involved the collection and analysis of diverse, reliable open source material about CRSV in the Ethiopian context, supplemented by in-depth key informant interviews. Data collection was conducted between February and May 2022, with content covering the period of November 2020 until 1 May 2022.

Key Findings

While the study revealed several important insights regarding CRSV in the northern Ethiopia conflict, a few bear highlighting at summary level.

First, timing is everything. In order to understand who is committing CRSV in the northern Ethiopian conflict and why, one must understand the rhythm of the conflict itself. The conflict can be broken into three basic phases.

Phase 1 lasted from November 2020 to June 2021, when fighting occurred mostly in the Tigray region. During this phase, the majority of acts of CRSV were committed by Ethiopian federal forces and allies, including the Eritrean Defense Forces, against Tigrayans of both genders and all ages.

Phase 2 of the conflict lasted from July 2021 to December 2021, when the Tigrayan forces retook Tigray and moved into other parts of Ethiopia. The TPLF conducted what can be termed broadly as a campaign of "revenge rape" across Afar and Amhara regions, committing CRSV against those perceived due to ethnicity to be associated with the armed actors who had attacked Tigray months earlier. During this phase, western Tigray remained under the control of Amhara regional authorities with CRSV continuing to occur against ethnic Tigrayans and the Ethiopian government instituted a de facto blockade around Tigray region, including for humanitarian assistance.

Phase 3 of the conflict began in January 2021 and continued through the end of the study period (May 2022). This phase has

been marked by surface calm and increased diplomatic efforts to end the conflict. Mass commission of CRSV is not being reported, although the ongoing de facto blockade in the north has choked the provision of humanitarian aid in Tigray, including support for CRSV survivors.

Second, reports of CRSV have involved individuals of all sexes and ages. The most common forms of sexual violence noted in the data were rape by individual and multiple perpetrators, forced nudity and other sexualized forms of humiliation, insertion of foreign objects (nails, shrapnel, rocks) into victims' genital organs, and other forms of sexual mutilation, including burning and searing of vaginas with hot metal rods. In addition, family members – including very young children – were frequently forced to witness the rape and multiple perpetrator rape of their loved ones. In some cases, individuals were forced to commit sexual violence against their own family members. Many who refused were killed.

Third, perpetrators' motives have been complex. On one hand, data are unsurprising: In Phase 1, reports of perpetrators' words and actions indicate that CRSV was part of a broader effort to terrorize, displace, and punish Tigrayans. Then, as noted above, Phase 2 was characterized by "echo" attacks by Tigrayan forces across Afar and Amhara regions, as they invoked the past rape of their own community members while committing CRSV themselves. However, not all the CRSV committed in Ethiopia may be strategic. In many cases, survivors reported that perpetrators also looted or demanded food and drink in the course of events. Some CRSV may have been less than strategic in commission, enacted more as a social norm among armed actors or also as cases of individual opportunism.

Fourth, the profiles of CRSV victims are diverse and demonstrate multiple intersecting vulnerabilities. Individuals were not always vulnerable to CRSV solely on the basis of gender and ethnicity. Data suggest that age, family association, disability status, and displacement status are also relevant vulnerabilities and predictors of exposure to CRSV in this conflict. For example, many women and girls of childbearing age were subjected to rape alongside brutal forms of genital mutilation and insertion of foreign objects, accompanied by threats about ending their reproductive capacity. On the other hand, older individuals were reported as being subjected to CRSV in different ways – as with mothers raped and killed when attempting to protect their daughters, or a grandfather killed for refusing to rape his own granddaughter. In some cases, family relationship – actual or imputed – were important. Data included accounts of suspected wives or widows of enemy fighters being sought out, or countless mothers being raped in front of family members. Their young sons and daughters were forced to watch. In these cases, families were targets; the use of CRSV ignited collective, transgenerational terror through them.

Finally, survivors of CRSV lack access to critical support services such as sexual and reproductive healthcare, psychosocial support, and safe shelter. Data indicate several challenges to both the delivery of services by providers as well as specific access barriers. Throughout the conflict, the intentional destruction of healthcare facilities in Tigray, Afar, and Amhara by armed actors made access to even basic healthcare impossible for many people, including CRSV survivors. Looting of even antibiotics mean that women suffering CRSV-related infections could not access the most basic medicine. Currently, the de facto blockade of humanitarian assistance into Tigray perpetuates lack of access to support services in the north.

While some organizations have been able to continue operations, logistical challenges like the inability to access banking or telecom services mean local teams cannot access resources or information necessary to provide care. On their side, survivors faced myriad access challenges. Some are not unique to Ethiopia, including fear of stigma if exposed as a survivor of sexual violence. However, there were also some unique access barriers, particularly during periods when hostile actors were present. For example, some reports noted survivors' fear of Ethiopian National Defense Force Soldiers who were at hospital entrances in Tigray, or their lack of mobility when under hostile occupation.

This report provides a rare, centralized presentation of CRSV committed in the current conflict in Ethiopia. The rigorous analysis of CRSV coverage in news media, UN and NGO reports, and academic articles illuminates important trends and relationships in the commission of CRSV, which can guide policy and programming decisions. Our hope is that this report and its recommendations will guide the government of the United Kingdom and other critical stakeholders in their political, financial, and programmatic response to CRSV in Ethiopia.

As the conflict in northern Ethiopia unfolded, it quickly became clear that one of its main features was the widespread occurrence of sexual violence and, with each passing month, its devastating consequences on survivors, their families, and communities became equally evident.

Since the start of the conflict, the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) has supported the humanitarian response in northern Ethiopia, including through the provision of lifesaving services for survivors of all forms of gender-based violence (GBV). As a global champion of the Preventing Sexual Violence in Conflict Initiative (PSVI), the United Kingdom is a leader in addressing conflict-related sexual violence (CRSV), including on pursuing pathways to justice and accountability, and ensuring that survivors receive both immediate lifesaving support as well as longer-term services to support their recovery.

To better understand CRSV in the current conflict and meet the needs of survivors, the FCDO commissioned the present study with the overarching aim to examine the perpetrators of CRSV in northern Ethiopia; explore how CRSV is being used; understand survivor profiles and impacts; and investigate the availability of and access to support services. The study does not cover all current conflicts taking place in Ethiopia, such as in Oromia or Gambella regions.

The Dr. Denis Mukwege Foundation and the Center for Human Rights, Gender and Migration at the Institute for Public Health at Washington University in St. Louis share the FCDO's dedication to high-quality research that directly improves people's lives in the area of CRSV. By this collaboration, we offer the present study report.

RESEARCH AIMS

In commissioning this study, FCDO posed the following research questions:

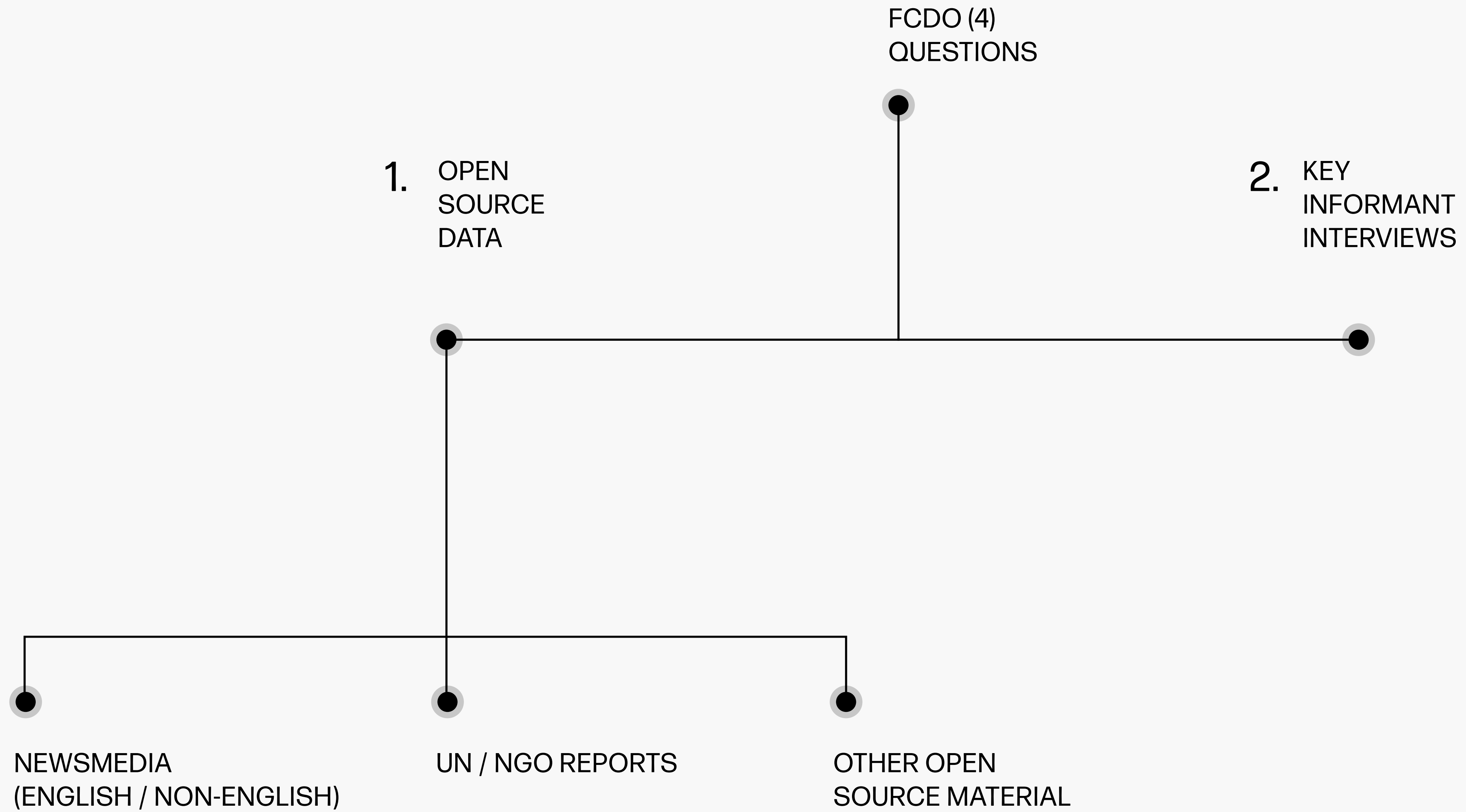
1. Who is perpetrating CRSV in the conflict in Ethiopia?
2. How is CRSV being used and by which armed groups?
3. Who is being targeted (e.g., ethnic identities, displaced populations, certain ages, detainees)?
4. What services are available to CRSV survivors, and how accessible are they?

To answer these questions while meeting FCDO's dual objectives to have: a) Regular access to reliable information b) Results from a rigorous analysis conducted according to academic standards, MF/CHRGM applied a two-pronged approach consisting of monthly briefings[1] and a study presenting independent collection and analisis of diverse qualitative material.

STUDY OVERVIEW

This study was based on two forms of data: open source materials and key informant interviews. Various forms of open source materials were considered, including academic editorials and commentaries, grey literature in the form of governmental and non-governmental reports, news articles, blog posts, and United Nations documents. The study focuses on data collected from 1 February 2022 to 16 May 2022.

FIG. 1
DATA SOURCES



Analysis of open source data was conducted in 3 stages: (1) search strategy implementation to identify relevant sources, (2) quality assessment and prioritization of retrieved sources, and (3) qualitative coding to distill information related to the research questions.

Given the heterogeneity of the open source materials targeted (news media, NGO reports, UN reports, academic articles), an adaptive strategy was needed to optimize effectiveness in different search engines. For this reason, researchers first developed a "long" string of search terms, combining multiple target terms with Boolean operators, for more sophisticated search engines and databases (e.g., academic journal databases). The team then developed a "short" string of only essential search terms ("Ethiopia", "conflict", "rape") for more basic news websites (e.g., AllAfrica, Google News in Italian, Ethiopian newspaper sites).

To ensure inclusion of relevant and trustworthy Ethiopian news sources, an Ethiopian member of the study team conducted an intensive mapping of Ethiopian news media sources to ascertain which outlets would be most likely to produce relevant and reliable articles for this study. He based his search on UNESCO's Ethiopia Media Mapping Study 2022 and discussions with a researcher at the Addis Ababa University School of Journalism and Communications. The researcher assessed quality (professionalism and objectivity) and rigour of the publications, including evaluating potential biases. The researcher ultimately selected three private Amharic newspapers to incorporate into the data collection process: Reporter Amharic, Addis Admas Amharic, and Addis Standard Amharic.

The full team then deployed the study's search strategy to

systematically collect open source material (news media, NGO reports, UN reports, academic articles) published from 1 February, 2022, to 16 May, 2022. The search strategy was implemented every Monday for the week prior (Monday-Sunday) in multiple databases and relevant sources were catalogued for further review.

In addition, researchers conducted targeted searches for 7 specific open source items that were heavily referenced in the news media and human rights reports and yet, for technical reasons, did not themselves appear in the automated searches. These reports were retrieved from the internet.

Team members assessed retrieved sources and scanned for obvious irrelevance. Sources deemed facially relevant were retained for further consideration. They were subjected to the following inclusion/exclusion criteria:

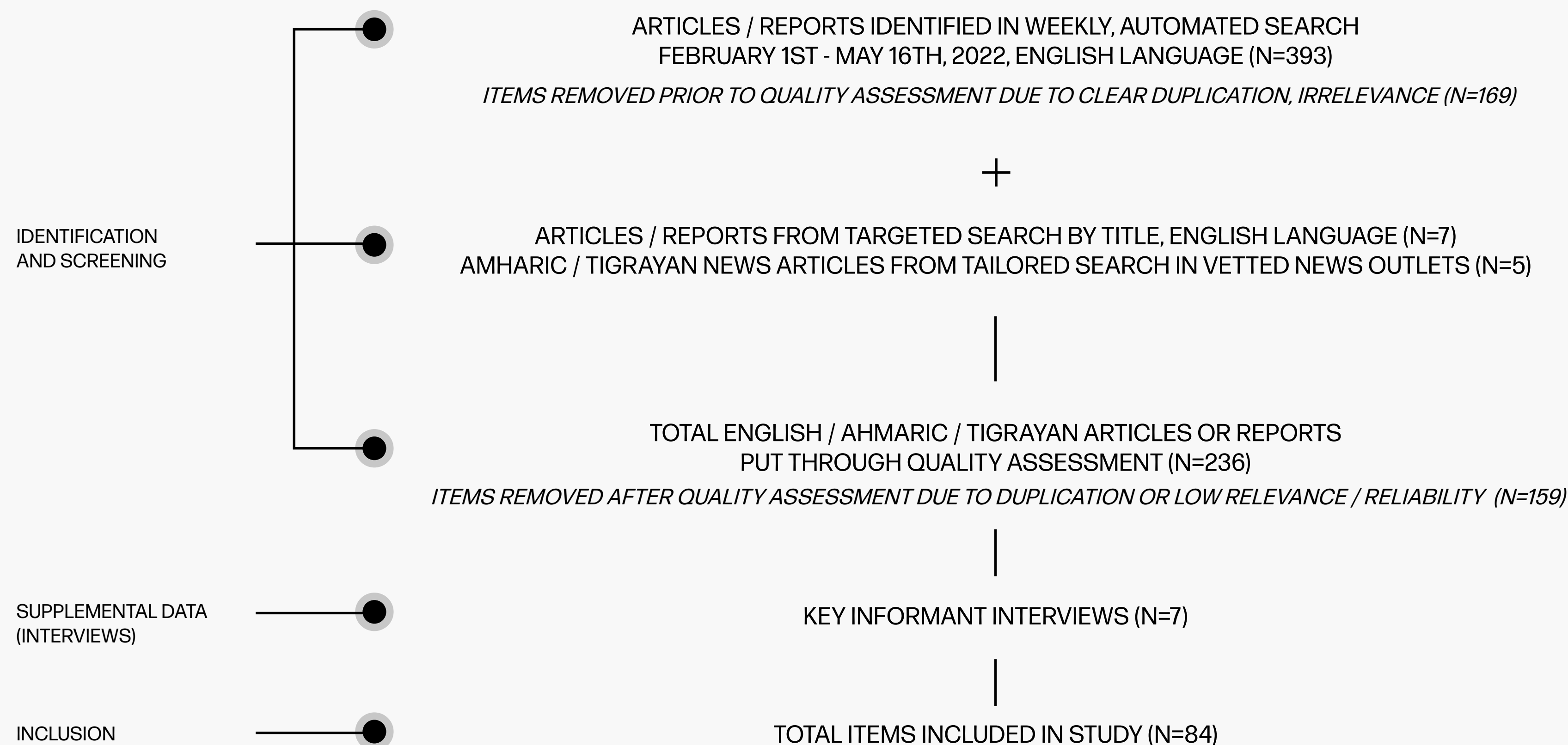
INCLUSION CRITERIA	EXCLUSION CRITERIA
The source focuses or mentions Ethiopia or Tigray more than a mere note, footnote, or reference	The source does not report on Ethiopia or Tigray at all (i.e., source mentions Ethiopia or Tigray as an advertisement to another article)
The source mentions conflict by armed groups since November 2020	The source tangentially mentions conflict in Ethiopia since November 2020; i.e., conflict is not the major focus of the source
The source mentions/details CRSV or GBV or sexual and reproductive health or includes gender analysis (i.e., differential treatment of men and women)	The source does not mention CRSV or GBV or sexual and reproductive health or includes gender analysis (i.e., differential treatment of men and women)
	The source details conflict or CRSV or GBV in Ethiopia/Tigray that predates November 2020

For each "included" source, the team conducted a quality assessment that scored relevance and reliability indicators. Each item was assigned a final score for relative coding value. Ultimately, 77 open-source documents were prioritized for coding.

