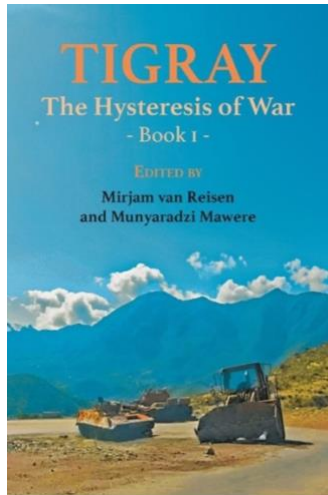


# Bodies for the Battle Fields: Systematic Use of Rape as a Weapon of War in Tigray

*Gebru Kidanu & Mirjam Van Reisen*

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### **Bodies for Battle Fields: Systematic Use of Rape as a Weapon of War in Tigray**

*Gebru Kidanu & Mirjam Van Reisen*

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*Even as she was being slaughtered, the mother protected her children.*

#### **Abstract**

This study investigates the systematic use of sexual violence in the Tigray war using Europe External Programme with Africa (EEPA) Situation Reports, EEPA testimonies, and in-depth interviews with victims. It analyses 327 reports and 38 testimonies, along with 20 interviews, finding that sexual violence was strategically employed by the Ethiopian National Defence Force (ENDF), Eritrean Defence Forces (EDF), and Amhara militia and Special Forces, with Eritrean troops as primary perpetrators. Eritrean forces attempted to conceal their presence, which was later confirmed by Ethiopian Prime Minister Abiy in March 2021. A communication blockade and disinformation initially obscured the widespread sexual violence, with the first reports surfacing in January 2021. These reports eventually revealed extensive and systematic atrocities affecting thousands, including those in rural areas, and were discussed at the UN Security Council in April 2021. The blockade and siege of Tigray prevented victims from seeking help or accessing health facilities, leaving them destitute. The study concludes that strategic rape aimed to reduce women's reproductive capabilities, causing infertility, HIV infections, pregnancy losses, and trauma, deeply impacting individuals and communities. Future research is essential for accountability and addressing these war crimes and their impact.

**Key words:** Tigray war, Ethiopia, Eritrea, sexual violence, strategic rape, war crimes

## **Sexual violence in war**

When rape is used as a weapon of war, it is used to advance military and political aims, by humiliating the victims in a calculated and vicious manner (Caryl, 2017). The age of the survivors of war-time rape ranges from infants up to elderly women, indicating that its purpose is to destroy the ‘enemy’ by targeting women and girls in the society it seeks to overpower (Clifford, 2008). Perpetrators of this form of rape, which can be called ‘strategic’ rape (Seifert, 1993; Wirtz, 2023), use their words, and acts to communicate the purpose of this violence. Through rape, they convey the message that the culture has been penetrated by the enemy, humiliating the whole community, and sending a symbolic message (Reid-Cunningham, 2008).

Additional forms of violence committed together with rape include the mutilating of genitals and other body parts, blinding women so that they cannot identify the perpetrator(s), amputating body parts, inserting foreign objects inside the vagina (Mukengere Mukwege & Nangini, 2009; Hagen & Yohani, 2010). Survivors are often exposed to multiple incidents of rape and gang rape, leading to greater psychological and physical consequences, including, in some cases, death (Clifford, 2008). HIV/AIDS is also transmitted through rape, both intentionally, to reduce the number of the targeted population, and unintentionally (Reid-Cunningham, 2008).

For centuries, rape has been considered an inevitable by-product of war and has only recently been deemed a ‘weapon of war’ by the international community (Lundgren, 2015). In recent history, the use of rape as a weapon of war is well documented, including in World War II, during which this act was committed by the Nazis, Soviets, and the Japanese, as well as in the Vietnam War (Clifford, 2008). The wars in Bosnia and Herzegovina and the genocide in Rwanda were also characterised by the systematic mass rape of women (Shanks & Schull, 2000; Fairbanks, 2018).

Eastern Democratic Republic of the Congo (DRC) has been recognised as disconcerting by UN Special Representative Wallstrom (Lloyd-Davies, 2011; see also Clark, 2009). Much of the violence is rooted in the aftermath of the Rwanda genocide because after the

genocide, Hutu militias known as the Interahamwe sought refuge in the Democratic Republic of Congo (DRC). They established bases in Hutu refugee camps in eastern DRC and continued to launch attacks against Rwanda. In response, the Rwandan Patriotic Army (RPA) intervened in the DRC two years later with the aim of dismantling the Hutu militias. (Brown, 2011). A study undertaken in south Kivu indicated four types of rape in DRC: individual rape, gang rape, members of the community forced to rape each other, and rape involving objects inserted into the genitals (Ohambe, Galloy & Sow, 2004).

In 2004, a militia group in Darfur called Janjaweed were accused of committing systematic attacks against civilians in Sudan, rape being one of the common forms of violence committed against women, during that time (Amnesty International, 2004). Amnesty International reported that rape has been used in Sudan as a weapon of war, where women were raped in public in front of the community and family members to humiliate the woman, her family and the community (Amnesty International, 2004). Other women were tortured, beaten, and killed during the act of rape. The report also shows that the violence did not spare pregnant women. In Sudan, women and girls were also taken into military camps to serve as sex slaves (Amnesty International, 2004). These acts create long-lasting trauma among families and the community, and children born out of this rape are labelled 'Janjaweed babies' or 'Arab babies' and are stigmatised in the community (Abdullahi, 2016).

Rape was used extensively during the war in Tigray. Tigrayan women were the primary targets, including young girls, elderly women, and pregnant and lactating women (Dyan, 2021; Amnesty International, 2021; Human Rights Watch, 2021; McVeigh, 2021; UN Human Rights Council, 2022).

Based on the clinical data analysis by Physicians for Human Rights, it was found that most documented rape incidents (76%; n=233) involved multiple perpetrators. These incidents primarily occurred in groups, with an average of three perpetrators per incident (Physicians for Human Rights, 2023). Women were kept as sex slaves and exposed to multiple incidents by different groups (Physicians for

Human Rights, 2023; Gebremichael *et al.*, 2023) United Nations Human Rights Council (UNHRC) (2022) concludes that there:

*[...] are reasonable grounds to believe that violations such as extrajudicial killings, rape, sexual violence and starvation of the civilian population as a method of warfare have been committed in Ethiopia since 3 November 2020. (United Nations Human Rights Council, 2022)*

The perpetrators often utilised other forms of violence alongside the acts of sexual violence. Additionally, several accounts revealed the tragic murder of family members, including children, either before, during, or after the occurrences of rape (Physicians for Human Rights, 2023).

Fisseha's study reveals that among the 500 sexual violence survivors examined, the primary form of sexual violence was rape, accounting for 82.2% (411 cases). Among these cases, 68.4% (247 cases) involved instances of gang rape. (Fisseha *et al.*, 2023).

### **Consequences of sexual violence in war**

Results of a research conducted by Croatian researchers (Loncar, Medved, Jovanović & Hotujac, 2006) studying the psychological consequences of rape on women during the 1991–1995 war in Croatia, Bosnia, and Herzegovina, describe a strong correlation between wartime rape and different psychiatric disorders, mainly depression, social phobias, and chronic post-traumatic stress. Most of the research participants reported having suicidal thoughts and attempting suicide, mostly associated with being pregnant and feeling humiliated (Lončar, Medved, Jovanović & Hotujac, 2006).

Physicians for Human Rights indicated that conflict-related sexual violence has led to significant physical and psychological consequences for survivors, both in the short and long term in Tigray. (Physicians for Human Rights, 2023). They based this on a study of medical records. These consequences include mental health issues like post-traumatic stress, affecting 13% of survivors and depression affecting 17% (Physicians for Human Rights, 2023). The records also indicate that unintended pregnancies were reported by 8% of survivors, reproductive organ injuries and disorders affecting 11% of

survivors, and a notable percentage of the survivors (among those that were tested) tested positive for HIV (11%) (Physicians for Human Rights, 2023).