In parallel to the collection of open source material, the research team conducted key informant interviews with individuals currently or recently working in Ethiopia. As a part of its recruitment plan, the team invited approximately 20 experts from different sectors relevant to the study. Individuals still within Ethiopia were approached following an initial assessment of whether they would be able and willing to speak safely. Even though the Washington University in St. Louis Human Research Protection Office deemed this phase of study not to constitute "human subjects research" because the intended questions posed minimal risk of harm to the proposed study participants, the research team followed strict security measures. These included limiting access and anonymizing key informant identities throughout the recruitment, interview, and analysis process.

Ultimately, 7 in-depth interviews were completed, covering the sectors of health care, legal aid, protection, and humanitarian relief. Most of the participants were service providers working with either local Ethiopian or international institutions.

After quality assessment of all open source items and addition of key informant interview data, a total of 84 highly relevant and reliable items were included and forwarded for analysis.



Qualitative coding of open source data prioritized for coding and key informant interviews was conducted in Dedoose (v9.0). The team developed, piloted, and refined a codebook based on FCDO's research questions. Each source was independently coded by one researcher. A second coder reviewed a subset of coded sources to ensure consistency. After coding, four senior members of the research team conducted thematic analysis of the coded excerpts.

LIMITATIONS

This study faced various limitations. First, given the ongoing conflict and limited visa approvals for short-term entry into Ethiopia as well as administrative barriers to enter Tigray, the research team was unable to observe the operational context. Second, ethical considerations and safety concerns limited the ability of the research team to conduct extensive key informant interviews with humanitarian and human rights organizations. The study also did not include interviews with CRSV survivors or their family members, who could have been placed at greater risk for retribution or distressed by participating.

Further, the open source data used was limited to English, Italian, and Amharic sources.

The forms of open source data used also presented some complexity. News articles typically have limited areas of coverage and focus on immediate events. While NGO reports are more detailed and include a broader range of methods for data collection, they may have self-imposed limitations dictated by their advocacy agenda. Finally, almost all of the NGO, government, and UN reports were criticized or had their findings challenged by various actors, mainly the government and/or armed group each document focused on. Many of the criticisms related to allegations of CRSV, particularly in relation to its reported prevalence. While it was not possible to independently investigate each criticism, MF/CHRGM observes that when the various reports were reviewed holistically, similar conclusions were independently reached, and the research team did not identify any outlier or clearly contradictory findings. The research team kept these criticisms under review throughout the study, including by coding sources specifically for responses and commentaries/opinions.

A separate study limitation relates to the key informants, from whom

there was an unusually low rate of response. The study team limited its outreach to key informants who had already indicated that security was not a concern. However, the research team still encountered multiple last-minute cancellations for a variety of reasons, most often due to poor or no cellular reception or available internet connection. The research team was ultimately only able to speak with international actors or service providers from Tigray, though several providers also operated in the Amhara region.

At the end of the day, findings from this study specifically demonstrate what the most relevant, reliable public news articles and reports in English, Italian, and Amharic say about CRSV in Ethiopia from February through mid-May 2022, with added insight from individual English-speaking experts.

FINDINGS

This section presents an overview of the conflict in Ethiopia drawn from desk research. It then summarizes the main findings from the qualitative analysis of 77 items of open source documents, along with transcripts of the 7 in-depth key informant interviews. The findings are presented in the following order: a) Most common forms and scenarios of CRSV; b) CRSV perpetration; c) Victims and impacts; d) CRSV in the context of other atrocities; and e) Support services: availability and access. While these headings do not precisely match the FCDO's 4 research questions, they were chosen in order to more fully capture themes and findings that cut across multiple research questions.

Findings:

Brief Overview of Conflict

The Tigray People's Liberation Front (TPLF) formed the core of the Ethiopian People's Revolutionary Democratic Front (EPRDF), a four-party coalition that ruled Ethiopia from 1991 to 2018.[2] The EPRDF created an ethnically federated government of regional states in which ethnic groups governed their own territories.[3] However, the EPRDF repressed requests for more autonomy or ethnic groups that otherwise resisted the federal government.[4] The result was a state wracked by ethnic tension and antipathy towards the TPLF and Tigray.[5]

The EPRDF's grip on power held until 2018. Beginning with the death of Prime Minister Meles Zenawi in 2012, the coalition struggled to maintain control as opposition to its repressive policies grew.[6] Facing extended popular protests in Oromia and Amhara, the EPRDF ceded power.[7] Zenawi's successor, Hailemariam Desalegn, resigned,[8] and the parliament elected Abiy Ahmed, an Oromo politician, as prime minister.[9] Abiy attempted to reform the government and economy but faced increasing ethnic strife throughout the country.[10] The TPLF also continued to oppose Abiy's government.[11] The dispute reached its boiling point in September 2020, when the TPLF rejected the federal government's decision to postpone elections due to the COVID-19 pandemic. Tensions rose until armed conflict broke out in early November 2020.[12]

In the context of this study, the northern Ethiopia conflict can be broken into three phases.

PHASE 1

Lasted from November 2020 to June 2021, when fighting occurred mostly in Tigray itself. Many groups participated in this phase of the conflict: Ethiopian National Defense Forces (ENDF), the Eritrean Defense Forces (EDF), Amhara Special Forces (ASF), Amhara militias loosely affiliated with the ASF, the Fano paramilitary group, and Somalian troops, aided by drones supplied by the United Arab Emirates, and purchased from Turkey, and Iran, formed the bulk of forces on one side; while the Tigrayan Special Forces (TSF), Tigrayan Defense Force (TDF) and local militias opposed them.[13]

PHASE 2

Lasted from July 2021 to December 2021. It began when the Tigray Defense Forces[14] retook Tigray from federal forces and moved into other parts of northern Ethiopia, including Amhara and Afar regions. TPLF forces made large gains in this phase, at one point approaching Addis Ababa, before federal forces counterattacked and pushed the TPLF back towards Tigray. Phase 2 ended when the federal counterattack stopped at the Tigrayan border, though western Tigray remained under the control of Amhara regional authorities.[15]

PHASE 3

Began in January 2021 and continued through the end of the study period (May 2022). This phase was marked by relative equilibrium and increased diplomatic efforts to end the conflict, although there has been little substantive progress.[16] This phase was also been marked by the continuation of the de facto blockade and a worsening humanitarian crisis.

PHASE 1 / NOVEMBER 2020 - JUNE 2021

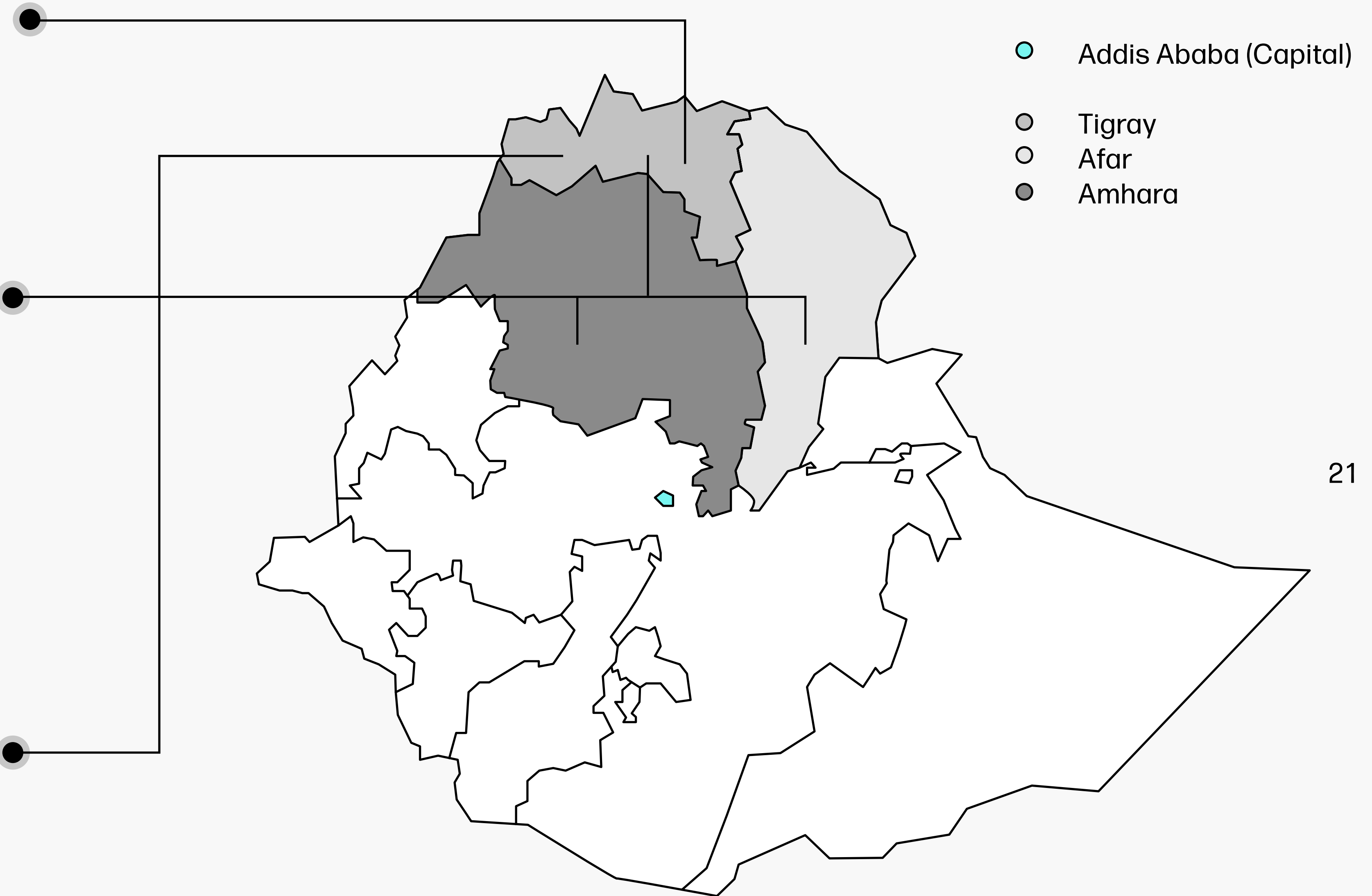
Fighting occurred mostly in the Tigray region. During this phase, the majority of acts of CRSV were committed by Ethiopian federal forces and allies, including the Eritrean Defense Forces, against Tigrayans of both genders and all ages.

PHASE 2 / JULY 2021 - DECEMBER 2021

Tigrayan forces retook Tigray and moved into other parts of Ethiopia. It was now their turn to conduct a campaign of “revenge rape” across Afar and Amhara regions, against those perceived due to ethnicity to be associated with the armed actors who had attacked their families in Tigray months earlier. Western Tigray remained under the control of Amhara regional authorities and the Ethiopian government instituted a de facto blockade around Tigray region, including for humanitarian assistance.

PHASE 3 / JANUARY 2022 - MAY 2022

This phase has been marked by surface calm and increased diplomatic efforts to end the conflict. Mass commission of CRSV is not being reported, although the ongoing de facto blockade in the north has choked the provision of humanitarian aid in Tigray, including support for CRSV survivors.



CRSV STATISTICS OF NOTE DURING PHASE 1

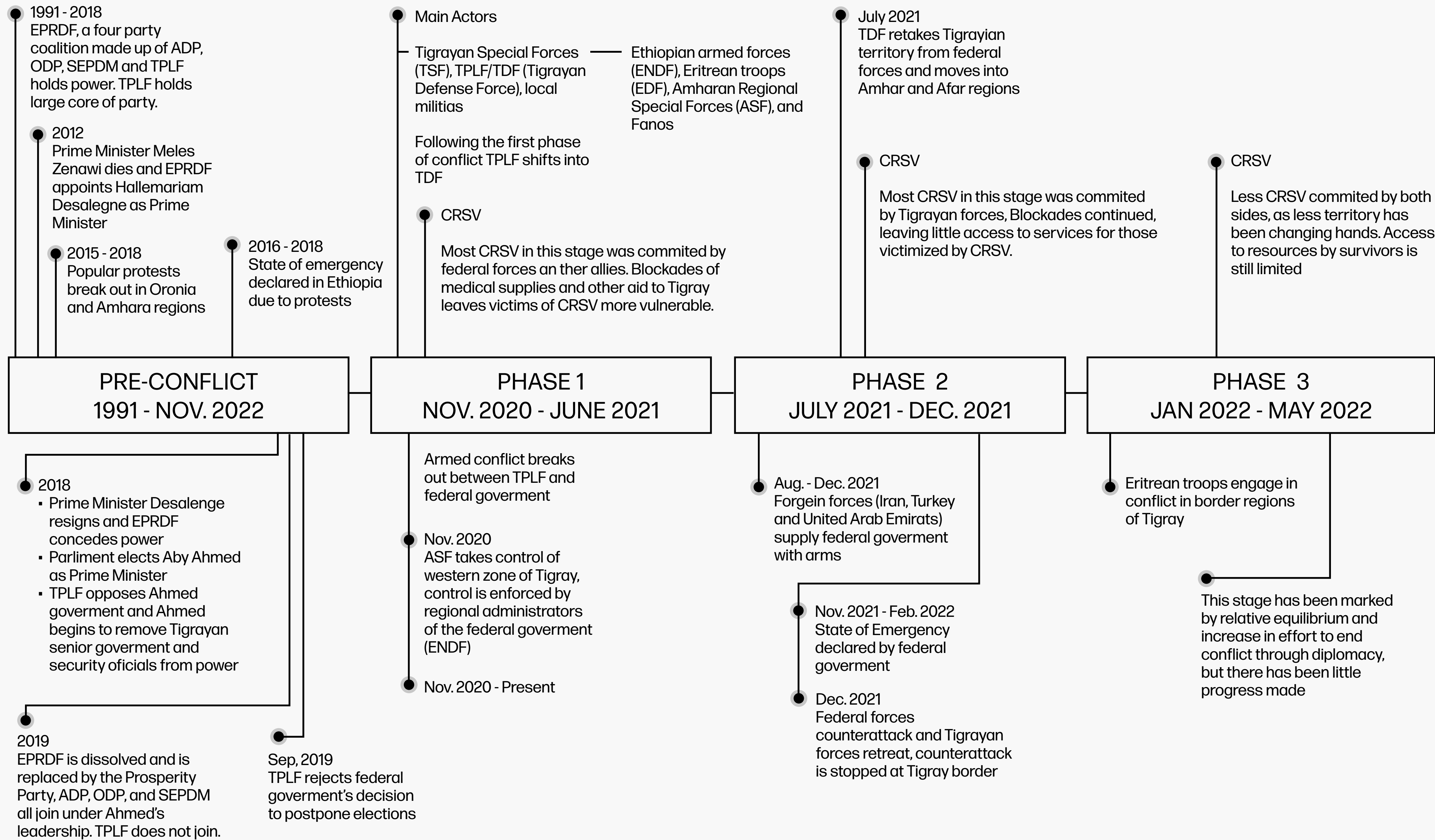
- Of the 125 women and girls providing information about their attackers at the One-Stop Center in Shire during the period of November 2020 and June 2021, 59 reported gang rape by armed forces personnel.
- 2,204 survivors sought services for sexual violence at health facilities (inclusive of hospitals and health centres) across Tigray from November 2020 through June 2021.
- An April 2021, UN humanitarian assessment reported only 29 of the nearly 230 health centres in Tigray were functional.
- As of April 2021, only 1 percent of health facilities in Tigray had the capacity to provide comprehensive gender-based violence services and critical shortages in medical supplies used in the clinical management of rape were identified.

SOURCE: Human Rights Watch. "I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

CRSV STATISTICS OF NOTE DURING PHASE 2

- The Office of the UN High Commissioner for Human Rights (OHCHR) received over 306 reports of rape by Tigrayan forces in the Amhara region between 1 November and 5 December
- As a result of the destruction, damage, and pillaging they sustained, health facilities ceased operations, namely:
    - 40 hospitals, 453 health centers, and 1,850 health posts (2343 facilities total) in Amhara region; and
    - 2 hospitals, 19 health centers, and 45 health posts (66 facilities total) in Afar region.

SOURCE: Addis Standard. "News: UN Human Rights Chief Speaks of Deteriorating Human Rights, Security Situation in Ethiopia," (8 March 2022).



1991 - 2018
EPRDF, a four party coalition made up of ADP, ODP, SEPDM and TPLF holds power. TPLF holds large core of party.
2012
Prime Minister Meles Zenawi dies and EPRDF appoints Hallemariam Desalegne as Prime Minister
2015 - 2018
Popular protests break out in Oronia and Amhara regions
2016 - 2018
State of emergency declared in Ethiopia due to protests
PRE-CONFLICT
1991 - NOV. 2022
2018
▪ Prime Minister Desalenge resigns and EPRDF concedes power
▪ Parliment elects Aby Ahmed as Prime Minister
▪ TPLF opposes Ahmed goverment and Ahmed begins to remove Tigrayan senior goverment and security oficials from power
2019
EPRDF is dissolved and is replaced by the Prosperity Party, ADP, ODP, and SEPDM all join under Ahmed's leadership. TPLF does not join.
Sep, 2019
TPLF rejects federal goverment's decision to postpone elections
Main Actors
Tigrayan Special Forces (TSF), TPLF/TDF (Tigrayan Defense Force), local militias
Ethiopian armed forces (ENDF), Eritrean troops (EDF), Amharan Regional Special Forces (ASF), and Fanos
Following the first phase of conflict TPLF shifts into TDF
CRSV
Most CRSV in this stage was commited by federal forces an ther allies. Blockades of medical supplies and other aid to Tigray leaves victims of CRSV more vulnerable.
PHASE 1
NOV. 2020 - JUNE 2021
Armed conflict breaks out between TPLF and federal goverment
Nov. 2020
ASF takes control of western zone of Tigray, control is enforced by regional administrators of the federal goverment (ENDF)
Nov. 2020 - Present
July 2021
TDF retakes Tigrayian territory from federal forces and moves into Amhar and Afar regions
CRSV
Most CRSV in this stage was commited by Tigrayan forces, Blockades continued, leaving little access to services for those victimized by CRSV.
PHASE 2
JULY 2021 - DEC. 2021
Aug. - Dec. 2021
Forgein forces (Iran, Turkey and United Arab Emirats) supply federal goverment with arms
Nov. 2021 - Feb. 2022
State of Emergency declared by federal goverment
Dec. 2021
Federal forces counterattack and Tigrayan forces retreat, counterattack is stopped at Tigray border
CRSV
Less CRSV commited by both sides, as less territory has been changing hands. Access to resources by survivors is still limited
PHASE 3
JAN 2022 - MAY 2022
Eritrean troops engage in conflict in border regions of Tigray
This stage has been marked by relative equilibrium and increase in effort to end conflict through diplomacy, but there has been little progress made

Findings:

Most Common Forms and Scenarios of CRSV

Data indicated that various forms of CRSV occurred throughout the current conflict in Ethiopia. While certain reports have presented numbers of known or reported cases within temporal or institutional limits,[17] there has been no attempt to quantify the full extent of incidences of sexual violence in the conflict. In general, forces on all sides of the conflict were implicated in CRSV at different times, as will be discussed below. Reports of CRSV in Tigray, Afar, and Amhara regions involved individuals of all sexes and ages. The most common forms of sexual violence noted were rape (vaginal, oral, anal), multiple perpetrator rape, forced nudity, other sexualized forms of humiliation (including urinating on one's head)[18], insertion of foreign objects (nails, shrapnel, rocks) into victims' genital organs, and other forms of sexual mutilation, including burning and searing of vaginas with hot metal rods. In addition, family members – including very young children – were frequently forced to witness the rape and multiple perpetrator rape of their loved ones. In some cases, individuals were directed to commit sexual violence against their own family members. For example, a grandfather in Abiy Addi town was commanded to rape his 18-year-old granddaughter. He refused and was killed.[19]

CRSV typically occurred in conjunction with other atrocities, such as pillage and forced displacement of entire communities; it was also generally accompanied by threats or degrading verbal abuse targeting the victim's ethnic group. In many instances, perpetrators also looted or demanded food and drink.

The below sections will present specific findings with respect to perpetration trends as well as victim experiences and impacts. They will also note co-occurrent atrocities, challenges to access to support services for survivors of sexual violence, and additional impacts.

Findings:

CRSV Perpetration

Observable trends in the perpetration of CRSV correspond closely to the developments of the conflict itself, with reporting of widespread CRSV occurring mainly in line with military offenses into civilian population areas perceived to be affiliated with the opposing side.

As noted above, Phase 1 of the conflict was geographically limited to Tigray region. The main perpetrators of CRSV were federal Ethiopian and Eritrean forces,[20] along with Amhara Special Forces and government-aligned militias, such as the Fano. The main targets were Tigrayan women and girls, including children as young as 6 years old,[21] pregnant women,[22] the elderly,[23] and women with disabilities.[24]

Women perceived to be affiliated with or married to TPLF fighters were also targeted:

> *“[W]omen whose male family members were Tigray forces were targeted for detention and subsequently subjected to different forms of sexual violence. In Shire, Tembien, and Adet, survivors reported that EDF soldiers would claim that they detain and rape women who hid men and provided food to the Tigray forces.”*[28]

CRSV was perpetrated in detention settings,[25] refugee and IDP camps, during home raids and episodes of looting, while victims were fleeing, and near the border to Sudan.[26] Some victims were raped, and sexually assaulted while being held for extended periods of times in military camps[27] and in informal, irregular detention facilities.

> *"A 19-year-old woman survivor from Werie-Leke [...] and her 15-year-old sister were taken to an EDF military camp, because their father and brother were fighting for the Tigray forces. She stated that they were separately detained. She was detained for one month and over that period, 27 EDF soldiers raped her, sometimes with two to three soldiers at a time."*[32]

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> *"A man who is from the Amhara Special Force came and took me from my home; he said that I was one of the wanted Junta (TPLF/TDF). In detention they beat me three times a day. Every morning, in the afternoon and at night. Then they came every night to rape me. Three men raped me. They told me "You Junta! We will not get anything if you die. We would rather torture you", and they beat me, and raped me... I was [held] for two months and two weeks. Each night they used to come to rape me."*
>
> 32-year-old woman from Humera[30]

June 2021 marked the beginning of Phase 2, during which Tigrayan forces gained control of much of Tigray, pushing Ethiopian and Eritrean forces out of most of the Northwestern, Central, Eastern and Southern Zones. The Western Tigray Administrative Zone, however, remained under the control of Amhara regional forces and

militias. The TPLF offensive spread into Amhara and Afar regions, with the TPLF occupying towns during this time period.

During Phase 2, the main perpetrators of CRSV were the TPLF, as well as the ASF and associated militias in the Amhara-controlled parts of western Tigray. The TPLF targeted Amhara women and girls, including pregnant women. Women perceived to be affiliated with or married to Amhara fighters were also targeted. The ASF continued to target ethnic Tigrayan women and girls. In detention facilities controlled by the Amhara civilian authorities and the ASF, women detainees suffered rape and physical beatings, while male detainees were beaten on their genitals.[31]

- *Perpetrator Identification*

While some difficulty was reported in identifying perpetrators,[33] most were identifiable by the distinct uniforms and languages used by the different forces.[34] Multiple survivors also suggested that their perpetrators were affiliated with Eritrean forces due to distinctive tribal markings, though study data lacked further specificity as to this point.[35] TPLF fighters were identified based on their accents and the ethnic slurs they used against victims, as well as their own announcements that they were TPLF.[36] Perpetrator groups were also identified by cross-checking survivor testimony with satellite imagery.[37]

- *Indications of Motive*

Multiple open-source data suggested that the EDF were perpetrators of the most extreme incidents of CRSV,[38] noting that the EDF has a documented history of committing human rights abuses in

conflict.[39] It should be noted that the EDF was frequently identified as committing multiple perpetrator rape and other forms of CRSV with particular brutality,[40] especially in Tigray's northern border region.[41] The specific brutality of the EDF is noted in accounts such as:

> *"Survivors recounted additional acts of brutality accompanying the rapes, with perpetrators —mostly Eritrean soldiers —inflicting such torture solely to cause maximum pain and damage, not to extract information. Two survivors reported having hot metal rods, large nails and multiple types of metal and plastic shrapnel inserted deep into their vaginas, causing indescribable pain and lasting and at times irreparable damage."*

> *"Five of them raped me in front of my children. [...] They used an iron rod, which is used to clean the gun, to burn me. They used the fire they put on to roast the goat [to heat the rod]. They inserted pieces of metal in my womb; that was what hurt me. Then they left me on the street.*
>
> 39-year-old mother, raped by Eritrean soldiers[42]

CRSV perpetrated by Tigrayan forces against Amhara women and girls was similarly "accompanied by shocking levels of brutality, including beatings, death threats, and ethnic slurs", as well as multiple perpetrator rapes, rapes carried out publicly and in front of family members, and the insertion of foreign objects.[43]

While the above demonstrates the manner in which CRSV was perpetrated, distilling the motivations of the different perpetrators has proven more difficult. The open-source data and key informant interviews indicate that CRSV was perpetrated both strategically

and non-strategically in this conflict.

Data suggest that Ethiopian and allied forces committed CRSV on a widespread and systemic basis in order to eliminate and/or forcibly displace the ethnic Tigrayan population. This is indicated by a number of statements made by perpetrators while committing CRSV.

> *“Two of them raped me and then I lost consciousness and don’t know how many more raped me, if all six [did], or not. They said: ‘You Tigrayans should disappear from the land west of Tekeze! You are evil and we are purifying your blood.’”*
>
> 27-year-old woman raped in front of her children by a half-dozen Fano militiamen carrying out neighborhood searches targeting Tigrayans

> *“Four men raped me. [...] They insulted me and they urinated on my head. They said: ‘You and your race are a foul, toilet-smelling race and should not be in our land.’”*
>
> 30-year-old survivor, apprehended while trying to flee by Amhara militias

> *“They said: ‘If you were male we would kill you, but girls can make Amhara babies.’”*
>
> 28-year-old mother of two, who was attempting to cross the border to Sudan when she was apprehended by ten Amhara militia members and raped[44]

The ASF was implicated in committing CRSV in the part of Tigray under Amhara regional authorities' control. Here, CRSV took place in the broader context of a campaign of persecution of ethnic Tigrayans that included mass killings and physical assaults, banning of language, mass detentions, denial of humanitarian aid, destruction of civilian infrastructure, in conjunction with the regional authorities organizing the in-migration of ethnic Amhara from neighboring areas.[45] CRSV survivors reported being told to leave the area during their assaults. Even where CRSV was not accompanied by explicit statements to leave, the widespread occurrence and threat of rape led many ethnic Tigrayans to flee western Tigray.

> *"The main reason I left was after this one incident.... Six people raped them, the mother, with her two daughters. I thought this could happen to me next. A lot of women were raped in the area. So, I didn't grab anything, I just left."*
>
> Woman who fled after a woman and her two daughters were raped by security forces[46]

The widespread commission of rape in front of family members, including children, also indicates a motivation to intimidate, terrorize and psychologically harm the Tigrayan population. CRSV was also used to gather intelligence.[47]

Multiple sources suggesting that the EDF perpetrated CRSV because they were ordered to and as a means of ethnically motivated revenge.[48]

"You [Tigrayans] ill-treated the Eritreans for 20 years, now for 50 years you will starve, then we will kill your men and rape your women. We were sent here to clean out Tigrayans, they will be replaced by real Ethiopians; we are cleansing this country of people like you."

EDF soldiers overheard by a survivor from Adet[49]

According to one report, a survivor recalled "Eritrean soldiers saying while raping her that they were ordered 'to come after the women', while another woman recall[ed] Eritrean soldiers saying that their actions were revenge against Tigray."[50]

The data does not make clear whether the EDF, regional forces, and aligned militias are subordinated under the ENDF or take instructions from them. CRSV incidents show both co-perpetration alongside Ethiopian troops and CRSV committed by forces operating on their own.[51] This includes the Fano, whose history of targeting ethnic groups for sexual violence and other human abuses appears to have been tolerated by the federal and regional authorities.[52]

In the current conflict, indications are that the ENDF are at a minimum not preventing or punishing CRSV committed by their allied forces. However, some have suggested that the ENDF failure to exert control over other forces is strategic.

"The overwhelming perspective is that if Ethiopia Government forces are in control, things will be a bit more even-handed, a bit more following the rules of war, but when the Eritrean forces are around and the Amhara forces are around, is when sort of all bets are off and that includes sexual violence, that includes sort

of targeted attacks on civilians, and that basically, the perception was that if the Ethiopian forces wanted something to get done, they would just hand it over to the Eritrean and Amhara forces, and they tended to be the most cruel and the most targeting on the base of ethnicity and everything that goes along with that and that includes sexual violence.“[53]

Key informant interview, May 2022

Data in this study suggest that the TPLF may have committed CRSV on a widespread basis, with indications that these violations were “not isolated; rather, they seem to be part of a pattern of similar violations repeatedly perpetrated by large numbers of Tigrayan fighters in different locations”.[54] CRSV by the TPLF appears to have been ethnically motivated revenge in response to atrocities committed by federal forces and their allies in Tigray. Survivors indicated that their perpetrators’ direct words suggested ethnically motivated assault:

“Amhara is a donkey, Amhara has massacred our people (Tigrayans), the Federal Defense forces have raped my wife, now we can rape you as we want’.”

Woman who was raped by four TPLF fighters[55]

“Our families were raped and now it is our turn to rape you.”

14-year-old girl raped along with her mother by Tigrayan fighters[59]

The data also showed a high frequency of rape accompanied by looting or demands for food and drink, particularly with respect

to TPLF fighters in Amhara.[56] There are also indications of sexual exploitation and abuse taking place, including by other actors – such as IDP camp authorities, fellow displaced persons, host community members, and humanitarian workers.

Finally, Eritrean refugees have been targeted by multiple actors to the conflict on the basis of different motivations, including by the EDF (as punishment or revenge for fleeing their country),[57] by Amhara forces (who mistake Eritrean refugees for Tigrayans) and by Tigrayan forces as revenge for the atrocities committed by the EDF.[58]

Findings:

Victims and Impacts

While the above section references the targeting of specific individuals and communities for CRSV by various armed actors in Ethiopia, this section organizes data to highlight recurrent profiles of victims/survivors as well as major impacts of the CRSV they suffered.