This chapter aims to explore the lived experiences of women who survived sexual violence during the war in Tigray, Ethiopia and the impact on the women, their families, and communities without focusing on the intent behind the violence.

The research question investigated was: *What were the experiences of survivors of sexual violence during the war in Tigray and what are the psycho-social consequences?*

To answer this, the sub-research questions are formulated as follows:

- Sub-Q1: *What was the modus operandi of sexual violence in the Tigray war, as narrated by women survivors?*
- Sub-Q2: *Who were the perpetrators of the violences?*
- Sub-Q3: *What are the other factors that compounded the trauma of the survivors and hampered their recovery that are particular to the Tigray war?*
- Sub-Q4: *What are the physical and psycho-social consequences of these acts for women and their communities, and what are their needs for support that can be identified from the study?*

## **Theoretical framework**

This study uses two theories as a framework to explain the rape that took place against Tigrayan women in the war and its consequences. These theories are strategic rape theory and collective trauma framework.

### ***Strategic rape theory***

The strategic rape theory focuses on the effects of wartime rape on the community and collective, not only on the individual. Siefert (1993) describes how culture plays a role in this: where women are the homemakers and are the backbone of society and men are expected to be the protectors. Strategic rape is directly associated with gender-categories (Van Reisen *et al.*, 2024). The armed forces deliberately hit the people whom they knew it would hurt the most



and used that to communicate to men how they had failed to protect their women (Seifert, 1993). Strategic rape theory is rape inflicted to destroy people and their culture (Jelínková, 2018). The strategic rape theory states that rape in times of war can be used strategically to achieve military and political goals, and is not incidental (Gottschall, 2004).

MacKinnon (2006) finds that strategic rape not only attacks the individual but the whole community. According to the strategic rape theory, wartime rape is used to diminish the community; to perpetrate to dehumanise, demoralise, displace, and/or ethnically cleanse and to instil fear by asserting dominance and control (Farwell, 2004; Benard, 1994; Gottschall, 2004). When people are forced to flee their homes because of (fear of) strategic rape, military forces can occupy the land and easily take the resources they desire (Meger, 2011).

The literature identifies some distinct characteristics of wartime rape, including how it targets injuring sex organs and bodily functions leading to severe damage (Benshoof, 2014). Most of the time this form of rape is committed as gang rape (Hagen & Yohani, 2010), and foreign bodies (knives, glasses, wood etc.) are inserted into women's reproductive organs (Mukengere Mukwege & Nangini, 2009; Hagen & Yohani, 2010). This form of rape also often takes place in public, in front of neighbours or family members, with loved ones forced to witness the incident or even participate in the act. This affects the social structure and cohesion of families and communities (Gingerich & Leaning, 2004; Gottschall, 2004; Diken, & Lausten, 2005; Mechanic, 2004). Meger writes that:

*Rape as a weapon of war uses violence to erode the social fabric of communities by exploiting traditional cultural values, and core social themes of honour, shame, family, and identity.* (Meger, 2011)

Strategic rape has many physical and psychological consequences. In many of these cases, women who have fallen pregnant from rape have forced abortions and are left infertile. Strategic rape can also involve the deliberate transmission of HIV/AIDS and forced impregnation (World Health Organization, 2000; Bartels, 2010). These additional impacts make reintegration into society difficult and leave a

permanent reminder of what happened. The physical, psychological, and social consequences for individuals are significant and long-lasting.

However, strategic rape theory states that it is important to distinguish between the consequences of wartime rape and the actual motives behind it. While the damage caused by mass wartime rape is acknowledged, it is possible that these consequences could be unintended rather than intentional goals of the perpetrators. (Gottschall, 2004).

### ***Conceptualising the trauma of rape perpetrated during the war: Collective trauma***

Looking at the consequences of trauma in the context of a broader act of violence against a community, Kidane (2019) studied the information exchange in communities to understand the interaction of trauma of survivors with the collective trauma of communities. Kidane identifies multiple factors which inform the trauma, including interrelated events causing loss, threat, separation, war, poverty, violence, abuse, lack of prospects, torture, ethnic cleansing, religious persecution, slavery and forced militarisation. The type of trauma involved sadistic forms of exposures including involving family members (Van Reisen, Kidane and Reim, 2017). Referring to Shamai (2015) and following the empirical analysis of the relationship between individual trauma and collective trauma, Kidane (2019) and Kidane (2021) set out how trauma has an impact on the self-efficacy, affecting the socioeconomic resilience of an individual and affects simultaneously the individual, the family, the community and the cultural group or society.

Following Landau, Mittal, & Wieling (2008), Kidane (2021) defines collective trauma as the result of an event involving multiple persons who simultaneously experience, witness or are confronted with actual death, or threat of it, often due to war, political violence, terrorist attacks or natural disaster, causing emotional and psychological wounds over an individual's lifespan and across generations, as well as impacting community-wide structures and processes.

Collective trauma, in the context of this study, refers to the psychological and emotional wounds that are inflicted on a community as a result of experiencing or learning about such violences. It is a shared experience of pain and suffering that can have long-lasting effects on individuals and the social fabric of a community. This type of trauma can manifest in various ways, including feelings of fear, shame, guilt, and helplessness, as well as disruptions in social relationships and cultural practices.

## **Methodology**

This study was conducted as explorative phenomenological ethnographic research, focusing on how women who experienced rape during the Tigray talked about their experience. The overall research was carried out by Kidanu. The overall data collected consist of:

- Secondary data published by EEPA Situation Report (2020-2022) (n=327) and testimonies (2021)
- Primary data of 20 interviews (2022)

### ***EEPA Situation Reports and testimonies***

In the first part of the research secondary data was obtained from the EEPA Situation Report. During the entire period of the war as reported by the EEPA Situation Report the EEPA Situation Report provided daily information on the events as they evolved in Tigray. During the publication period by EEPA Situation Reports (from 27 November 2020 to 31 December 2022), 329 entries on sexual violence were published. The reports are published in English. The Situation Reports provide a comprehensive overview of what was reported to the outside world from within Tigray, and by news agencies, international organisations and other credible sources.

The timeline of the EEPA reports publications on sexual violence shows a serious delay on reporting of incidents, due to the limited communication as a result of a siege imposed on the Tigray region after the beginning of the war. Together with the siege, the Internet was entirely blocked in parallel with a communication block out. Journalists were generally barred from the region.

The first reference to sexual violence is published in the EEPA Situation Report 43, on 2 January 2021. A total of 329 entries on sexual violence were identified in the systematic review of the data published in the Situation Reports from 17 November 2020 until 31 December 2022. The 329 entries were identified by Joëlle Stocker and classified according to themes a coding-labelling strategy to help understand timelines and locations, perpetrators and modus operandi.

Further to the Situation Reports, EEPA published detailed testimonies on sexual violence in Tigray. These were obtained in video recording and translated. Eight testimonies were presented in a public webinar to bring attention to it (EEPA, 2021). The discussion of the testimonies reported among experts on the region, allowed for their validation. Three testimonies (including one published media report) published by EEPA detailed 38 cases of rape, and these were also analysed according to emerging themes.

### ***Interviews***

With regards to the primary data collected during 21 interviews with survivors of rape (20) and a male caregiver (1). The interviews were conducted from May 2022 to December 2022, while the war in Tigray was taking place. Only female survivors of rape were interviewed for this study. All the interviewees were adults, except for one child, assent from her brother was in addition to her consent.

The study was conducted in three sites: two sites in Mekelle and one in Shire in Tigray. The interviews in Shire were conducted first and consisted of 9 interviews with women in camps for internally displaced people and one male caregiver (IDP) in 2022. These initial interviews used an interview guide, which was later modified, after analysing the first eight interviews. A further 12 survivors were interviewed in Mekelle. These interviews were conducted in two places:

- Ayder Comprehensive Specialized Hospital one-stop centre: A centre where medical, psychological, and legal services are provided in one place for survivors).