Intersectional Vulnerabilities

In the current Ethiopian conflict, sexual violence has been directed at men, women, and children of all ages in the Tigray, Afar and Amhara regions. Because it is critical to take multiple, intersecting vulnerabilities into account when describing which individuals and communities have been affected, the profiles described below present significant degrees of overlap.

1. Women and girls generally

Based on the data collected, women and girls have perhaps been the most frequent and obvious targets of conflict-related sexual violence in Ethiopia. Yet within this group, there is diversity in terms

of age, ethnicity, health and even immigration status.

2. Women and girls of childbearing age

While women of all ages suffered sexual violence in this conflict, data referenced a number of incidents of sexual violence involving women and girls of childbearing age. While most accounts referenced adult women, several mentioned the rape of adolescent girls, aged only 14 or 15.[60]

> *"I was at home with my mother and my grandmother when two young men with rifles came to our home in the morning at about 11. One of them wore military clothes and the other wore civilian clothes. They spoke a mix of Tigrinya and some Amharic. They said: "Our families were raped and now it is our turn to rape you." One of them raped me in the courtyard and the other raped my mother inside the house. My mother is very sick now; she is very depressed and desperate. We don't speak about what happened; it is impossible"*
>
> 14-year-old girl in Did-Bahr[61]

As noted above, women and girls presumed to be fertile were frequently subjected to sexual violence accompanied by verbal threats and abuse indicating intent to force their bearing of children of the perpetrator(s)'s bloodline through rape and multiple perpetrator rape, or to destroy their reproductive capacities entirely. These motivations seemed most clearly enacted in the sexual violence committed against Tigrayan women and girls.

> *Tigrayan victims of rape by Ethiopian forces and their allies recalled the rapists using phrases like "Tigrayans have no history", "Tigrayans are beasts", and even "we are raping you to cleanse your Tigrayan bloodline." Some went as far as inserting hot metal rods and nails into the genitals of Tigrayan victims with the intention of making sure that Tigrayan wombs never give birth to a "Woyane."*[62]

Data also referenced a number of crimes involving pregnant women specifically. For example, a human rights organization reported:

> *Nigist*, a 35-year-old mother-of-two from Humera said she and four other women were raped by Eritrean soldiers in Sheraro on 21 November 2020. She said: "Three of them raped me in front of my child. There was an eight-months pregnant lady with us, they raped her too... They gathered like a hyena that saw something to eat... They raped the women and slaughtered the men."*[63]

News accounts and NGO reports analyzed in this study do not indicate that pregnant women were specifically targeted by armed actors on account of their pregnant status.

3. Wives and widows

A related survivor profile that surfaced was that of widows, who may have pre-existing security and economic vulnerabilities frequently associated with female-headed households.

Mabat, a 57-year-old widow and mother of seven, told Amnesty International that she was raped by multiple fighters at her home in a village in the Boza area on 18 August, the first day that the Tigrayan forces were in control of her village:

'I went to church in the morning and when I got back home I found seven fighters in my house eating my food. They raped me. All of them raped me, vaginally and anally, in front of two of my children. They told me "You are lucky there isn't 15 of us. You Amhara are very bad people."[64]

As noted above, women imputed to be wives or widows of enemy fighters were subjected to sexual violence. In some cases, they were specifically targeted or interrogated for information about their husbands' activities. In other cases, their association with their spouses may have been incidental to the violence they suffered.

Salam, a 29-year-old mother of three from Chenna told Amnesty International that several groups of Tigrayan fighters went to her home to ask for food every day from when they first took control of the village until 2 September, when four of them locked her elderly parents in a separate room and raped her.

"Whenever they came, I had to cook for them and once some of them even slept in our compound. I live with my parents and my children but my children had left with my brother. My husband was a soldier but was killed a month earlier in the war in Tigray."[65]

4. Girls

Data indicate that girls of all ages suffered conflict-related sexual violence in Ethiopia, along with adult women. According to one report:

> *"One health worker noted that of more than 500 rape cases coming to their facility, roughly 150 included children under age 18.44 Of 166 rape survivors admitted to a safehouse between April and August 2021, 40 were under 18 [...] In early November, a humanitarian worker working in cooperation with the One-Stop Centers supporting survivors of gender-based violence said that at least one-third of those seeking help were children."*[66]

It is also important to note that in countless reported instances, children were also victims insofar as they were forced to witness their mothers, sisters, and other family members be subjected to sexual violence.

5. Men and boys generally

As in many armed conflicts, men and boys have likely suffered sexual violence in Ethiopia though documentation and reporting are relatively limited. A study participant working in the healthcare sector noted that their facility had provided medical treatment for men presenting with anal injuries during the conflict. While the injuries were consistent with rape, the study participant hesitated to draw conclusions about the cause of harm since the medical records did not include further information.[67]

Separately, a major report noted the rape of two Tigrayan men - one by

a member of the EDF and one by a civilian. The same report described the multiple perpetrator rape of a 16-year-old boy by EDF soldiers in Humera; the boy later killed himself.[68]

Men were also subjected to forms of sexual humiliation: The earlier report noted that in April 2021, EDF soldiers forcibly searched 600 Tigrayan men, ordering them to strip off their clothes and stand in their underwear in public. In another instance, as noted above,[69] a man was ordered to rape his grand-daughter. He refused and was killed. Finally, like girls noted earlier, boys were forced to watch their mothers, sisters, and grandmothers raped, often by multiple perpetrators.

6. Elderly individuals

In addition to the aforementioned accounts of the rape of widows, the humiliation of older men who witnessed the strip searching of younger men, and the ordering of a man to rape his grand-daughter, data indicate other instances in which elderly individuals were subjected to sexual violence. In another example, healthcare providers interviewed by one human rights NGO said they had treated rape survivors including women between the ages of 65 and 80 years old.[70] In addition, a few reports documented the beating and rape of older women who attempted to shield their daughters from rape by armed actors, including in the context of detention (see below).[71]

7. Detainees

As in other armed conflicts, detainees were at extreme risk of sexual violence. In one case, an elderly Tigrayan woman was raped in detention by three police guards every night for over two months. In addition to rape, she described suffering beatings, forced nudity, and

denial of medical care, which in this context may amount to torture:

> *"They made us take off our clothes and stay naked in the sun for two hours. They wanted to do it in our mouth and other things, while we were in the police station. I was badly sick. They saw me and said that I better die outside and not there where they detained me. So, they threw me out in the dark. I was very sick ... but there was no medical treatment."*[72]

Male detainees were also subject to forms of sexual violence that indicate torture, including forced nudity and forms of sexual humiliation noted above, as well as the targeting of their genitals area in physical assaults.

> *"All of us have went through [torture] but the most vulnerable ones were older people.... One old man, they had hit him on his testicles and his testicles were swollen, he couldn't pee. He was in so much agony. He [eventually] died."*[73]

8. Persons with disabilities

While data did not indicate that they were specifically targeted for harm, persons with disabilities may be at high risk of conflict-related sexual violence in Ethiopia. First, they are less able to avoid harm: a local Tigrayan group conducting focus group discussions with older people and people with disabilities noted that these groups are often left behind during periods of armed attack, since they cannot escape and seek distant refuge along with their more able-bodied family members. Second, after suffering harm including sexual violence, they are less likely to be counted among survivor statistics due to mobility challenges that prevent their access to service providers and others documenting atrocities.

9. Forcibly displaced persons

Forcibly displaced people are vulnerable to conflict-related sexual violence as well as sexual exploitation and abuse in the context of the Ethiopian crisis. Data reference two specific groups at particular risk: Eritrean refugees within Ethiopia (estimated at a population of about 179,000, with the majority sheltered in four camps in the Tigray region) and Ethiopians displaced both internally and across the border into Sudan.

First, as noted above, Eritrean refugees in Ethiopia have reportedly been subjected to conflict-related sexual violence for multiple reasons, by multiple actors. On one hand, they have been attacked specifically by Eritrean forces in retaliation for having fled Eritrea and evading forced conscription. On the other hand, they have also been attacked by other forces allied with the Ethiopian government who have mistaken them for Tigrayans.

Second, both refugees and internally displaced Ethiopians were also noted as being at risk of sexual exploitation and abuse (SEA), whether they relocated within Ethiopia or were able to cross the border into a neighboring country like Sudan. One report noted that the majority of displaced Tigrayans are still within Ethiopia, comprising at least 1.7m internally displaced persons (IDPs). Of these, it is estimated that about half are women and girls. Along with Eritrean refugees, many Ethiopian IDPs are at risk of sexually exploitative relationships with members of the host community, and other refugees or internally displaced individuals due to their vulnerability as female-headed households or “movement constraints specific to women”.[74]

"Men in the host communities are coercing displaced women and girls to engage in survival sex to meet their basic needs, especially to obtain food."[75]

10. Others: children born of rape, recurrent victims, and LGBTQI+ individuals

The research team notes a few additional groups of concern, though they were not described in detail: children born of wartime rape, recurrent victims, and Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, plus others (LGBTQI+) individuals.

First, children born of conflict-related rape in Ethiopia face multiple risks and challenges. Several babies have been abandoned at safehouses shortly after birth, because their mothers feared stigma and social rejection should they return to their communities with an "enemy's baby".

A representative of a safehouse for women said they had 13 babies born of rape residing at the safehouse, and as of October, only 1 of these mothers had been able to return to the community with the support of the woman's relatives. The other 12 women were afraid of returning home, due to stigma and to worries about financially supporting and feeding their babies. Another humanitarian worker said in November, "There is definitely abandonment of babies.... There is a lot of stigma.[76]

The children from these rapes face stigma and may suffer discrimination and exclusion from the community, becoming further marginalized and vulnerable to GBV, including sexual exploitation

and abuse, themselves.

In addition, slight but important reference was made to instances in which an individual faced repeated episodes of sexual violence over time. In other, non-conflict contexts, exposure to sexual violence has been associated with increased risk of future harm. There was insufficient data to ascertain this in the case of Ethiopia's conflict.[77]

Finally, it should be noted that there were no specific references to LGBTQI+ survivors in the study data. Experiences of the LGBTQI+ individuals in Ethiopia may not be visible, possibly due to the criminalization of homosexual acts under Ethiopian law,[78] the tremendous taboo and stigma LGBTQI+ individuals have traditionally faced in Ethiopia, and general lack of coverage by journalists and human rights organizations.

Individual Experiences, Impacts, Unmet Needs

Though they are not a monolithic group, study data indicate that survivors in Ethiopia share several common experiences of CRSV. Some common experiences are noted above, including episodes of rape and multiple perpetrator rape while pregnant (noted about Tigrayan women in particular); exposure to verbal abuse, ethnic slurs, misogynistic language in the course of CRSV; and anguish at being raped, raped by multiple perpetrators, and subjected to other forms of CRSV in front of family members, including very young sons and daughters. Some survivors also expressed shame related to certain sexual acts including forced oral and anal sex. Data also consistently indicated substantial barriers to disclosure and help-seeking, including strong fear of stigma or abandonment by family and lack of access to service providers, particularly during

occupation by hostile forces or periods of active conflict.

As in other contexts, the consequences of these different forms of CRSV include physical, psychosocial, and economic impacts for survivors.

Physical impacts include: unintended pregnancy and in some cases the birth of children; transmission of HIV or other sexually transmitted infections (STIs); fistula; and other bodily injury.

Psychosocial impacts on survivors have both psychological and social dimensions, which can be closely related. Psychological impacts include depression, anxiety, PTSD, suicidality.

> *"Two fighters came to my house and demanded food but I told them I had nothing; they went away and came back with potatoes and told me to boil them and they ate. Then they told me to boil some water and after I did they said "what do you prefer – that we put your baby in boiling water or we rape you?" I was terrified that they would hurt my baby. I still have nightmares about it."*[79]

The longer term psychological impacts on children who were themselves violated or who were forced to watch the violation of their parents or other family members remains to be seen. It should be noted that the psychological impacts of CRSV survivors may be compounded with other mental health impacts of the conflict generally, and that they are largely untreated due to lack of available services, as noted below.

Social impacts of CRSV include stigma of both survivors of rape

and multiple perpetrator rape, as well as any children produced from this violence. 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 which can in turn lead to vulnerability to exploitation and abuse.

Finally, in terms of sheer economic impacts, in addition to the above-mentioned loss of access to resources if rejected by family and community, many survivors reported immediate loss of food, drink, and property when attackers sought feeding or personal enrichment in conjunction with CRSV. Others suffered loss of livelihood or ability to work due to the physical or psychological injuries they sustained. Data indicate that CRSV survivors in northern Ethiopia have several unmet needs. First and foremost, there is an urgent lack of access to medical care and psychosocial support, as will be discussed below. For example, access to basic contraception is limited.

> *Service providers noted that there was a high fear of rape in the civilian population, including when the region saw an uptick in fighting prior to the Tigrayan forces gaining control of much of Tigray at the end of June. The fear of rape was associated with demands for contraception. "In outreach sites, quite a high demand for family planning. A lot of women [were] afraid they would be raped by soldiers and wanted to have family planning to protect them from getting pregnant if they were raped.*[80]

In addition to general absence or blockage of basic sexual and reproductive healthcare and psychosocial services, certain survivors have even fewer prospects of support than others.

For example, researchers did not detect mention of shelters and counseling services available for male survivors. Further, child-sensitive counseling appeared to be an urgent need.

> *Child survivors - we do not have recovery plans for work done with very young survivors and we do not have trained child counsellors. We do not have any male safe houses, and child friendly spaces and safe houses for children.*[81]

Finally, access to basic needs – food, medicine, shelter – is lacking for many in the current context. Provision is critical to mitigate risks of exploitation and abuse.

Occupation of / destruction of healthcare infrastructure

Open-source data described widespread deterioration of healthcare systems in Tigray, Amhara, and Afar that has resulted in limited availability and access to health services, and specifically both general and comprehensive CRSV services. The full extent of the damage is still unknown, with reports varying slightly depending on the source and information reported (e.g., fully functional, functional, operational, etc.). Health facilities in Tigray have faced extensive additional challenges with the de facto blockade of humanitarian aid (see below) and subsequent lack of active reconstruction projects in the region.[82]

In Tigray, health facilities have experienced structural damage, looting of equipment and medicines, and destruction of health records.[83] Ethiopian and Eritrean government forces and Amhara militias have been implicated in the destruction and looting of health facilities,[84] and looting has also occurred by civilians in

the region.[85] Médecins Sans Frontières (MSF) has reported that the conflict has left about one of 10 health facilities functional in Tigray.[86] By March 2021, the organization reported 30% of facilities were damaged, 73% were looted, and 87% were not functioning or only partially functioning, while 1 in 5 health facilities were occupied by troops.[87] Later reports suggest half or fewer functioning health centers remain in the region.[88] Mobile clinics and ambulances have also been destroyed, looted, or repurposed to transport goods by soldiers, with only 30 functional ambulances in the regions by January 2021 – a stark reduction from 280 before the conflict.[89] One interview participant reported that mobile clinics in the region have been targeted by the Ethiopian military, describing incidents in Samara and Tembien where a mobile clinic was shot and MSF personnel killed in February 2021.[90]

In Amhara and Afar, health facilities have also been subject to widespread damage and looting, with the TPLF suspected of deliberately targeting health and educational institutions.[91] A UNOCHA bulletin published on 7th April 2022 indicated that more than 500 larger health facilities and 1,706 health posts were damaged during the conflict in Amhara, and that only 22% of 94 health facilities were functional in Afar.[92] Amnesty International reported residents in the Kobo and Chenna areas were unable to obtain medical care locally while Tigrayan forces were present or after, due to extensive looting and destruction resulting in no functional health centers in the immediate area.[93] One interviewee noted the US Bureau for Humanitarian Affairs has started funding reconstruction activities, including health center rehabilitation in Amhara.[94]

De facto blockade of humanitarian aid

The Ethiopian government's obstruction of humanitarian aid to Tigray has further reduced availability of and access to numerous services. The shutdown of electricity, fuel, communications, and banking has limited essential infrastructure for Tigrayans to receive medical care and meet their basic needs, and has reduced the ability of humanitarian actors to provide services.[95] The de facto blockade has exacerbated famine conditions in Tigray and an already conflict-damaged health system.[96] Medicines and basic medical supplies are scarce, resulting in limited access to healthcare services and reduced ability to treat illnesses and injuries, including those as a result of CRSV.[97] Some humanitarian organizations, such as MSF, have been forced to reduce operations in Tigray given limited access to necessary resources, including cash and fuel, to provide services due to the blockade.[98] Organizations interviewed by Human Rights Watch also reported significant challenges obtaining required approvals for supplies and lack of consistency in permissions.[99]

Findings:

Support Services - Availability and Access

This section addresses FCDO's questions about the availability of support services for CRSV survivors and survivors' actual abilities to access them.