- Safe house in Mekelle: This is one of the two safe houses in Tigray and provides survivors of rape with an average three months of services, focusing on physical and mental health support and skill training for future livelihood opportunities.

**Table 7.1. Showing where, when and by whom data was collected**

Sites in Tigray	Time	Interview	Interviewer
Shire, IDP sites	May-June 2022	n=9	KGK
Mekelle, Ayder one-stop centre	July-December 2022	n=7	KGK
Mekelle, Safehouse	July -August 2022	n=5	ZM
Total n = 21			

The interviewees were selected for this study using a purposive sampling technique. The researcher worked in the one-stop centre for over a year, providing psychosocial support and noting down observations. Data in the IDP sites in Shire and one-stop centre in Mekelle was collected by the researcher and data from the safe house was collected by a research assistant who worked within the centre as access was not granted to enter the safe house. The research assistant was a female psychiatric nurse who had experience working with survivors. She previously had training on case management and basic concepts of gender-based violence. She was given a one-day training on qualitative in-depth interview techniques and the interview guide.

Data was collected using in-depth interviews. To ensure the quality of the data, a field guide was prepared for the interviews with participants (using the literature and drawing on the previous interview experience of the researcher). This guide was prepared in English and translated to Tigrinya, then back to the English language to check its consistency. The interview guide had two parts: the first on the sociodemographic data of the survivor and the second on the sexual violence incident and the consequences. Data was collected

using audio recording devices, which were then transcribed simultaneously during data collection.

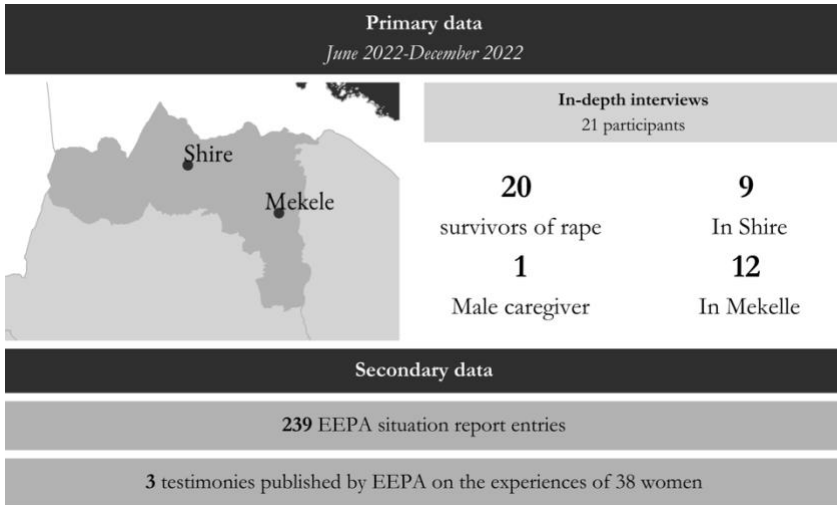
Table 7.2 shows the disaggregated data of the research participants in this research.

**Table 7.2. Research participant data**

<b>Number of participants</b>	21
<b>Age range</b>	9–62
<b>Area</b>	Western Zone Eastern Zone South Zone South-Eastern and Central Zones
<b>Perpetrators</b>	EDF, ENDF, Amhara special forces, Fano Group
<b>Number of perpetrators</b>	3–10

The information collected in the interviews was kept confidential by not using any personal identifiers of survivors and only focusing on general sociodemographic information (such as age) and details of the incident. The data was checked for completeness daily. A qualified professional was used as an assistant and trained on interview techniques. The collected data was transcribed, coded, and categorised using Atlas Ti software. It was thematically analysed and presented using narrative descriptions.

Ethical clearance with the reference number MU-IRB 1978/2022 was obtained from Mekelle University, College of Health Sciences, support letters were given by Mekelle University College of Health Sciences and the Regional Health Bureau making it possible to conduct the interviews.



**Figure 7.1. Overview of data collected and used in this study**

Detailed information about the study was explained to all participants before starting data collection. The study process was based on the careful consideration of basic ethical principles of, respect for a person’s autonomy, beneficence, non-maleficence, confidentiality, and justice. Verbal and written consent was obtained from each participant before starting data collection after carefully explaining and making sure participants understood the objectives, risks, and benefits of the study. Participants were told that they could withdraw consent and stop the interview at any time.

### **Findings of the EEPA Situation Reports and testimonies**

The EEPA Situation Reports and testimonies were analysed and categorised according to the following themes:

- Timelines and geographic locations
- Perpetrators
- Modus operandi

#### ***Timelines and geographic locations***

The first incidences of rape are reported in the EEPA Situation Reports in early January 2021. The first Situation Report is published on 17 November 2020, when the Internet has completely closed and

only sporadic information is coming out of Tigray. The Situation Report identifies on 2 January:

*Reports of rape of Tigray women as part of the violence carried out on civilians in Tigray.* (EEPA, 2021, SR 43)

The following day the report reads:

*Reported cruelties against civilians include forcing relatives to commit incest on women and girls under the threat of arbitrary execution.* (EEPA, 2021, SR 44)

And in the next day's report an entry states:

*Report of severe violence against women: "countless number of women" are victims of physical and sexual abuse and rape, including gang rape. Some of these acts are aggravated by other forms of brutality like shooting victims or mutilating them with knives.* (EEPA, 2021, SR 45)

In this Situation Report, further specifics are published:

*Report that women are kidnapped and taken by armed forces from different parts of the region without any information of their whereabouts. Call made for urgent investigation.* (EEPA, 2021, SR 45)

In the subsequent entries the Situation Reports publish that the incidence has been high in Mekelle, which is under the control of the Federal Ethiopian government:

*There have been many reports of rape in Mekelle and elsewhere. A video has also emerged of and ENDF commander admitting that the rape is taking place in Mekelle. The commander says that while it would have been expected during times of conflict, it should not be happening now that the city is well under control of the federal government.* (EEPA, 2021, SR 51)

This entry and the following report, indicate that the incidences of sexual violence and rape have taken place in 2020:

*It was revealed by ETV that women were raped in Mekelle in the week following the takeover by the ENDF at the beginning of December; this was reported by an unidentified man in an Ethiopian military uniform who spoke of repeated abuses against women.* (EEPA, 2021, SR 54)



The EEPA Situation Reports publish that the victims of the violence are reportedly of all ages:

*The witness states that she heard of old women and young girls being raped.* (EEPA, 2021, SR 62)

On 21 January the United Nations (UN) Special Representative on Sexual Violence in Conflict and Under-Secretary-General of the United Nations, Pramila Patten makes a first statement on the situation in Tigray:

*I am greatly concerned by serious allegations of sexual violence in the Tigray region of Ethiopia, including a high number of alleged rapes in the capital, Mekelle.* (EEPA, 2021, SR 63)

The UN Special Representative specifies that the concern is specifically on the safety of women in camps for internally displaced people (IDPs) and refugees, mostly coming from Eritrea, and the information is especially coming from the capital Mekelle and the city, Shire, where international organisations are responsible for the refugees under international protection (EEPA, 2021, SR 64). Reports of rape against Eritrean refugees in the camps under international protection in Shire are confirmed in the EEPA Situation Report citing PBS:

*PBS aired an audio interview with a refugee, who says that Eritrean soldiers swept through Hitsats camp, and killed, beat, raped and kidnapped refugees. Many people were taken, and those that tried to escape were shot.* (EEPA, 2021, SR 142)

Following the signing of the Cessation of Hostilities Agreement on 3 November 2022, the reports on sexual violence continued, particularly in relation to areas that remained under occupation by Amhara and Eritrean forces (EEPA, 2021, SR 356).

### ***Reported number of cases***

The timelines suggest that the sexual violence in the context of the war began immediate after the announcement of the law enforcement operation by the Ethiopian federal government.

Early February 2021 it is stated that 108 cases were reported in Mekelle over the last two months, but that this figure may be under-

representing the situation and that the incidences may be many more and more widespread (EEPA, 2021, SR 83). Information from outside the cities enters the Situation Reports at the end of January when a shelter for victims of rape with 50 beds is made available in Adigrat (EEPA, 2021, SR 63). Early March 2021 more than 170 cases were reported from Adigrat and in one day 40 self-reported victims of sexual violence visited Adigrat hospital in a single day and needed referral services (EEPA, 2021, SR 97). Doctors at the Ayder Referral Hospital reported that the number

Early March UN Human rights chief, Bachelet, states that 139 rapes had been reported in Mekelle (EEPA, 2021, SR 98). On 22<sup>nd</sup> of March it was reported from Mekelle that a coordinator at a gender-based violence crisis centre in Tigray said that before the start of the war, they used to hear cases every few days or once a week. However, since the outbreak of the war, up to 22 women and girls seek treatment for rape every day (EEPA Situation Report 108, 22 March 2021). It is reported that CNN finds that more than 200 women were admitted to the hospital for sexual violence in recent months, but that many cases occur in rural areas with limited to no access to medical care (EEPA, 2021, SR 108). IOM, Interaction, the World Health Organization (WHO), UNHCR, and other organisations says that reports of “Indiscriminate and targeted attacks against civilians, including rape and other horrific forms of sexual violence, continue to surface. This must stop.” (EEPA, 2021, SR 110). On 26 March it is reported that the UN aid coordinator in Ethiopia has stated that 516 rape cases have been reported to five clinics (Mekelle, Adigrat, Wukro, Shire and Aksum) in Tigray region (EEPA, 2021, SR 112). It was reported that the number cases reported by hospitals were increasingly rapidly (EEPA, 2021, SR 132).

*Overall, 829 women have reported sexual assault to major hospitals of Tigray. The figure was 518 on April 1,” said Hayelom Kebede, chief executive director of Ayder Referral Hospital. (EEPA, 2021, SR 132)*

It is reported that the numbers indicate that the situation was very much underreported due to lack of access to those areas, compounded with lack of access to transport and to health facilities (EEPA, 2021, SR 137 & 140). Many cases were not reported. A UK

Member of Parliament tabled a motion in the house of commons, which identified that the number of rape cases in Tigray could be in the tens of thousands (EEPA, 2021, SR 157). A conservative estimation is that the sexual violence must have affected over a thousand and possibly thousands of Tigrayan women.

***Response by authorities and the international community***

Reports suggest that the extent of the situation was significantly underreported due to limited access to affected areas, compounded by a lack of transport and health facilities (EEPA, 2021, SR 137 & 140). Many incidents went unreported. A UK Member of Parliament introduced a motion in the House of Commons, indicating that the number of rape cases in Tigray could be in the tens of thousands (EEPA, 2021, SR 157). Even conservative estimates suggest that sexual violence affected at least over a thousand and possibly thousands of Tigrayan women.

On the 8 April EU Special Envoy Pekka Haavisto expresses his deep concern regarding the violence against women in Tigray (EEPA, 2021, SR 122), followed by expressions of concern by the international community during the UN Security Council Open debate on “Women, peace and security: sexual violence in conflict” (EEPA, 2021, SR 127). On 6 May 2021, the G7 condemned “the killing of civilians, rape and sexual exploitation and other forms of gender-based violence, destruction and looting of religious and cultural heritage sites and the forced displacement of hundreds of thousands of Tigrayans and Eritrean refugees” (EEPA, 2021, SR 142). In this period many leaders express themselves on the situation, such as US Ambassador Linda Thomas-Greenfield (EEPA, 2021, SR 127 & 166), UK Ambassador Barbara Woodward (EEPA, 2021, SR 127), EU Commissioner for Crisis Management, Janez Lenarčič (EEPA, 2021, SR 147), Irish Foreign Affairs Minister Simon Coveney (EEPA, 2021, SR 147) and Former President Sirleaf from Liberia and AU Special Envoy to the conflict (EEPA, 2021, SR 155). The Patriarch of the Ethiopian Orthodox Church also condemned the sexual violence (EEPA, 2021, SR 144).

### ***Modus operandi of strategic rape***

The age of the female victims ranges from 8 years old, reported by UN representative Lowcock in the UN Security Council (EEPA, 2021, SR 128) to 75 years old (EEPA, 2021, p. 6). The victims include reports of rape of nuns and women affiliated with religious locations (EEPA, 2021, SR 99, 162, & 181). These observations are in line with an interview reported by The Guardian in which a witness states that:

*The Guardian has released an interview with catholic sister working in Mekelle. In the interview the sister says that “Rape is happening to girls as young as eight and to women of 72. It is so widespread, I go on seeing it everywhere, thousands. This rape is in public, in front of family, husbands, in front of everyone.” She continued by saying “Every single woman, not only once. It is intentional, deliberate. I am confident in that from what I am witnessing. (EEPA, 2021, SR 148)*

The initial reports indicate that the soldiers demand sexual violence in exchange for basic supplies. In subsequent reports, sinister, sadistic modus operandi emerge, including politically motivated strategic rape:

*... six young girls were raped by ENDF soldiers in Mekelle city and threatened to not report it to anyone or even seek any medical care. But one of them came to get medical help and fled after hearing they were looking for her at her coffee shop (a small cafe like place for drinking traditional coffee) without the termination of her treatment. She said: “when we asked them why they are raping us, while we are all Ethiopians and brothers and sisters, they said your father is Dr Debretsion and ours is Dr Abiy. We are not all the same.”. (EEPA, 2021, SR 73)*

This statement is referring to the political leaders of the Tigray regional government and federal government of Ethiopia respectively. A report on sadism, ordering a father to rape his own daughter emerges for the first time on

*Sadistic perpetration of sexual violence reported. Report received that a girl from Abyi Adi was shot 4 times on her hands by a soldier who first went into their home asking where ‘woyane’ (a term for people in Tigray) is. Her father, a blind man, responded they didn’t know, and he was ordered to rape his own child. He was taken into another room and beaten by another soldier after he strongly refused. The girl was then ordered ‘lawtash’. (This is an offensive term widely used referring to sexual intercourse in the context of violence or rape). When she refused, he fired a shot*

*wounding her left-hand small finger and then followed it with three shots on her right arm leaving her now amputated.* (EEPA, 2021, SR 74)

A similar report is of a woman who was raped in Mekelle, then killed in front of her three sons, who were not allowed to remove the body for three days (EEPA, 2021, SR 99).

In this report the perpetrators are referring to the victims as ‘Woyane’ which is a derogatory term used in Eritrea and parts of Ethiopia, as a demeaning ethnic identifier. In early February 2021 an incident is reported that the rape is perpetrated in combination with killings of the victims and their families (EEPA, 2021, SR 75) and the following day the EEPA Situation Report for the first time identifies an expert stating that the sexual violence may amount to strategic rape: A researcher comments that “looking at all the rape cases so far, the assaults are not random; they are a weapon of war.” (EEPA, 2021, SR 75). The term ‘genocide’ is reported in relation to the modus operandi of rape in the EEPA Situation Report on 22 March 2021:

*“The women that have been raped say that the things that they say to them when they were raping them is that they need to change their identity – to either Amharize them or at least leave their Tigrayan status - and that they’ve come there to cleanse them – to cleanse the blood line,” said Dr T.T. [name known to authors]. “Practically this has been a genocide,” he added.* (EEPA, 2021, SR 108)

EEPA Situation Report publishes rape incidences in Humera allegedly perpetrated by Amhara forces, specifically focusing on attacking the ethnic identity of Tigrayans:

*She added the Amhara militia proposed to her that: “Claim to be Amhara and we will give back your house and find you a husband. But if you claim to be Tigrayan, we will come and rape you again.”* (EEPA, 2021, SR 122)

A midwife, who came from Humera, concluded that:

*“This is to harm the community psychologically,” said the midwife. They say: “Most of the people in Tigray support the (fugitive Tigray leaders). To destroy them, you must destroy Tigrayans.”* (EEPA, 2021, SR 122)

Details of rape in combination with other atrocities are increasingly reported in the EEPA Situation Report in 2021:

*The doctor said women are being gang-raped, drugged and gravely injured in the assaults. One woman was held captive for over ten days, raped by 23 Eritrean soldiers, then left on the side of the road. Surgeons had to remove stones and nails that had been inserted inside her genitals.* (EEPA, 2021, SR 99)

A victim told Al Jazeera that she was raped and severely injured, with a hot metal rod inserted in her genitals, and that the perpetrators told her:

*“You did nothing bad to us,” she said they told her. “Our problem is with your womb. Your womb gives birth to Woyane” This is a term used to refer to the TPLF: “A Tigrayan womb should never give birth.”* (EEPA, 2021, SR 132)

The doctor who treated her confirmed that she was now infertile (EEPA, 2021, SR 132).