Availability of healthcare services

In Tigray, there are reportedly six One Stop Centers, five of which were established to respond to the needs of CRSV survivors at the start of the conflict.[100] The Tigray Bureau of Health has reported a very large proportion of survivors receiving services are seeking pregnancy-testing and abortion at One Stop Centers in Adigrat, Axum, and Shire.[101] Data on how many survivors sought and obtained

abortions[102] was not consistently reported across Centers.[103] The Shire One Stop Center reported that survivors were tested for HIV, hepatitis B, and other sexually transmitted infections during the same time period.[104]

In May 2021, the UNFPA and the Health Resources and Services Availability Monitoring System (HeRAMS) reported gaps in medical supplies and equipment essential for health services generally, and those required for comprehensive post-rape care, such as antibiotics, emergency contraception, and post-exposure prophylaxis (PEP).[105] The head of the Tigray Bureau of Health reported to Human Rights Watch additional gaps in post-rape care included shortages of basic supplies such as IV equipment, syringes, gloves, sexual and reproductive health and dignity kits, as well as limited availability of supplies needed for comprehensive abortion care (e.g., Mifepristone and Misoprostol tablets, electric pumps for vacuum aspiration and cannula required for manual vacuum aspiration), with similar reports by UNFPA.[106] Without sexual and reproductive health kits entering Tigray since July 2021, UNFPA also reported concerns that emergency obstetric procedures were at the edge of suspension in February 2022.[107] A joint report by Eritrea Focus and Oslo Analytica more recently indicated that STI treatment, PEP and Hepatitis B vaccines completely stopped in early November 2021 at one health center due to lack of availability.[108] Additionally, essential supplies needed to treat additional consequences of rape, such as kidney failure or fistula, have reportedly been unavailable due to lack of medical supplies and medication.[109] One interviewee reported that no permanent reconstruction or repair of existing health facilities has begun in Tigray, other than community-led efforts, due to significant logistics constraints from the de facto blockade.[110] However, some health services have been established in makeshift centers within

IDP camps in the region by IOM and are offering some GBV services provided by UNFPA.[111]

Less information on healthcare availability in Amhara and Afar[112] was available. In Amhara, there are eight One Stop Centers, and two in Afar. Amnesty International interviewed survivors who reported services were unavailable in the regions while Tigrayan forces were present and required travel to larger hospitals in Debarek, Bahir Dar, and Gonder weeks later.[113] Survivors interviewed have described receiving treatment for fistula[114] and doctors reported treating some patients with severe medical complications following CRSV for months,[115] but it is unclear to what extent services were available across the regions. In February 2022, one report suggested that current GBV service provision is operating normally in Amhara and Afar.[116]

Availability of Shelter and Safe Spaces for Disclosure of GBV

Open source literature held little information on shelter and safe spaces for disclosure of GBV. In Tigray, UNFPA reported a lack of private, women and girl-friendly spaces in the first six months of 2021.[117] In February 2022, a joint report by Eritrea Focus and Oslo Analytica highlighted a complete lack of safe houses for men or child-friendly spaces or safe houses for children.[118] Two study participants reported the existence of a few safe houses and women and girl-friendly spaces,[119] but one noted they are volunteer led and unable to provide psychosocial counseling or medical treatment.[120]

Challenges in Providing Services

Service providers have faced numerous challenges to providing support services to survivors of CRSV including staff shortages,

security concerns, food insecurity, and secondary trauma—not including the dire medicine and medical supply shortages described above.

- Access and logistics

In Tigray, humanitarian aid actors have had very limited access to the region, essential supplies, telecommunications, and finances required to effectively complete their work.[121] Some aid workers have reported delays in getting visas to Ethiopia and permits necessary to travel to Tigray, coupled by government airstrikes suspending UN Humanitarian Air Service (UNHAS) flights in October 2021.[122] One interviewee noted short-term entrance to Ethiopia and permission to enter Tigray in May 2022 was not being granted, reducing the ability to scale up humanitarian response in Tigray, while the same access challenge was not an issue in Amhara.[123] OCHA also reported that the first UNHAS flight to arrive in Tigray in July 2021 was extensively searched in Addis Ababa and essential medicines were not allowed on the plane, forcing two aid workers who require them to return.[124] One participant reported that while some convoys are now entering Tigray, the fuel needed to distribute aid is not available and many commodities are stuck in Mekelle.[125]

- Personnel and training shortages

Many skilled healthcare workers have fled, joined the armed forces or been killed during the conflict and additional, trained staff are needed – especially those trained in comprehensive sexual and reproductive health services and GBV technical response for clinical management of rape, specifically.[126] The humanitarian response was reportedly slow in Tigray, struggling to shift from

a “development mindset” that resulted in limited assistance and protection across the region initially, now compounded by logistical challenges by the de facto blockade of humanitarian aid.[127]

- Banking Restrictions

Restrictions on the amount of cash allowed to enter the region coupled with bank closures have reduced humanitarian aid entering the country, forcing organizations to scale back their response in Tigray or shut down entirely.[128] One interview participant reported that NGOs are still constrained with no cash access in Tigray, instead needing to fly money in on UNHAS flights, with a limit of $50,000 USD per week, which is not enough for the scope of operations needed.[129] Humanitarian staff have also been affected by the banking system shutdown, with salaries arriving every three months or with only 25% of their expected salary.[130] Health workers have also been affected with many Tigrayan health workers working without salaries for months.[131] Medical staff in Tigray have not been spared the hardships of the de facto blockade of humanitarian aid and closure of the banking system, with some reportedly skipping meals and even fainting from hunger while treating patients.[132]

- Personal safety and security

The Ethiopian Government claimed that humanitarian actors were arming the TDF and that World Food Programme (WFP) trucks were transporting fighters and arms, placing humanitarian actors at great risk in the region and exacerbating existing service provision challenges in Tigray.[133] One published commentary reported attacks on health workers in Mekelle, including the assault of the acting director of Ayder Comprehensive Specialized Hospital (“Ayder

Hospital") in his office by soldiers and the murder of three MSF employees.[134] Additional reports of threats toward health workers and humanitarian aid providers have been reported, including at smaller health posts.[135] Human Rights Watch has documented at least five instances where service providers were harassed, detained, or threatened by Ethiopian, Eritrean, and Amhara armed forces, including a safe house for CRSV survivors that was raided for three days in March 2021.[136]

- Secondary trauma of support staff

In light of the current crisis, community responders, healthcare providers, and support staff working with survivors of CRSV also need psychosocial support.[137] One interview participant noted that a colleague had to be admitted to the hospital after a particularly distressing CRSV case.[138] Human Rights Watch highlighted the needs of healthcare workers and crisis responders from affected communities, who are experiencing the upheaval of their own lives due to the conflict and shutdown of essential services, while working with extremely distressing CRSV cases with little support.[139]

Challenges in accessing services

Access to healthcare within 72 hours has been reported as extremely limited for survivors in Tigray, Amhara, and Afar – largely attributed to occupation and destruction of health facilities and de facto blockade of humanitarian aid, which has greatly reduced availability of services and subsequent access for survivors.[140] Additional access barriers reported included fear of additional harm and stigma, transportation costs, and checkpoints.

- Fear of further harm

Survivors in Tigray have reported the fear of encountering soldiers on the way to health centers deterred them from seeking care right away, or sometimes at all.[141] One midwife also reported encountering a group of survivors who had traveled to a health center weeks after being raped but were waiting outside – afraid to go in.[142]

> *Most of our Tigrayan women, most of our girls, are raped in the rural areas, in villages, they can't come to hospitals, because there is no safety [along the way].*[143]
>
> Health worker at urban center in Tigray

One key informant also noted that when the Ethiopian military controlled Mekelle, Ethiopian soldiers would be stationed right at the gates of Ayder Hospital. As a result, many survivors would not attempt to enter and request t services, due to fear.[144] Data did not explicitly reference fear of further harm as a barrier in Amhara and Afar regions, though they did indicate the existence of barriers to access to services while Tigrayan forces were present in the territory.[145]

- Fear of stigma

Open source reports highlighted fears of stigma as an additional access barrier that survivors face,[146] especially for men and boys who have suffered sexual violence when most available services are tailored for women and girls.[147] Some health workers have reported survivors hiding rapes from families[148] and leaving health centers before receiving complete services to avoid suspicion by families. Fears for girls and adolescents were reportedly higher –

with survivors and relatives keeping quiet about SGBV to protect them(selves) from social stigma and potential loss of marriage prospects, sometimes seeking emergency contraception but not wanting to report the rape or receive other services.[149]

> *"Girls were afraid no one would marry them if they were known to be raped."[150]*
>
> Aid worker

Similar fears have been reported by survivors of SGBV in refugee camps in Sudan, who have been reluctant to access psychosocial support for fear that the community would find out why they were receiving services.[151]

- Transportation and checkpoint barriers

With the destruction of numerous health facilities, survivors have often been forced to travel further for healthcare.[152] In Tigray, public transport was suspended at times due to fighting.[153] With the government shutdown of telecommunications, Human Rights Watch has suggested that survivors have experienced additional challenges finding safe travel routes in Tigray. Human Rights Watch also highlighted that survivors with disabilities may face additional challenges accessing services due to limited accessibility of roads and transportation. Some survivors have reported that travel costs to reach services would render them unable to provide for themselves or their families, forcing them to decide to defer accessing care.[154]

Checkpoints along travel routes have also reportedly deterred survivors from accessing services.[155]

“In some instances, humanitarian workers received reports of Tigrayans seeking health care who were stopped at checkpoints, threatened with death, and turned away.”[156]

Other impacts and considerations

In addition to impacts to service provision for survivors of CRSV, data surfaced a few additional matters of concern: impacts suffered by individuals with other healthcare needs and risk of sexual exploitation and abuse.

- Individuals with other healthcare needs / chronic conditions

The conflict has decimated routine access to care for many individuals with chronic conditions or health issues. Essential medications for management of HIV, hypertension, and diabetes have been unavailable for many increasing their risk of complication or death.[157] One study participant noted that destruction of medical facilities and machines has resulted limited access to essential dialysis treatment, with some patients with acute renal failure dying at Ayder Hospital as a result.[158] Maternal mortality cases are reportedly increasing, with more women forced to deliver at home or IDP camps instead of health facilities due to the ongoing conflict and have limited access to ante- and post-natal care.[159] Morbidity and mortality data in general as a result of the conflict remains somewhat limited.

- Risk of Sexual Exploitation and Abuse (SEA)

Humanitarian aid workers and organizations have raised concerns that the risk of sexual exploitation and abuse (SEA) in Tigray is extremely

high.[160] Widespread food insecurity and displacement in Tigray coupled with the obstruction of humanitarian aid have dramatically reduced economic security and community network support, leaving individuals particularly vulnerable to SEA.[161] Refugees International conducted rapid gender analyses in Tigray and reported the most visible SEA is occurring between the host population, IDPs, and refugees – for example, host community members coercing IDPs to engage in survival sex to obtain food or meet their basic needs.[162] One study participant also reported Eritrean refugees displaced from destroyed camps to Addis Ababa are being exploited or engaging in survival sex without being registered for assistance to meet basic needs.[163] Refugees International highlighted high staff turnover, attributed to bureaucratic challenges entering Tigray, as an additional SEA risk related to the humanitarian response – noting that this results in loss of SEA knowledge and difficulty holding anyone accountable.[164] At the outset of the conflict there were weak referral pathways and absence of reporting mechanisms for SEA.[165] New systems are reportedly in place, but survivors often remain unaware of SEA reporting mechanisms or are fearful of reprisals – including losing access to food and cash.[166]

Findings:

Recommendations From Open Source Material and Study Participants

Many NGO and UN reports analyzed presented a number of concrete, targeted recommendations. These recommendations address policy, operational, and accountability concerns, and are aimed at a host of relevant actors, including the various United Nations bodies, UN member states, the African Union, Ethiopian federal and regional government authorities, and the international donor community. All of these reports and documents are indexed in the source bibliography to this study.

Study participants also offered recommendations to the FCDO

during interviews. These recommendations focused on the United Kingdom and other interested states: 1) engaging with the Ethiopian authorities to lift the administrative restrictions, such as on visas, flight and in-country travel approvals, and banking limits, that are severely impacting service provider operations; 2) prioritizing the delivery of medicine, medical equipment and supplies needed by CRSV survivors within the overall humanitarian aid efforts to Tigray and Amhara regions; and 3) providing support for the restoration of health facilities that can offer comprehensive CRSV survivor care and for increased capacity and availability of mental health services for CRSV survivors and the conflict-affected communities as a whole.

DISCUSSION

This study has addressed each of FCDO's questions and enabled a comprehensive, centralized analysis of CRSV in the Ethiopian conflict. Below, we present our responses to FCDO's inquiry, along with additional questions and concerns surfaced in the course of research.

Discussion:

Perpetration

First, findings from this study indicate that CRSV has been committed by all parties to the conflict in Ethiopia. All parties to the conflict also appear to be perpetrating similar forms of CRSV, such as rape by multiple perpetrators, insertion of foreign objects, rape co-occurring with arbitrary detention in both formal and informal settings, and the commission of sexual violence in public/in the presence of family members. This similarity could be explained in part by the revenge motivation attributed to Tigrayan forces in Phase 2 of the conflict, resulting in a "mirror image" of the forms of CRSV committed by both sides to the conflict. However, it is also possible that underlying social norms related to GBV and/or the use of CRSV in the conduct of (ethnically motivated) hostilities

play a role in the manner in which CRSV has been perpetrated by all parties. While there is insufficient data to reach a conclusion in this study, there are indications that ethnically motivated human rights abuses, including CRSV, perpetrated by ethnically-aligned militias, such as the Fano, have historically been tolerated by federal and regional authorities.

Second, data suggest that Eritrean troops appear to be disproportionately responsible for the commission of multiple perpetrator rape and CRSV accompanied by the most extreme forms of brutality. However, study data do not provide sufficient information to draw conclusions regarding the command structure of Eritrean troop involvement in the conflict. It remains unclear if the EDF is subordinated under the ENDF command or is operating in a coordinated, but more autonomous manner. In this respect, it is noted that, while multiple survivors reported that Eritrean troops stated that they had been "ordered" to assault Tigrayan women, there is no indication of which entity gave such orders. Given that a clear understanding of the command structure of the various aligned parties is important to ensuring that the international community's CRSV prevention and response activities are targeted to the appropriate authorities, further clarification of this issue is considered to be critical. From a prevention standpoint, this is particularly important given that study participants operating in Tigray indicated that there appears to a re-mobilization of mainly Eritrean troops, with noticeable troop movement. One participant specifically warned:

> *Within the past month or so, [t]here has been a lot of troop movement, particularly around Western Tigray and the order with Eritrea, lots of movement of Eritrean forces.*

> *[…] [B]asically at this point most of the movement has been perceived to be Eritrean and Amhara forces. And the perception that Ethiopian forces are not currently engaging. And that, pretty consistently our teams have said, that if Ethiopian forces are involved, it'll be bad but not that bad but if it is Eritrean and Amharans it will be the final battle. If you would mention that they are concerned and it will be targeted and brutal and it will be intentionally violating the laws of war."*[167]

Finally, data suggest that the ASF's use of CRSV in western Tigray represents a means by which it, and the regional Amhara authorities, are carrying out a campaign of persecution and ethnic cleansing against the Tigrayan population. As noted above, several survivors recounted being told to leave the area during their sexual assaults. While not the focus of this study, the data on CRSV in the context of the area controlled by the Amhara regional authorities suggest that it is an underlying act of a campaign of persecution and ethnic cleansing that co-occurs alongside other non-CRSV related acts, such as mass killings, mass detentions, denial of food and humanitarian aid, and discriminatory laws and regulations targeting the Tigrayan population.

Discussion:

How CRSV is Being Used

The study findings suggest a variety of ways CRSV is being used in the northern Ethiopia conflict.

Strategic CRSV

When CRSV is used to further an organizational goal or policy, with or without explicit order by command, it is often described as "strategic." There appear to be a number of examples of strategic

use of CRSV in this conflict.

Ethiopian government troops and forces allied with them appear to be committing rape, multiple perpetrator rape, and forms of sexual violence aimed at destroying Tigrayan women's and girls' genitals (including insertion of foreign objects, burning with hot iron rods, etc.) while also expressing an intent to affect the reproductive functions of Tigrayan women and girls. This would be consistent with strategic use of sexual violence aimed, at least in part, at inhibiting the growth or even survival of the Tigrayan population.

CRSV committed by Tigrayan forces is generally described as "revenge rape", committed in direct response to atrocities including CRSV suffered by Tigrayans in Phase 1 of the conflict. Reports consistently quote Tigrayan fighters as stating they were taking revenge for rapes their own mothers, wives, and community members suffered at the hands of Ethiopian forces earlier in the conflict.

ASF has reportedly committed CRSV in Amhara-controlled areas of western Tigray. In detention facilities, these incidents have been described as including rape, multiple perpetrator rape, forced nudity, and other forms of sexual humiliation of detainees. Some of this violence in detention may be understood to be strategic, particularly if CRSV were used to intimidate, torture, or punish Tigrayan detainees. However, it is also possible that some of the CRSV committed in these detention facilities was non-strategic, arising either for reasons of sheer opportunism or due to group socialization among ASF troops and ignored or tolerated by command. As set out above, some sources mentioned ASF troops committing CRSV while stating an intention of driving Tigrayan communities out of parts of western Tigray. CRSV committed as a means of forcing displacement could

be described as strategic.

Data suggest that Eritrean forces attacked and committed CRSV against Eritrean refugees in camps in Tigray, likely in retaliation for their having fled Eritrea. This may be a strategic use of CRSV, either as punishment of those who have fled or deterrence to those who have not.

Non-strategic CRSV

There are additional scenarios in which CRSV appears to be used not for strategic purpose. In these cases, it is not clear whether commanders were aware of, sought to prevent, or punished the commission of CRSV. Without further information, it is difficult to draw conclusions as to responsibility.

Findings include numerous reports of CRSV committed in the context of Tigrayan forces demanding food and drink from families in Amhara and Afar. It may be that the CRSV in these instances was committed with intent to terrorize the local community, in which case it may indeed have been strategic. Alternately, the CRSV may have been incidentally committed in the course of troops' satisfying their hunger in an environment of food and resource scarcity, rendering it either opportunistic CRSV or CRSV that has developed as a custom committed either individually or among peers. In these latter cases, if command knew of and tolerated the CRSV despite not having ordered it, these instances might be better described as CRSV as a "practice". Data indicate that a wide spectrum of CRSV is likely happening in Ethiopia. Both these strategic and non-strategic instances of CRSV may constitute atrocity crimes.

Sexual Exploitation and Abuse (SEA)

While not specifically mentioned in FCDO's study questions or considered a form of CRSV, SEA nonetheless surfaced as a major concern by two NGOs in the study data. Given the massive displacement of Ethiopians due to the current conflict as well as the existing population of Eritrean refugees already within Ethiopian borders, serious risks of SEA exist. Widespread food insecurity and obstruction of humanitarian aid have increased SEA risks, while reporting mechanisms are often unknown to survivors and fear of reprisals (including loss of needed resources) limit reporting and access to services.

Discussion:

Who is Being Targeted for CRSV

Study data suggest that men, women, and children have suffered CRSV in the current conflict in Ethiopia. At the most basic level, Tigrayans (men, women, and children) have been targeted for violence including CRSV by Ethiopian government forces and groups allied with them. Individuals from Amhara and Afar have been targeted for harm including CRSV by Tigrayan forces. Eritrean refugees have been purposely targeted for harm by the EDF, but they have also accidentally been attacked by other forces who have occasionally mistaken them for Tigrayans.

In addition, specific groups and subgroups of people may be vulnerable to CRSV for different reasons. These include Tigrayan women and girls of reproductive age (subjected to CRSV in order, at least in part, to affect their reproduction), wives and widows of fighters from various armed groups (for information or as retaliation), men (as punishment for opposition or in the context of interrogation), children of all ages (to terrorize a population through both direct or witnessed CRSV), elderly and people with disabilities (due to inability

to escape and hide during an attack), and detainees (for purposes of intimidation, interrogation, or simple humiliation). Ethiopian IDPs and refugees are also vulnerable to SEA at the hands of host community members or fellow IDPs and refugees. There was no data about LGBTQI+ individuals.

Discussion:

Availability of and Access to Support Services

Healthcare services for CRSV survivors appear to be very limited with survivors in Tigray disproportionately affected. Service availability has been especially reduced during times of community military occupation. Widespread destruction and looting have had devastating impacts on a once heralded healthcare system. The de facto blockade of humanitarian assistance in Tigray has resulted in shortages of even the most basic medical supplies and essential medicines, restricting access to both CRSV-specific and general health services in the region. Psychosocial services appear to be even less available, which were integrated in the general health infrastructure and limited before the conflict. While some psychosocial services are being offered in conjunction with UNFPA and UNICEF at One Stop Centers, data suggests mental health care is still rarely available.

Even where services are available, significant service provision and access challenges exist. Findings include descriptions of service provision challenges such as logistical difficulties of the banking shutdown and visa and entry restrictions to Tigray as well as personal safety and security concerns and secondary trauma experienced by service providers. For survivors, numerous barriers to accessing available services exist with reports describing significant fear of further harm by traveling to reach services, fear of community stigma and exclusion, and logistical concerns reaching services with road and public transit closures, security concerns along the

route, checkpoint stops, and the financial burden of traveling to now distant facilities with the mass destruction of the healthcare system.

RECOMMENDATIONS

In light of the study's findings, we offer the following recommendations to the UK's FCDO and other stakeholders engaging with Ethiopian state actors, providing services to individuals and communities affected by the conflict in Northern Ethiopia, or conducting research related to the crisis.

Political Level Recommendations

1. Increase efforts to end the de facto blockade of humanitarian assistance into Tigray and to resume administrative functioning necessary to deliver support. Findings confirm the urgency of re-establishing access to humanitarian assistance in Tigray in order to provide critical support and services. This may be attempted through direct political appeal by states with influence in Addis Ababa or, potentially, through the adoption of other political strategies such as sanctions featuring CRSV as a designation criterion. In addition to ending the humanitarian blockade, it is critical to re-establish regular commercial and communications function in Tigray in order to facilitate access to support services there. For example, the Ethiopian government should allow the banking system to resume operations and remove limits on wire transfers essential to support staff and programming in affected regions. It should also ensure reliable access to telecom service, given the necessity of communications with staff providing direct services to affected communities in northern Ethiopia. Access to both funds and communication should be consistent and predictable.

2. Prioritize the delivery of medicine, medical equipment and supplies into northern Ethiopia, with a particular focus on Tigray,

as it remains the most impacted due to the de facto blockade. Medical supplies are desperately needed by CRSV survivors and should be included within the overall humanitarian aid efforts to Tigray and Amhara regions.

3. Ensure stability of humanitarian assistance in northern Ethiopia. It is essential that the Ethiopian state permit the long-term presence and function of local and international organizations providing humanitarian assistance to affected communities in northern Ethiopia, particularly with regard to Tigray region where humanitarian access remains a serious concern. Even once active conflict ends, significant healthcare needs will persist among affected communities.

4. Urge relevant authorities to prohibit, condemn, and punish the destruction of civilian targets, particularly healthcare facilities. Access to life-saving care, including sexual and reproductive healthcare services, is critical for atrocity survivors including those affected by CRSV. Attacks on civilian targets must be investigated and punished by the state. Donors and development partners should prioritize efforts to rebuild local and regional healthcare facilities in order to restore access to critically needed services.

5. Encourage cooperation with regional and UN-led human rights and accountability mechanisms. The 2021 joint report of the Ethiopian Human Rights Commission and the UN Office of the High Commissioner for Human Rights was a positive first step to official inquiry and documentation of atrocities committed in the current conflict. The Ethiopian state should remain open to independent investigation of atrocity crimes committed

on all sides of the conflict. It is important that all investigative mechanisms are able to access all affected regions, including Tigray. The African Union, based in Addis Ababa, may naturally play a key role in documentation and accountability efforts.

6. Support accountability within armed forces. This includes encouraging relevant government authorities to conduct robust monitoring of military forces under their control, including informal militias. In addition to awareness-raising among troops regarding the prohibition of sexual violence in armed conflict, clear and effective complaint and accountability mechanisms should be established to enable the prompt removal of any individuals found to have violated the international humanitarian law or relevant domestic laws.

7. Address the presence and conduct of Eritrean troops in Ethiopia. States engaging the Ethiopian and Eritrean governments should express concern as to reports of atrocities committed by Eritrean troops in Tigray, including CRSV. Doing so may help place both states on clear notice of these alleged crimes. This communique could also inquire as to whether Eritrean troops should remain in Ethiopia and how they might be held accountable for atrocities committed on Ethiopian soil.

8. Ensure the rights of children born of CRSV. This includes ensuring their access to social support as needed as well as guaranteeing their rights to nationality, education, and protection. It is essential that children born to mothers of all ethnic groups enjoy equal rights as Ethiopian citizens. As the circumstances of conception or abandonment may not be known, all children who are abandoned during the conflict should be provided access to shelter, care,

and education without discrimination.

9. Support the protection of forcibly displaced individuals. This includes ensuring access to international protection in neighboring and resettling states once they leave Ethiopia, including asylum on the basis of gender-based violence in the form of CRSV and the ability of Eritrean refugees to register for benefits in Addis Ababa. In addition, IDPs need access support and protection, to promote their socio-economic security and to mitigate risks of SEA.

10. Ensure inclusion of CRSV in national dialogue and eventual peace negotiations. Data are currently limited regarding CRSV survivors' priorities for peace and justice in Ethiopia. However, the sheer volume and vast reach of CRSV reported in multiple outlets indicates that this form of violence features heavily in the current conflict, affecting several vulnerable populations in Northern Ethiopia. These atrocities should be addressed in all future dialogue, inquiries, and peace negotiations, with participation of survivors and affected populations where possible.

Operational Recommendations

1. Ensure a survivor-centered, trauma-informed approach to service provision. This includes access to private interview and counseling spaces where possible and quality interpretation where necessary. Key guidance resources including the Murad Code may be valuable tools, along with the Toolkit on the Disclosure of Gender-Based Violence in Humanitarian Settings from report co-author, CHRGM.

2. Strengthen the ability of local organizations to provide basic psychosocial support to survivors of atrocities including CRSV,

through train-the-trainer programs and other collaborative efforts. Invest in building more local capacity for providing individual or group therapy through major referral hospitals or community-based groups that may offer services effectively and ethically.

3. Strengthen competence and capacity regarding the provision of child-centered services. This includes medical care, interviewing, counseling, and referral to shelter and other supports. Psychosocial interventions should address impacts suffered by children forced to witness CRSV committed against their family members. Shelter, adoption, and ongoing psychosocial, economic, and legal support is required for children born of CRSV, particularly those who are abandoned due to stigma.

4. Strengthen awareness of and response to CRSV against men and boys. As with children, this includes improving access to appropriate medical care, psychosocial support, and shelter services. Ensure that providers are sensitized to the specific technical and psychological needs male survivors may present.

5. Fund programs providing livelihood training and support. Economic independence can help survivors of CRSV to combat stigma, reintegrate into society, and mitigate risks of further gender-based violence and sexual exploitation. This is particularly critical in contexts where survivors may face abandonment by their husbands or families. Programs that enable survivors' self-sufficiency, including vocational training and micro-credit initiatives, can be an important aspect of holistic response to CRSV and longer-term recovery.

6. Ensure access to HIV-related healthcare support. Risk of HIV transmission can be high in contexts of mass rape. Survivors who test positive will need lifelong access to anti-retroviral medication in order to maintain their daily activities and prevent further transmission of HIV – including to their children during labor and delivery. Support for CRSV survivors should include access to HIV counseling at time of diagnosis, access to anti-retroviral medications, and necessary follow-up.

7. Increase funding to support access to basic necessities. Access to daily necessities such as food, medicine, psychosocial support, and secure shelter may help mitigate both the impacts of CRSV already occurred as well as risk of future harm.

8. Promote staff well-being. The mental health of many operational staff has suffered during the crisis in Ethiopia. Organizational management should take measures to protect the self-care and well-being of their staff, who themselves may suffer direct impacts of the conflict and lack of access to resources, daily necessities, and physical and psychological safety.

Research-Related Recommendations

1. Support Ethiopian research teams. Donors should enable researchers based at local Universities, hospitals, and other institutions to conduct research including population-based surveys focused on the conflict, its impacts, and survivors' unmet needs. Facilitate collaboration with international research partners where appropriate. This also includes ensuring local researchers' safety in affected areas, including Tigray, Amhara, IDP/refugee camps within Ethiopia, and refugee camps located outside Ethiopia.

2. Conduct in-depth analysis of social media referring to CRSV. This involves the collection and content analysis / authentication of open source data appearing in social media platforms such as Twitter and Facebook, mapping which organizations are documenting specific areas and community experiences.

3. Conduct further research on:

- The relationship between Ethiopian federal government and Eritrean Defence Forces, in order to understand communication systems and command structure, and to identify potential forms of responsibility for range of actors;
- Perpetrator intent especially regarding the forms of CRSV committed (oral, anal sex, as well as the insertion of foreign objects into women's reproductive organs) and the extent to which CRSV may be effectively disincentivized among diverse armed groups;
- Survivors' decision-making regarding disclosure of gender-based violence generally in Ethiopia and of CRSV in particular, with an aim to identifying ways to support safe and ethical disclosure for those who wish to reveal their experiences and needs; and
- The use of CRSV in previous conflicts in northern Ethiopia, particularly with respect to conflicts involving ethnically-aligned militia groups, as well as the federal and regional authorities' responses to these reports.

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ENDNOTES

1 Monthly briefings were produced containing real-time information based initially on open-source data and later from key informant interviews (KIIs). Briefings were submitted monthly from February to June 2022. The last monthly briefing, which also contained preliminary findings, was delivered on 15 June 2022.

2 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), 9. The four major parties that made up the coalition were the TPLF, the Oromo Democratic Party, the Amhara Democratic Party, and the Southern Ethiopian People's Democratic Movement. See Abrud Rahman Alfa Shaban, Ethiopia's Ruling Coalition Moves to Merge into Single Party, AfricaNews (Nov. 17, 2019), https://www.africanews.com/2019/11/17/ethiopia-s-ruling-coalition-merges-into-single-party.

3 See Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), 15-16 ("The [Ethiopian Transitional] Charter also laid the foundation for the creation of federal administrative units – regions – "on the basis of nationalities" giving each nationality the right to "administer their own affairs within their own defined territory.").

4 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), 17-18 ("Between 1992 and 2017, the Ethiopian Human Rights Council (EHRCO) issued 41 regular and special reports that focused on serious violence along ethnic lines and security force abuses in all regions of the country, including some cases where violence crossed regional borders") (citation omitted).

5 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022), 24 ("Problems were exacerbated by the creation of the 'developmental state' which required a vanguard party, in this case a coalition controlled by the TPLF. Almost inevitably, this led to a widespread belief that the TPLF favoured state aid and investment for their home region over the rest of the country. Intended to moderate and control ethno-nationalism, the EPRDF, in fact, encouraged it.")