A priest of the Catholic Church in Adigrat stated that the sexual violence against women of Tigray was carried out with the intention of eradication of the people of Tigray and that the rape was used as a weapon of war:

*They want to annihilate Tigray. By killing the men and boys, they are trying to destroy any future resistance. They want to make sure that nobody can question their actions in the future,” said the priest. “They are raping and destroying women to ensure that they cannot raise a community in the future. They are using rape and food as weapons of war.* (EEPA, 2021, SR 150)

Similar concerns were expressed by Chairman Ranking Member of the US House Foreign Affairs Committee, McCaul:

*As the fighting continues, there is starvation and systematic rape being used as a weapon of war. And comments from [USAID head Samantha Power] that Ethiopia is ‘destroying the reproductive health of Tigrayans’ really calls into question whether conditions amount to genocide under the 1948 Genocide Convention,” said Mr. McCaul said.* (EEPA, 2021, SR 171)

The EEPA Situation Reports show the systematic and widespread perpetration of rape in the Tigray war, causing concern that the rape was perpetrated as a weapon of war, targeting the Tigrayan population and that this could be determined as the use of rape as a weapon of war, and which may have even been perpetrated with genocidal intent (Kidanu & Tefera, 2024; Tefera, 2024).

## ***Perpetrators***

In the EEPA Situation Reports the perpetrators identified are members of the military forces which are present in the arena, from November 2020 onwards, including Eritrean forces, despite the denials of their presence.

A first entry providing an overview of the perpetrators emerges in April 2021:

*USAID also says that there were at least 144 perpetrators. 44% of those are Ethiopian soldiers, 33% Eritrean, and 6% both. The remaining perpetrators are unknown or Amhara militia. In 76% of the cases were perpetrated by multiple men.* (EEPA, 2021, SR 121)

The UN representative Lowcock identified that the sexual violence was committed by soldiers:

*Lowcock reported that one agency estimated that “30% of all incidents against civilians involved some sort of sexual violence.” The majority of these rapes are committed by men in uniform. He followed by saying that “Cases reported have involved Ethiopian National Defense Forces, Eritrean Defense forces, Amhara Special Forces, and other irregular armed groups or aligned militia.”* (EEPA, 2021, SR 128)

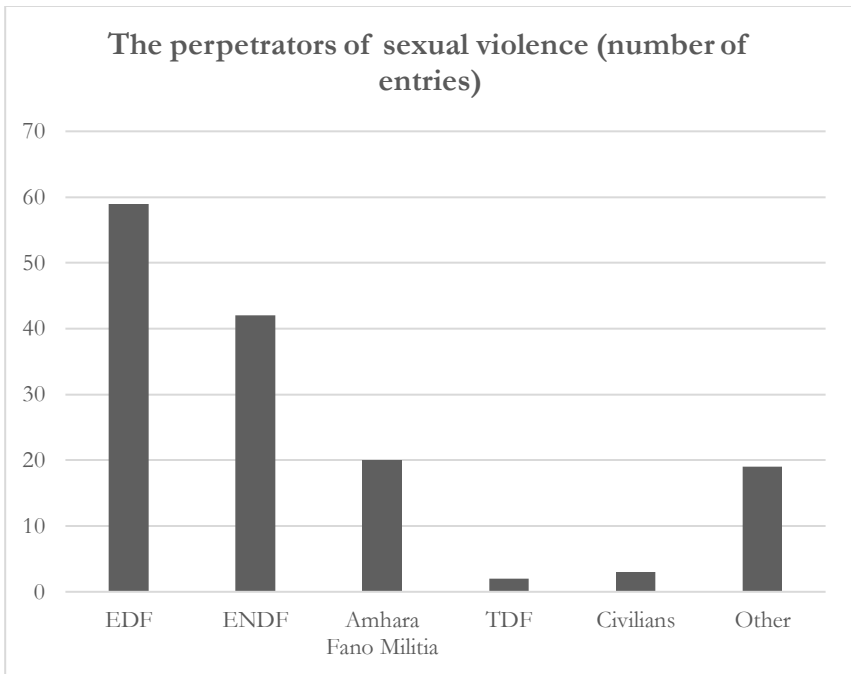
Classifying the perpetrators identified in the incidents reported in the EEPA Situation Report, the conclusion that perpetrators were from armed forces is confirmed. The analysis also shows that all armies present in Tigray at the time were committing sexual violence against women. The highest number reported in the EEPA Situation Reports were perpetrated by the Eritrean soldiers, followed by soldiers of the Ethiopian National Defence Force, Amhara Fano forces, a small number reported as by the Tigray Defence Forces, and a small number reportedly committed by civilians.

CNN reported that Eritrean troops continued to operate “with total impunity in the Tigray region, killing, raping, and blocking humanitarian aid to starving populations more than a month after Prime Minister Abiy pledged to the international community that they would leave” (EEPA, 2021, SR 147).

The same conclusion is drawn by Nyssen from the University of Ghent, who stated that:

*[...] numerous women have been raped. The victims hide themselves and do not speak, but nurses cannot hold their tears, and the whole town knows the top-three of rapists: 1. (and by far) Eritrean soldiers, 2. Ethiopian soldiers, 3. Civilian perpetrators. (EEPA, 2021, SR 152)*

The origin of perpetrators identified in the publications in the EEPA Situation Reports on the Horn from November 2020 to the end of 2022 is shown in Figure 7.2.



**Figure 7.2. The perpetrators of the sexual violence based on counts of reports in the EEPA Situation Reports**

The data classified by perpetrators shows that the Eritrean Defence Forces (EDF) count as the highest number identified in the reported incidents.

***Modus operandi emerging from the testimonies***

The testimonies, comprising of 38 cases of rape, show the following themes emerging. In 12 out of the total of 38 cases mentioned that



Eritrean military were the perpetrators of the rape. In 1 case, Ethiopian soldiers were mentioned and in the remaining 15 cases the nationality of the perpetrator was not identified.

In one of the testimonies the perpetrators identified as Eritrean by the victim pressurise the victim to not declare their identity. The victim declared:

*The soldiers strictly warn her to say she is raped by the Ethiopian soldiers, if in case she is asked. If they know she said she is raped by Eritrean soldiers ('Shabiya'), they will find and kill her. (EEPA, 2021, p. 2)*

'Shabiya' refers to the soldiers operating in the context of the Eritrean regime, which is referred to by Eritreans as 'Shabiya'.

In another incident the perpetrators, identified as Eritrean soldiers, were hiding their identity by wearing an Ethiopian military uniform, according to the victim:

*In the town of Abiy Addi, a teenager lost her right hand after being raped by an alleged Eritrean soldier wearing an Ethiopian military uniform. The soldier initially tried to force the schoolgirl's grandfather to have sex with the teenager but when he was not successful, he shot the grandfather. (EEPA, 2021, p. 4)*

The Eritrean soldiers perpetrated the rape declaring the aim to ensure the women would not give birth to Tigrayan children, with statements such as:

*The soldiers say they kill the newborn because he will become 'Woyane' when he grows up. It is horrific when the woman explains how the soldiers kill the newborn. The mother of the dead newborn was killed as well. The victim continues to tell her painful story... (EEPA, 2021, p. 2)*

'Woyane' is a derogatory term particularly used in Eritrea to pinpoint Tigrayans, with a demeaning connotation. The ultimate purpose of the rape being strategic, also emerged in the statement about what a victim, referred to as Selam:

*By the time she was taken into the forest, she had already been raped several times by men she recognised as Eritrean soldiers. After the first attack, her abusers were waiting for her as she returned to her house from the hospital with contraceptives and post-exposure HIV drugs. "Why the hell did you want this? We want you to be*

*sick. That is what we are here for. We are here to make you HIV-positive,” Selam recalled one of the men as saying.’ (EEPA, 2021, p. 4, citing: The Telegraph, 27 March 2021)*

Another example of the strategic military objective in relation to the execution of the rape is the following testimony:

*Noticing that her husband wasn’t present they asked her if her husband is fighting against them along with ‘Weyane’/TPLF. Lemlem’s husband and father of her children had to run to the mountains to avoid military raids as they often turn into murder scene for men. They could not have quite imagined what might unfold. She said he was not. One of the soldiers then asked that she take off her clothes. Lemlem lied and said she was pregnant, assuming they’d have mercy on her. Without a second thought, the soldiers said “that’s good, let’s remove the ‘junta’ inside you, and replace it with our own race.” Two of them opened her legs forcefully and the other brought a rough stick and inserted it into her vaginal canal and stirred it with the intention of aborting her pregnancy. (EEPA, 2021, p. 5)*

The purpose of affecting the reproductive capacity of women and forcing an abortion is clear from this testimony. The strategic objective of the rape is also clear from the following testimony in which the victims were fighters in the Tigray Defence Forces (TDF):

*But the Eritrean soldiers took turns raping the three women for hours, after that one of the soldiers pulled out a metal from his Kalashnikov and put it on fire and then inserted it into her uterus, he then said now you will never give birth to a baby of the ‘junta’. (EEPA, 2021, p. 5)*

CNN also reported that sexual violence was perpetrated in combination with other atrocities:

*CNN report says an alarming number of women are being gang-raped, drugged and held hostage in the conflict, in which sexual violence is being used as a weapon of war and its use linked to genocide in Tigray. (EEPA, 2021, SR 147)*

Testimonies speak to the violence of the attacks:

*Health professionals and eye-witnesses report different rape cases in Mekelle and other cities of Tigray. It is reported that many of the girls that come to the clinics are not only sexually assaulted and raped but they are also brutally beaten and bruised all over their bodies. (EEPA, 2021, SR 75)*

From testimonies obtained, EEPA concluded that:

*It has become common to hear about hospitals being occupied with women that have foreign bodies like stones, sand, metals, inside their uterus in hopes of making women of Tigray infertile.* (EEPA, 2021, p. 7)

In the testimonies also other aspects appear:

- Women being gang raped
- Women raped and held in groups
- Combination of rape with abduction
- The rape of elderly women (reported up to the age of 75)
- Women raped in front of family members and the rape reportedly being recorded on video
- Women raped while they were living in church compounds or were church servants

The reports also mention the problem that women had to find any support or assistance as health facilities were destroyed (EEPA, 2021).

### **Findings of the interviews in 2020**

After analysing the interviews transcripts data deductively and inductively, four thematic areas were identified by which to discuss the finding. These thematic areas are as follows:

- Modus operandi (details of the incident)
- Perpetrators of the violence.
- Compounding factors hampering recovery.
- Consequences of sexual violence

#### ***Modus operandi (details of incident)***

This section presents the evidence from the interviews on the modus operandi of sexual violence in the Tigray war, as narrated by women survivors, identified perpetrators and the locations of the incidents.

Most women experienced gang rape, sexual slavery accompanied by physical and verbal violence. The number of perpetrators ranged from three to ten armed combatants:

*I was home with my mother and daughter when seven soldiers came to the house. They would ask questions like: "Where is the Junta" [this is a word that was used by the prime minister of Ethiopia referring to TPLF members but later throughout the war it was used to refer to Tigrayans by armed groups with derogatory intent]? "Where are you hiding them?" As soon as I heard their voices, I told my mother and daughter to find a hiding place, so they went inside a room and kept silent while I spoke to the soldiers. I told them that I didn't know anything, I explained that I had an illness and didn't leave my house much. But they started to slap and beat me even before I could finish speaking. They slapped me, pulled my hair, and started hitting me with their Kalashnikovs until I couldn't take it anymore and fell to the ground. That's when they started taking turns to rape me. I kept begging them, but that only seemed to anger them more. They would say how I deserved even worse, how I should be grateful that Amhara men would [rape] me that I should beg for more. I became unconscious after the fourth man started to rape me. The next thing I remember is my mother helping me dress and putting me on my bed. (Interviewee II10, In-depth interview with Kidanu, face to face, 19 August 2022).*

Others were taken hostage by forces that were occupying the area and held hostage for many days and were raped multiple times by different groups. Survivors reported having been held captive anywhere between two to thirty-five days. One woman shared the following:

*I have friends who were displaced with me, some did not have this experience, some of us were taken from the group and kept for a few days and returned but others never came back. To this day, we don't know where they are or what happened to them that is another pain I carry with me. (Interviewee II03, In-depth interview with Kidanu, face to face, 11 June 2022)*

This interviewee showed how the survivor not only went through that experience but also lost friends who had fled home together with them hoping to find safety elsewhere.

Another survivor explained that they heard a knock at their house and knew that the soldiers were coming for them, and she told her husband to go through the back door:

*I said to my husband "I am a woman; they wouldn't hurt me, but they would defiantly kill you". They came in and said junta accomplice in Amharic and said come with us. I told them I couldn't leave my children behind, but they wouldn't listen. They hit me and started pulling me out. They dragged me inside a vehicle*

*where there were four other women and a few men. Then they took us to their military camp. They separated us and put me in a small room where they kept me for 35 days. They repeatedly raped me; sometimes it would be anal sex, and other times oral sex. Finally, I couldn't move anymore, at which point they moved me to a prison where they kept me for three months. (Interviewee II06, In-depth interview with Kidanu, face to face, 17 August 2022)*

Participants described how they faced multiple incidents of rape at different times. The previous interviewee continued to explain how when she got home and was just starting to recover, she was attacked again by a group she identified as being members of the Fano, an Amhara militia:

*They gathered us in our neighbourhood and told us that we would have to gather our things and leave, they said we didn't belong there. So, everyone went home to collect what we could carry, it was clear that we didn't have a choice in the matter. My friend, who knew about what had happened to me, came along to help me pack my things. She was in the back, packing when four soldiers came to the house. Right away, they started to mock me they said, "You are a brave junta, you are not scared". I started to beg them, to please leave me alone, but they started beating me. They didn't stop, they even pulled out their knife and gun. I felt so helpless. And then three of them started to take turns rapping me, and later left me there to die. (Interviewee II06, In-depth interview with Kidanu, face to face, August 17, 2022)*

Reports of sexual violence would also include incidents of physical torture like beating, cutting and caustic burns:

*I was raped by three Eritrean soldiers. But that was not all, they put hot metal on my skin and repeatedly hit me on the head. I have burn scars all over my back, my head and between my thighs and vagina. And then they poured some type of chemical on my head, I can't explain to you what it was, but I've been bald ever since. My hair hasn't been able to grow back, that's why I cover it this way. (Interviewee II08, In-depth interview with ZM, face to face, 15 June 2022)*

Minors were also victims of atrocities by these soldiers, the brother of a nine-year child shared the following experience:

*My little sister was outside when they came to the house. They asked her if there was a man inside the house and she told them "Yes my brother is here". They came in and told me that they would be searching our house. I agreed and went to the back*

*of the house. That's when I saw him carrying my 9-year-old sister on his shoulder. He told my mom and older sister to go into the other room. That is when we heard a scream, when I got back, she was lying there unconscious. I immediately took her to a medical centre for medical care; she doesn't speak anymore and is always startled when she sees men. I see that she is disturbed even when she sees me. So, I try to stay away. I blame myself every day. I always wonder what would have happened if I hadn't left the house. (Interviewee II19, In-depth interview with Kidanu, face to face, 19 August 2022)*

The findings from the analysis report reveal that the majority of survivors experienced gang rape, indicating a coordinated and planned effort to perpetrate these heinous acts. The rape was often accompanied by intense physical abuse, further exacerbating the trauma endured by the survivors.