6 See generally Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022) at 23-25 (detailing the causes the EPRDF's loss of control over Ethiopia).

7 Id.; Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), 9 ("[F]ollowing sustained protests in the Oromia and Amhara regions that began in 2015, the TPLF conceded power. That April, Ethiopia's House of People's Representatives elected Abiy Ahmed as prime minister.").

8 Ethiopia PM Hailemariam Desalegn in Surprise Resignation, BBC (Feb. 15, 2018), https://www.bbc.com/news/world-africa-43073285.

9 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), 9

10 Id. at 9-10 (cataloging the challenges Abiy faced and outbreaks of ethnic violence and separatism throughout Ethiopia).

11 Id. at 10 ("The TPLF opposed the dissolution of the EPRDF coalition, the formation of the Prosperity Party, and prosecutions of TPLF leaders for past human rights violations. Federal government officials also accused the TPLF of fomenting unrest and supporting ethnic violence and armed insurgencies elsewhere in the country"; AI-HRW Report, 30-31 ("The TPLF in turn objected to the government's targeting of TPLF leaders for prosecutions for past human rights violations, and to federal probes into TPLF-linked companies, refused to hand over wanted officials to the federal government, and denounced the probes as politicized and selective . . . [the TPLF] saw Ethiopia's rapprochement with Eritrea in 2018 as a major threat.").

12 Id. at 33-34 (detailing the election postponement and subsequent exchanges that culminated in war).

13 See Amnesty International and Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022) at 35 for an overview of these groups.

14 The TDF consists of both TPLF forces and the forces of their political opponents within Tigray. It is more than a mere extension of the TPLF.

15 See, e.g., Amnesty International. "Ethiopia: Survivors of TPLF Attack in Amhara Describe Gang Rape, Looting and Physical Assaults," (9 November 2021) (documenting CSRV committed by TPLF and allied forces as they retook territory and advanced outside of Tigray); Stephen Gray, In Ethiopia War, New Abuse Charges Turn Spotlight on Tigrayan Former Rulers, Reuters (Dec. 2021) (documenting TPLF abuses of Amhara civilians).

16 February 2022 Monthly Briefing (on file with FCDO), supra note 13, at 6 (recounting the institution of a comprehensive national dialogue in which the TPLF and its allies were not involved and the federal government's release of a small number of opposition political leaders).

17 See e.g., March 2022 Monthly Briefing (on file with FCDO), 3, noting that "the ECHR March 2022 Report was based on an investigation that specifically focused on the Afar and Amhara regions, though the Commission did also investigate reports of killings in Tigray" and that "[t]he Amnesty February 2022 Report was specifically about crimes committed by the TPLF."

18 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022); infra n. 44

19 Insecurity Insight. "Sexual Violence in Ethiopia's Tigray Region," (30 March 2021)

20 Id.

21 Int Notes_ETH_2_220518.

22 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021), detailing that "a 43-year-old mother of four, [...] was pregnant at the time she was assaulted by Eritrean soldiers in November 2020. The perpetrators not only raped her, she said, they also beat her and her son, and she lost her baby after the assault."

23 Interview with ETH 2, 18 May 2022.; Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021), finding that "elderly women were insulted, beaten, threatened at gun point, or killed, when they tried to rescue their daughters from rape. In Samre, two women were attacked by EDF soldiers when they tried to rescue their daughters from being raped.". This same report documented that "healthcare providers interviewed [...] said the rape survivors they treated included older women, including between 65 and 80 years old".

24 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights,

Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021), reporting that "[i]n December 2020, a 21-year-old female survivor from Wukro, who has a physical disability, was separated from her 8-year-old brother and her mother and raped near her residence in Wukro by a person she identified as an ENDF soldier.

25 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022): "Two former detainees held in Geter police heard a woman crying in the next cell. Said one of the men: "'She] was crying the whole night. When the sun came up, we asked her what happened. [She told us] it was a Walqayte officer, and the Fano and Amhara Special Force guards. They raped her.'"

26 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).

27 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).

28 Id.

29 Id.

30 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

31 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).

32 Id.

33 Int Notes_ETH 8_220503; Int Notes_ETH_1_220522.

34 Int Notes_ETH_2_220518.; Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

35 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

36 Amnesty International. "Ethiopia: Survivors of TPLF Attack in Amhara Describe Gang Rape, Looting and Physical Assaults," (9 November 2021).

37 Amy Goodman. "Ethiopia: Amnesty Accuses Tigrayan Forces of Rape & Murder in Latest Probe of War Crimes in Conflict." Interview by Amy Goodman. Democracy Now, (17 February 2022); Refugees International. "Issue Brief: Nowhere to Run: Eritrean Refugees in Tigray," (3 March 2022) (destruction of Eritrean refugee camps by Eritrean forces).

38 Int Notes_ETH 8_220503; Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).

39 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021); cf. Malancha Chakrabarty. "A War Within a War: Sexual Violence as a Weapon of War," Observer Research Foundation, (23 March 2022)., noting that "[s]cholars [...] argue that [...] [a]lthough the Eritrean Defence Forces (EDF) are much less reputed than the ENDF, they can't be termed as an out of control military force."

40 Insecurity Insight. "Sexual Violence in Ethiopia's Tigray Region," (30 March 2021).

41 Int Notes_ETH_1_220522; Int Notes_ETH 8_220503.

42 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

43 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).

44 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).

45 Id.

46 Id.

47 Id.

48 Insecurity Insight. "Sexual Violence in Ethiopia's Tigray Region," (30 March 2021), a woman recounted "Eritrean soldiers saying that their actions were revenge against Tigray."

49 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).

50 Insecurity Insight. "Sexual Violence in Ethiopia's Tigray Region," (30 March 2021).

51 Int Notes_ETH_2_220518.

52 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).

53 Int Notes_ETH_6_220524 (emphasis added)

54 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).

55 Refugees International. "Issue Brief: Nowhere to Run: Eritrean Refugees in Tigray," (3 March 2022).

56 Id.

57 Refugees International. "Issue Brief: Nowhere to Run: Eritrean Refugees in Tigray," (3 March 2022).

58 Robbie Corey-Boulet. "'Unprecedented' Attacks Hound Eritrean Refugees in War-Hit Ethiopia," Barron's, (28 February 2022); Refugees International. "Issue Brief: Nowhere to Run: Eritrean Refugees in Tigray," (3 March 2022).

59 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).

60 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022), documenting that "in and around Chenna, a village north of the Amhara regional capital Bahir Dar, Tigrayan forces raped and sexually assaulted at least 30 women and girls as young as 14."

61 Id.

62 Girmay M. "The Record Shows There is Genocide in Tigray," Ethiopia Insight, (21 March 2022); Editor's note: "Woyane" is a Tigrinya term meaning "Revolution," or "Resistance," referring to the first "Woyane" revolution by Tigrayan farmers in 1943. It has come to refer to the Tigray Peoples' Liberation Front (TPLF) or, in some contexts, the Tigrayan people generally.

63 Amnesty International. "Ethiopia: Troops and Militia Rape, Abduct Women and Girls in Tigray Conflict – New Report," (10 August 2021).

64 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022) at 37;

organization name redacted, and punctuation added for clarity.
65 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).
66 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
67 Int Notes_ETH_4_220520.
68 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
69 Supra n. 21
70 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021) at 54.
71 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
72 Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).
73 Id., also reporting that "a 38-year-old held at Bet Hintset, said that on October 11, two of his fellow detainees eventually died after Bet Hintset guards kicked them in the testicles."
74 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
75 Id.
76 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
77 English-Executive-Summary-AAIR.
78 https://pridelegal.com/ethiopia-lgbt-laws/.
79 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022) at 38
80 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
81 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).
82 Int Notes_ETH_1_220522.
83 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
84 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
85 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
86 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).
87 Id.
88 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).
89 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
90 Int Notes_ETH_2_220518.
91 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022); Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022); Addis Standard. "News: UN Human Rights Chief Speaks of Deteriorating Human Rights, Security Situation in Ethiopia," (8 March 2022).
92 Borkena. "Nine Organizations Write an Open Letter to WHO Director Tedros Adhanom," (10 May 2022).
93 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022)
94 Int Notes_ETH_1_220522.
95 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
96 Girmay M. "The Record Shows There is Genocide in Tigray," Ethiopia Insight, (21 March 2022); Addis Standard. "Fifteen Women's Organizations Call on UN for Vital Services to Sexual Violence Survivors in Tigray," (8 March 2022).
97 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Girmay M. "The Record Shows There is Genocide in Tigray," Ethiopia Insight, (21 March 2022).
98 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Laetitia Bader. "Ethiopia's Warring Parties Should End Attacks on Women, Girls: Destruction of Health Care, Blocking of Aid, Further Harms Survivors of Rape," Human Rights Watch, (8 March 2022).
99 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
100 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights,

Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021); Int Notes_ETH_1_220522.

101 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021).

102 Abortions are available in Ethiopia in cases of rape, incest, or fetal impairment or if a woman's life or physical health is in danger, if she has physical or mental disabilities, or if she is a minor unprepared for childbirth. Induced Abortion and Postabortion Care in Ethiopia | Guttmacher Institute

103 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

104 Id.

105 Id.

106 Human Rights Watch, "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); UNFPA. "UNFPA Ethiopia Response to the Northern Ethiopia Crisis: Situation Report 1 to 30 January 2022," (22 February 2022).

107 UNFPA. "UNFPA Ethiopia Response to the Northern Ethiopia Crisis: Situation Report 1 to 30 January 2022," (22 February 2022).

108 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).

109 Id.

110 Int Notes_ETH_1_220522.

111 Id.

112 Id

113 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).

114 Ethiopian Human Rights Commission. "Report on Violations of Human Rights and International Humanitarian Law in Afar and Amhara Regions of Ethiopia: Executive Summary," (11 March 2022); Reporter. "Tigray Forces Committed in Amhara and Afar Regions Violations that may Amount to War Crimes," Translated by Professor Getahun Atey, (13 March 2022).

115 Amnesty International. "Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara," (16 February 2022).

116 UNFPA. "UNFPA Ethiopia Response to the Northern Ethiopia Crisis: Situation Report 1 to 30 January 2022," (22 February 2022).

117 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

118 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).

119 Int Notes_ETH_1_220522 and Int Notes_ETH_2_220518.

120 Int Notes_ETH_2_220518.

121 Int Notes_ETH_3_220520.

122 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).

123 Int Notes_ETH_3_220520.

124 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).

125 Int Notes_ETH_3_220520

126 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

127 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Amnesty International and Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022).

128 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

129 Int Notes_ETH_3_220520.

130 Id.

131 Int Notes_ETH_2_220518; Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

132 Int Notes_ETH_4_220520.

133 Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022).

134 L Lewis Wall. "The Siege of Ayder Hospital: A Cri de Couer from Tigray, Ethiopia," Female Pelvic Medicine & Reconstructive Surgery, 28, no. 5, e137-e141. (15 April 2022).

135 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

136 Id

137 Id

138 Int Notes_ETH_5_220520.

139 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

140 Amy Goodman. "Ethiopia: Amnesty Accuses Tigrayan Forces of Rape & Murder in Latest Probe of War Crimes in Conflict." Interview by Amy Goodman. Democracy Now, (17 February 2022), Ruetir. "Women's Day and March 8, in War Zones There is Nothing to Celebrate," (7 March 2022); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Eritrea Focus and Oslo Analytica. "The Tigray War & Regional Implications," Volume 2, (15 February 2022); Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

141 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

142 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).

143 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).

144 Int Notes_ETH_1_220522.

145 Amnesty International. "Ethiopia: Survivors of TPLF Attack in Amhara Describe Gang Rape, Looting and Physical Assaults," (9 November 2021).

146 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); DFN 5; Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual

Violence in the Conflict in Tigray, Ethiopia," (August 2021).
147 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
148 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
149 Id.
150 Id.
151 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).
152 Amnesty International and Human Rights Watch. "We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone, (6 April 2022); Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
153 Amnesty International. "'I Don't Know if They Realized I was a Person:' Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia," (August 2021).
154 Id,
155 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
156 Id.
157 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021); Int Notes_ETH_2_220518.
158 Int Notes_ETH_2_220518.
159 Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). "Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia," (3 November 2021); Int Notes_ETH_1_220522.
160 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021); Devon Cone. "Women in Tigray Face Increased Risk of Sexual Exploitation and Abuse Amid Humanitarian Crisis," Refugees International, (August 2021).
161 Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021).
162 Devon Cone. "Women in Tigray Face Increased Risk of Sexual Exploitation and Abuse Amid Humanitarian Crisis," Refugees International, (August 2021).
163 Int Notes_ETH_6_220524.
164 Devon Cone. "Women in Tigray Face Increased Risk of Sexual Exploitation and Abuse Amid Humanitarian Crisis," Refugees International, (August 2021).
165 Id.
166 Id.
167 Int Notes_ETH_6_220524.