Additionally, women were taken into sexual slavery, forced to endure multiple incidents of rape, and subjected to derogatory language aimed at humiliating and dehumanising them. The use of such language serves to further degrade and traumatise the survivors, leaving lasting psychological scars.

### ***Perpetrators of the violence***

This section presents the evidence from the interviews on sub-research question two to who the perpetrators of this violence were.

Women described the perpetrators as being from different groups; some women reported that they were raped by Eritrean Defence Forces (EDF), some by the Ethiopian National Defence Force (ENDF) while others reported being raped by Amhara Special Forces or by the irregular armed group from the same region, the Fano. In other instances, survivors reported that multiple soldiers wearing different uniforms and speaking different languages performed acts of violence jointly:

*I sent my family away to find safety. I thought they wouldn't hurt me as I was a new mother, with a three-week-old child. Three of them came in, one speaking Tigrinya and wearing the uniform of Eritrean soldiers and two speaking Amharic in ENDF uniforms. The Eritrean soldier stayed outside, and the two Amharic-speaking soldiers did things to me you wouldn't think any human being is capable of. They left me there almost unconscious. Then the other one entered the room, I was so*

*exhausted, but he didn't seem to care and asked me to kiss him. I was crying and in so much pain. I spit on him because at that point I didn't care even if he killed me. Then he kicked me on my chest and punched me on my teeth. I thought I lost my teeth at that point, and I passed out. I woke up when my family came back.* (Interviewee II17, In-depth interview with Kidanu, face to face, 21 June 2022)

In this incident the victim tells she saw all the different soldiers of the groups that had invaded Tigray, working together.

### ***Violence compounding to the rape***

This section presents the evidence from the interviews on sub-research question three: What are the other factors that compounded the trauma of the survivors and hampered their recovery that are particular to the Tigray war?

While all the participants in this study experienced sexual, physical, and emotional violence, that was not the end of their suffering, they also witnessed traumatic events and experienced loss. They saw family members killed and found bodies of loved ones:

*They killed my older brother, my brother-in-law and my husband's brother-in-law all in one night. We saw them bathing in their blood but were told we couldn't bury them. We couldn't bury our family [crying]; they kept them that way for two weeks. We kept watching over their bodies so that they were not eaten by animals, until we finally had their permission to bury them, and the community supported us in doing so.* (Interviewee II09, In-depth interview with Kidanu, face to face, 23 June 2022)

Another survivor described one of the most painful moments as when she watched her mother lose consciousness after the soldiers beat her:

*They kicked my mom as she was coming to my aid, and she dropped to the floor. I kept looking at her even when they were raping me wondering and hoping she was okay.* (Interviewee II03, In-depth interview with Kidanu, face to face, 11 June 2022)

The women said that their homes were burnt to ashes, their food systematically destroyed, and their property looted. They were forced

to leave their homes with only the clothes on their backs, without even a meal to last them through the day:

*Four ENDF soldiers came into my home. I was with my grandmother and some friends who were with me in a hiding place in the area. They came in and started to break everything inside. They broke the TV, threw down the fridge, and one pointed at the system unit and said that it was an ammunition box and asked me to open it, I had put some cash there. When I opened it, he took everything. Then they took the other women into another room, locked them and raped me. (Interviewee II05, In-depth interview with Kidanu, face-to-face, 13 June 2022)*

They were exposed to other adversities as well, such as losing their possessions, and were forced to be displaced. Survivors separated from their families suffer from further anxiety and stress due to the communications blackout, which made it impossible to trace missing family members. Many lost family members, sometimes in single events:

*I lost my husband and my unborn child in one day. (Interviewee II17, In-depth interview with Kidanu, face to face, 25 August 2022)*

Many could not find transport to get support, and they could not reach health centres. Those who managed the long and difficult journey would be unable to obtain sufficient care, due to the destruction of health facilities, lack of supplies and displacement of professionals.

### ***Consequences of sexual violence***

This section presents the evidence from the interviews on sub-research question four: What are some of the physical and psychosocial consequences of these acts for women and their communities, and what are their needs for support that can be identified from the study?

As a result of the rape, all the participants described having multiple consequences continuing up to the time of the interview. These consequences were described in many ways but are sub-categorised in this study as physical, psychological/emotional, and social consequences.



## Physical impact

Many of the women interviewed described having broken bones, abnormal vaginal discharge, fistula, organ failure, swelling on their vagina or anus and some reported having contracted HIV/AIDS or other STDs. Some reported suffering from permanent disabilities, while many had become pregnant due to the incident. One interviewee reported the following:

*After the incident, I came to the IDP sites because my home was not safe anymore. And here I never shared it [the rape] with anyone until I started to lose weight and was constantly getting sick. I talked to one of the camp coordinators about my situation and she took me to the hospital. I got tested and the nurse told me that I had contracted HIV/AIDS. I could not believe it. I screamed at the nurse at the centre. I said, "No, you are wrong, this can't be right". She was trying to counsel me and told me that I could have a long life with medication. I asked her if she was crazy, and why I would take medication for something I don't have. I pushed her and ran out of the room. I have not gone back since. (Interviewee II13, In-depth interview with Kidanu, face to face, 20 August 2022). Her words break up and tears form, as she relives the moment.*

Another survivor who was pregnant at the time of her assault said that:

*The attack led to my miscarriage, and I was left to bleed profusely in the forest. Fortunately, my son was there and rushed me to a health facility for treatment' (Interviewee II17, In-depth interview with Kidanu, face to face, 25 August 2022)*

One of the biggest concerns is pregnancy from rape, because unwanted pregnancy, coupled with the unavailability of health services often results in an unsafe abortion:

*I was not on any contraceptive when the soldiers raped me. After some time, I found out I was pregnant from the incident. I was heartbroken. I immediately wanted to have an abortion and found out that the ICRC was nearby. But conflict had broken out in our area so I couldn't leave. But I could not stand the thought of having a child from the rapists. I went through a different route; I walked 10 hours through the valley and finally reached my sister's home. I then went to the hospital and aborted the pregnancy. (Interviewee II05, In-depth interview with Kidanu, face to face, 13 June 2022)*

One of the participants in this study was at the one-stop centre at Ayder Comprehensive Specialized Hospital because she could not control her urine; she was diagnosed with fistula. She was stigmatised by people around her because of the odour from the condition:

*What did I do to deserve this? Not only was I violated, but now I can't control my urine and am stigmatised by the people around me because of the odour it brings. No matter how hard I try to clean up, the smell is still there.* (Interviewee II11, In-depth interview with Kidanu, face to face, 20 August 2022)

None of the survivors interviewed for this study had been able to access sufficient medical care, even months after being raped, and some had not received any medical care whatsoever.

### **Mental impact**

The mental health consequences (impairment) described by survivors can be categorised as physical, emotional, thought process, and cognitive.

**Somatic manifestations** – The women interviewed expressed having clinically unexplainable physical symptoms. They reported feeling fatigued all the time and experiencing persistent headaches, and muscle and joint aches months and years after the incident. They also reported disturbed sleep patterns including not being able to get adequate sleep and finding that their sleep is often interrupted by nightmares. Changes in appetite were common, with most women reporting that they did not want to eat during the day and that they could even go days without eating.