BIBLIOGRAPHY

- Addis Admas. “Pregnant Women and Children are Exposed to Worst Vulnerabilities Due to War and Conflict,” Translated by Professor Getahun Atey, (5 March 2022).
- Addis Admas. “Report Issued by the International Organizations Needs to be Reconsidered,” Translated by Professor Getahun Atey, (9 April 2022).
- Addis Standard. “News: UN Human Rights Chief Speaks of Deteriorating Human Rights, Security Situation in Ethiopia,” (8 March 2022). https://addisstandard.com/news-un-human-rights-chief-speaks-of-deteriorating-human-rights-security-situation-in-ethiopia/.
- Addis Standard. “#IWD2022 - Fifteen Women’s Organizations Call On UN for Vital Services to Sexual Violence Survivors in Tigray,” (8 March 2022). https://addisstandard.com/iwd2022-fifteen-womens-organizations-call-on-un-for-vital-services-to-sexual-violence-survivors-in-tigray/.
- Addis Standard. “Amhara Forces Committed War Crimes and Crimes Against Humanity in Western Tigray,” Translated by Professor Getahun Atey, (6 April 2022).
- Africa Press. “The Lies of Terrorist TPLF Exposed,” (17 February 2022). https://www.africa-press.net/ethiopia/all-news/the-lies-of-terrorist-tplf-exposed.
- Agence France-Press. “Tigrayans Subjected to ‘War Crimes’ in Ethiopia: Rights Groups,” (4 June 2022). https://www.france24.com/en/live-news/20220406-tigrayans-subjected-to-war-crimes-in-ethiopia-rights-groups.
- Agence France-Press. “Tigray Rebels Gang-Raped Women and Girls in Ethiopia War: Amnesty,” (16 February 2022). https://www.france24.com/en/live-news/20220216-tigray-rebels-gang-raped-women-and-girls-in-ethiopia-war-amnesty.
- Amnesty International. “Ethiopia: Summary Killings, Rape, and Looting by Tigrayan Forces in Amhara,” (16 February 2022). https://www.amnesty.org/en/documents/afr25/5218/2022/en/.
- Amnesty International. “Ethiopia: Survivors of TPLF Attack in Amhara Describe Gang Rape, Looting and Physical Assaults,” (9 November 2021). https://www.amnesty.org/en/latest/news/2021/11/ethiopia-survivors-of-tplf-attack-in-amhara-describe-gang-rape-looting-and-physical-assaults/.
- Amnesty International. “Ethiopia: Troops and Militia Rape, Abduct Women and Girls in Tigray Conflict – New Report,” (10 August 2021). https://www.amnesty.org/en/latest/news/2021/08/ethiopia-troops-and-militia-rape-abduct-women-and-girls-in-tigray-conflict-new-report/.
- Amnesty International. “‘I Don’t Know if They Realized I was a Person:’ Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia,” (August 2021). https://www.amnesty.org/en/documents/afr25/4569/2021/en/.
- Amnesty International and Human Rights Watch. “We Will Erase You from This Land: Crimes Against Humanity and Ethnic Cleansing in Ethiopia’s Western Tigray Zone, (6 April 2022). https://www.hrw.org/report/2022/04/06/we-will-erase-you-land/crimes-against-humanity-and-ethnic-cleansing-ethiopias.
- Amy Goodman. “Ethiopia: Amnesty Accuses Tigrayan Forces of Rape & Murder in Latest Probe of War Crimes in Conflict.” Interview by Amy Goodman. Democracy Now, (17 February 2022). https://www.democracynow.org/2022/2/17/tigray_amnesty_report_ethiopia_women.
- Aygen. “Ethiopia: ‘Unprecedented’ Attacks Against Eritrean Refugees,” The Valley Post (28 February 2022). https://www.thevalleypost.com/ethiopia-unprecedented-attacks-against-eritrean-refugees/.
- Bader, Laetitia. “Ethiopia’s Warring Parties Should End Attacks on Women, Girls: Destruction of Health Care, Blocking of Aid, Further Harms Survivors of Rape,” Human Rights Watch, (8 March 2022). https://www.hrw.org/news/2022/03/08/ethiopias-warring-parties-should-end-attacks-women-girls.
- BBC. “Ethiopia’s Civil War: The Women Who Paid the Price,” (26 March 2022). https://www.bbc.com/news/world-africa-60648163.
- Behaliu, Meseret. “Ethiopia: U.S. Expresses Grave Concern Over Terrorist Tigray People’s Liberation Front’s Atrocities in Amhara,” The Ethiopian Herald, (24 February 2022). https://allafrica.com/stories/202202250195.html.
- Borkena. “Afar, Amhara: At Least 6000 Children Orphaned Due to TPLF War,” (25 April 2022). https://borkena.com/2022/04/25/afar-amhara-orphaned-600-children-orphaned-due-to-tplf-war/
- Borkena. “Nine Organizations Write an Open Letter to WHO Director Tedros Adhanom,” (10 May 2022). https://borkena.com/2022/05/10/tedros-adhanom-ghebreyesus-nine-ethiopian-organizations-write-an-open-letter/.
- Chakrabarty, Malancha. “A War Within a War: Sexual Violence as a Weapon of War,” Observer Research Foundation, (23 March 2022) https://www.orfonline.org/expert-speak/sexual-violence-as-a-weapon-of-war/.
- Charbonneau, Louis. “Senior UN Official Pushes for Accountability for Ethiopia Atrocities,” Human Rights Watch, (17 February 2022). https://www.hrw.org/news/2022/02/17/senior-un-official-pushes-accountability-ethiopia-atrocities.
- Cone, Devon. “Women in Tigray Face Increased Risk of Sexual Exploitation and Abuse Amid Humanitarian Crisis,” Refugees International, (August 2021). https://www.refugeesinternational.org/reports/2021/8/23/women-in-tigray-face-increased-risk-of-sexual-exploitation-and-abuse.
- Corey-Boulet, Robbie. “‘Unprecedented’ Attacks Hound Eritrean Refugees in War-Hit Ethiopia,” Barron’s, (28 February 2022).
- https://www.barrons.com/news/unprecedented-attacks-hound-eritrean-refugees-in-war-hit-ethiopia-01646029207?tesla=y.
- Dawit, Gelmo. “Ethiopia to Examine Rights Groups’ Report on West Tigray,” VOA News, (7 April 2022). https://www.voanews.com/a/ethiopia-to-examine-rights-groups-report-on-west-tigray-/6519200.html.
- Dibaba, Solomon. “Amnesty International Report on Terrorist Atrocities in Amhara a Drop in the Bucket,” Ethiopian News Agency, (19 February 2022). https://www.ena.et/en/?p=33571.
- Eritrea Focus and Oslo Analytica. “The Tigray War & Regional Implications,” Volume 2, (15 February 2022). https://eritreahub.org/tigray-war-regional-implications-volume-2.
- Ethiopian News Agency. “Upcoming Nat’l Dialogue Would Lead to Wider Reconciliation: Ambassador,”
- (13 April 2022). https://www.ena.et/en/?p=34963.
- Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR). “Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia,” (3 November 2021). https://digitallibrary.un.org/record/3947207?ln=en.
- Ethiopian Human Rights Commission. “Report on Violations of

Human Rights and International Humanitarian Law in Afar and Amhara Regions of Ethiopia: Executive Summary," (2022).
- Ethiopian News Agency. "HR6600, S3199 Draft Bills Intent on Controlling, Monitoring Ethiopia: American Analyst," (26 March 2022). https://www.ena.et/en/?p=34560.
- Farodi Roma. "The Deadliest War in the World is Not in Ukraine but in Ethiopia," Translated by Deepl, 30 March 2022). https://www.farodiroma.it/la-guerra-piu-mortale-del-mondo-non-e-in-ucraina-ma-in-etiopia/.
- Financial Mail. "Aid Trickles into Tigray as Starvation Looms," (14 April 2022). https://www.businesslive.co.za/fm/features/africa/2022-04-14-aid-trickles-into-tigray-as-starvation-looms/.
- Gebreananaye, Meron, Hailay Abrha Gesesew, and Arkebe Taddele. "Ukraine and Tigray: A Hierarchy in the Value of Human Life," The Elephant, (15 April 2022). https://www.theelephant.info/features/2022/04/15/ukraine-and-tigray-a-hierarchy-in-the-value-of-human-life/.
- Getachaw, Daniel. "'Peace is Indispensable' says UN Deputy Chief in Ethiopia, Hearing Stories of Conflict and Hope," UNECA, (9 February 2022). https://news.un.org/en/story/2022/02/1111572.
- Girmay M. "The Record Shows There is Genocide in Tigray," Ethiopia Insight, (21 March 2022). https://www.ethiopia-insight.com/2022/03/21/the-record-shows-there-is-genocide-in-tigray/.
- Global Centre for the Responsibility to Protect. "Atrocity Alert No. 292: Ukraine, Sudan/South Sudan and Ethiopia," (16 March 2022). https://reliefweb.int/report/ukraine/atrocity-alert-no-292-ukraine-sudansouth-sudan-and-ethiopia.
- Grandjean. Mathilde. "Girlhood Annihilated: Rates of Child Marriage are Soaring in Ethiopia," Impakter, (2 May 2022). https://impakter.com/girlhood-annihilated-child-marriage-in-ethiopia/.
- Harter, Fred. "Can Ethiopia's Government be Held Accountable for Crimes in the Civil War After Complaint Filed at the AU?" The Africa Report, (23 February 2022). https://www.theafricareport.com/179151/can-ethiopias-government-be-held-accountable-for-crimes-in-the-civil-war-after-complaint-filed-at-the-au/.
- Harter, Fred. "Ethiopia's Fragile Truce Over Tigray Conflict Threatened by Lack of Promised Aid," The Independent, (22 April 2022). https://www.independent.co.uk/independentpremium/world/ethiopia-tigray-peace-truce-civil-war-b2062782.html.
- Human Rights Watch. "'I Always Remember That Day: Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region," (November 2021). https://www.hrw.org/report/2021/11/09/i-always-remember-day/access-services-survivors-gender-based-violence-ethiopias.
- Human Rights Watch. "No One is Spared: Abuses Against Older People in Armed Conflict," (23 February 2022). https://www.hrw.org/report/2022/02/23/no-one-spared/abuses-against-older-people-armed-conflict.
- Insecurity Insight. "Sexual Violence in Ethiopia's Tigray Region," (30 March 2021). https://insecurityinsight.org/wp-content/uploads/2021/03/Sexual-Violence-in-Ethiopia-Tigray-Region-30-March-2021.pdf.
- Jeffrey, James. "We Care About Some Wars, but Ignore Others," The Jewish Chronicle, (3 May 2022). https://www.thejc.com/lets-talk/all/we-care-about-some-wars-but-ignore-others-7l6VBqm2dcDf2qbXcn3Saf.
- Krippahl, Cristina. "Ethiopia Faces Litany of Human Rights Abuses," Deutsche Welle, (15 March 2022). https://allafrica.com/stories/202203160011.html.
- Kuwait News Agency. "US Concerned Over Continued Atrocities in North Ethiopia," (8 April 2022). https://www.kuna.net.kw/ArticleDetails.aspx?id=3033717&language=en.
- Lord Goldsmith of Richmond Park, the Foreign, Commonwealth and Development Office. "Tigray: U.K. Says is 'Apalled at the Prevalence of Sexual and Gender-Based Violence and the Destruction of Medical Facilities' and Calls on 'All Parties to Take All Necessary Steps to Provide Unfettered and Sustained Access to Northern Ethiopia," Answer to written parliamentary questions (HL7480), (12 April 2022). https://www.davidalton.net/2022/04/12/tigray-u-k-says-is-appalled-at-the-prevalence-of-sexual-and-gender-based-violence-and-the-destruction-of-medical-facilities-and-calls-on-all-parties-to-take-all-necessary/.
- Masebo, Tsedeke Mathewos, Belayneh Kokebe Fikadu, Enawgaw Mehari, Bizu Gelaye, Anteneh Habte, Tesfaye B Mersha, and Kebede Begna. "The Need for Rigour and Balance in Reporting the Health Impacts of Conflict in Tigray, Ethioipia," BMJ Global Health, 7, no. 3 (2022). http://dx.doi.org/10.1136/bmjgh-2021-008263
- Muhumuza, Rodney. "Rights Groups Charge 'Ethnic Cleansing' in Ethiopia's Tigray," Associated Press, (6 April 2022). https://www.latimes.com/world-nation/story/2022-04-06/rights-groups-charge-ethnic-cleansing-in-ethiopia-tigray.
- Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict. "Statement of SRSG-SVC Pramila Patten Security Council Open Debate on Conflict-Related Sexual Violence 'Accountability as Prevention: Ending Cycles of Sexual Violence in Conflict," (13 April 2022). https://www.un.org/sexualviolenceinconflict/statement/statement-of-srsg-svc-pramila-patten-security-council-open-debate-on-conflict-related-sexual-violence-accountability-as-prevention-ending-cycles-of-sexual-violence-in-conflict-wedne/
- OHCHR. "Human Rights Council Discuses Situation of Human Rights in Afghanistan and in Tigray Region of Ethiopia," The National Tribune. https://www.nationaltribune.com.au/human-rights-council-discusses-situation-of-human-rights-in-afghanistan-and-in-tigray-region-of-ethiopia/.
- Peebles, Graham. "Western Lies and False Narrative About Ethiopia," Counter Punch, (4 February 2022). https://www.counterpunch.org/2022/02/04/western-lies-and-false-narratives-about-ethiopia/.
- Pentin, Edward. "Ethiopia is Committing Genocide Against the Tigrayan People, Say Priests from Region," National Catholic Register, (11 May 2022). https://www.ncregister.com/news/ethiopia-is-committing-genocide-against-the-tigrayan-people-say-priests-from-region.
- Refugees International. "Issue Brief: Nowhere to Run: Eritrean Refugees in Tigray," (3 March 2022). https://www.refugeesinternational.org/reports/2022/3/1/nowhere-to-run-eritrean-refugees-in-tigray.
- Reporter. "Challenges of Ethiopian Women," Translated by Professor Getahun Atey, (9 March 2022).
- Reporter. "Tigray Forces Committed in Amhara and Afar Regions Violations that may Amount to War Crimes," Translated by Professor Getahun Atey, (13 March 2022).
- Reuters. "Amnesty Accuses Tigray Forces of Atrocities in Ethiopia's Amhara," (16 February 2022). https://www.voanews.com/a/amnesty-accuses-tigray-forces-of-atrocities-in-ethiopia-s-amhara/6444061.html.
- Reuters. "Ethiopia's Holy Town of Lalibela Struggles to Heal Wounds of War," (3 February 2022). https://www.usnews.com/news/world/articles/2022-02-03/ethiopias-holy-town-of-lalibela-struggles-to-heal-wounds-of-war.
- Ruetir. "Women's Day and March 8, in War Zones There is Nothing to Celebrate," (7 March 2022). https://www.ruetir.com/2022/03/07/

womens-day-and-march-8-in-war-zones-there-is-nothing-to-celebrate/.

- The Conversation. “Left to Die: The Fate of Thousands of People Living with HIV in Tigray,” (24 March 2022). https://theconversation.com/left-to-die-the-fate-of-thousands-of-people-living-with-hiv-in-tigray-179793.
- The Conversation. “War in Ethiopia: Addressing Mental Health Needs to Made a Priority,” (28 March 2022). https://theconversation.com/war-in-ethiopia-addressing-mental-health-needs-to-be-made-a-priority-177471.
- Tilli, Marta. “Ethiopia: A Forgotten War,” Translated by Deepl, Salute Internazionale, 16 May 2022). https://www.saluteinternazionale.info/2022/05/etiopia-una-guerra-dimenticata/.
- Tommasin, David. “Ethiopia, Open Letter from the Tigray Government to UN Secretary General Guterres,” Translated by Deepl, Focus on Africa, (21 April 2022). https://www.focusonafrica.info/etiopia-lettera-aperta-del-governo-del-tigray-al-segretario-generale-delle-nazioni-unite-antonio-guterres/.
- Tommasin, David. “Ethiopia, the Humanitarian Truce for Tigray Does Not Seem to Work,” Translated by Deepl, Focus on Africa: News & Analysis, (1 April 2022). https://www.focusonafrica.info/etiopia-la-tregua-umanitaria-per-il-tigray-non-sembra-funzionare/.
- UNFPA. “Maternal and Reproductive Health-care Crisis in Ethiopia, (3 March 2022). https://www.unfpa.org/news/maternal-and-reproductive-health-care-crisis-ethiopia.
- UNFPA. “UNFPA Ethiopia Response to the Northern Ethiopia Crisis: Situation Report 1 to 30 January 2022,” (22 February 2022).
- UN News. “Justice Critical to Fighting Sexual Violence in Conflict,” (13 April 2022). https://news.un.org/en/story/2022/04/1116192.
- UN Web TV. “Accountability as Prevention, Ending Cycles of Sexual Violence in Conflict (Women and Peace and Security),” Security Council, 9016th Meeting, (13 April 2022). https://media.un.org/en/asset/k1d/k1dwkjiigx.
- United Nations. “Press Conference by Deputy Secretary-General Amina Mohammed at United Nations Headquarters,”. https://reliefweb.int/report/ethiopia/press-conference-deputy-secretary-general-amina-mohammed-united-nations-headquarters.
- Vanover, Gracie. “IU Southeast Student Shares Tragedies from Home in Ethiopia,” The Horizon: The Student Voice of Indiana University Southeast, (24 February 2022). https://iushorizon.com/27574/news/iu-southeast-student-shares-tragedies-from-home-in-ethiopia/.
- Wall, L Lewis. “The Siege of Ayder Hospital: A Cri de Coeur from Tigray, Ethiopia,” Female Pelvic Medicine & Reconstructive Surgery, 28, no. 5, e137-e141. (15 April 2022). https://doi.org/10.1097%2FSPV.0000000000001181.
- Wambui, Mary. “Ethiopia in Image Crisis Over Tigray ‘Atrocities,’” The East African (12 April 2022). https://www.theeastafrican.co.ke/tea/rest-of-africa/ethiopia-in-image-crisis-over-tigray-atrocities-3777184.
- Wambui, Mary. “Ethiopia: Rights Watchdogs Name ‘Perpetrators of Tigray Atrocities,” The East African (7 April 2022). https://www.theeastafrican.co.ke/tea/rest-of-africa/rights-watchdogs-name-perpetrators-tigray-atrocities-3774132.
- Weldemichael, Teklehaymanot G. and Meron Gebreananaye. “Tigray is Africa’s Ukraine: We Must Build Pan-African Solidarity,” The Elephant, (13 May 2022). https://www.theelephant.info/op-eds/2022/05/13/tigray-is-africas-ukraine-we-must-build-pan-african-solidarity/.
- World Health Organization. “WHO Ethiopia and UNFPA Ethiopia Launch Training on Clinical Management of Rape for First-Line Service Providers,” (15 February 2022). https://www.afro.who.int/countries/ethiopia/news/who-ethiopia-and-unfpa-ethiopia-launch-training-clinical-management-rape-first-line-service.