**Emotional manifestations** – The women who participated in the study reported feeling hopeless most of the time, wondering what the future holds for them. They described feeling constantly sad, not feeling like themselves, and finding it difficult to enjoy previously pleasurable activities. They reported being fearful of their environment and often withdrawn, finding it difficult to interact with others. They also reported that they often feel anxious about most things in their lives.

**Intrusive thoughts** – The interviewees expressed feelings of constant guilt regarding the incident, they often blame themselves for

what happened. They have recurrent thoughts of suicide. One survivor shared the following:

*I am not human anymore; I am not human anymore. Please take care of my children. I just want to die right here; I cannot look at my husband again. I cannot look at my family again. Please take care of my children and leave me here. I told my friend. Laying there, I asked myself what kind of luck this is.* (Interviewee II10, In-depth interview with Kidanu, face to face, 19 August 2022)

Almost all the survivors interviewed described having suicidal ideations, and some had had organised plans while others had attempted but failed multiple times.

*I have thought about killing myself multiple times. I have even attempted it many times. I tried drinking bleach; I have taken many medications hoping to overdose and even tried to electrocute myself. But you know I wish I didn't do that. I understand I must live for my daughter.* (Interviewee II20, In-depth interview with Kidanu, face to face, 3 December 2022)

The interviewees said that their view of the world has changed, that they feel threatened by men around them, thinking the world is a dangerous place and feel a depreciated sense of self-worth because of their traumatic experience. They say they feel dirty or like they have been contaminated.

**Cognitive manifestations** – The women interviewed for this study often found themselves confused and disoriented about time, place, and person. One interviewee shared the following:

*I am no longer myself after the incident, I am easily irritable, and I take it out on my children. I am always on my own, I constantly blame myself for what happened, and I do not think of anything else, but the incident during the day and it follows me in my dreams. I often wake up screaming, I am always watching my environment carefully and do not trust people and everything is a reminder of what has happened. The uniform, the place, and the wind everything – that's why I avoid going there and last time I was walking on the street, and I saw them with guns walking towards me and I lost it. I froze, my body shaking. I didn't know where to hide. It brought me back to that day.* (Interviewee II15, In-depth interview with ZM, face to face, 21 August 2022)

Some described having experienced being unconscious. They also reported worrying, having trouble remembering simple things, and having impaired judgment in different situations in their lives. They explained that they cannot focus on anything and have difficulty communicating with others.

**Re-experiencing** – The women interviewed described reliving their experience through recurrent thoughts of the incident. They had memories that came back and could often return the women to that state of emotion. These flashbacks could happen during the day or nightmares if they sleep.

**Avoidance** – The interviewees also described being triggered through internal and external stimuli and said that they tended to avoid both the thoughts, emotions and external reminders such as places where the incident took place, the clothes they were wearing, and the shoes they had on. Any detail, no matter how insignificant, could be a trigger. Triggers could also sometimes be family members or friends who were present during the incident.

**Hyper arousal** – The women interviewed often said that they are not themselves anymore, and that they are angry and aggressive. They said that most of the time they are impatient with their children, family members and other people around them. After the incident they constantly find themselves looking over their shoulders and find it hard to stay still. They are easily startled by small stimuli and can be taken back to the time of the incident. And sometimes women experience dissociative symptoms leading them to out-of-body experience:

*I was numb I couldn't believe that this was happening to me again and I couldn't feel their beating.* (Interviewee II06, In-depth interview with Kidanu, face to face, 17 August 2022)

Family members who witnessed the violence experienced multiple mental health distresses and disorders as a result. Another mother explained how her son developed a psychotic disorder after

witnessing her being raped and is now being taken to religious holy water for treatment:

*He does not communicate, all he says is "Leave my mother alone, leave her alone". I am ashamed to go to him and look at him. He is this way because of me. (Interviewee II01, In-depth interview with Kidanu, face to face, 7 June 2022)*

This highlights the profound impact that exposure to violence can have on individuals' mental well-being, extending beyond the direct victims of the violence itself. And this attacked community and families and not just individuals the collective trauma lingers on and is seen affecting the families of participants in this study.

### **Socioeconomic impact**

The women interviewed also reported having lost material possessions and their means of livelihood. Because of the rape, a lot of women said that they are no longer physically able to continue their work. Many have been forced to leave their jobs, while others have lost family members who support them and are now, therefore, financially unstable.

Stigma has become one of the main issues women face in the community. Almost all the women in these stories explain how they did not disclose to family members or other people as they feared they would not be accepted. Some women said that even if they did not disclose the rape, other people know about what had happened to them and behaved differently towards them:

*I was having trouble feeding myself so I started selling GIBA (jujube), but no one would come and buy from me. It was amazing, people who grew up with me couldn't even look me in the eye, and I was heartbroken. (Interviewee II02, In-depth interview with ZM, face to face, 10 August 2022)*

Another participant said that as a joke her brother says, "You belong to Amhara" and that is hurtful. Another survivor who disclosed to her husband shared that they are no longer together:

*When I told him what they had done to me he said, "It would have been better if they killed you". I was shocked. I couldn't believe what I was hearing, we were no*

*longer together.* (Interviewee II07, In-depth interview with Kidanu, face to face, 17 August 2022)

Others, who did not disclose the rape to their partners, said that they were having trouble engaging in sexual relations with their partners. One survivor, whose husband was injured and lost his limb said:

*I have not told him about what has happened to me. But he feels hurt, he thinks, I am not sleeping with him because he is now disabled due to the war.* (Interviewee II06, In-depth interview with Kidanu, face to face, 17 August 2022)

Some participants said that they will not be accepted anymore if people know that they were raped, and that no one would choose to be with them. They fear that they will never find a partner. But some women also described finding support from family members, partners, or friends who comfort them.

Now many of the survivors live in IDP sites, where more than 40 people sleep in one room, they report that it is harder to bond when they are starving and fighting over food. They are left longing for family members, friends, and the neighbours they left behind and are disconnected from. They were unable to call family members during the communication blackout or during months when connectivity was restored, as most of them had their phones taken away.

## **Discussion**

The evidence recorded in the EEPA Situation Reports, the testimonies and the interviews were compared. In the triangulation of the data we found convergence. In all three sources, the Eritrean soldiers appear as an important group of perpetrators. This is all the more surprising as the presence of the Eritrean soldiers in Tigray was denied by the Ethiopian and Eritrean governments until 23 March 2021. In the research, the perpetrators were mostly found to be Eritrean troops followed by the Ethiopian troops of the ENDF. These findings align with reports conducted in Tigray by multiple organisations (Fisseha *et al.*, 2023; Gebregziabher *et al.*, 2022; Physicians for Human Rights, 2023; Human Rights Experts on Ethiopia, 2023).

In this research, we found across the different data, that the age of survivors ranged from 9 to 75 years, showing that women and girls in any age group were victims of the violence. This aligns with the findings by Physicians for Human Rights (2023) which identified that the age of sexual violence in the Tigray war ranged between 8 and 69 years. Other research on the sexual violence perpetrated in the war in Tigray found the age of participants ranged from children to elderly women (Fisseha *et al.*, 2023; Gebregziabher *et al.*, 2022; Physicians for Human Rights, 2023). The results triangulate with the modus operandi described by Kahsay, Kahsay and Keeble (2024) of rape of women in the Tigray war. The number of victims of sexual violence in the war in Tigray from this study can be estimated in the thousands, possibly as high as 10,000, which corresponds with the findings of the UN Human Rights Commission:

*With no comprehensive statistics on conflict-related sexual violence in Tigray available, the Commission compiled credible information about incidents of rape and other forms of sexual violence from seven one-stop-centres in Tigray. These indicate that at least 10,003 survivors had sought support between 3 November 2020 and June 2023. (United Nations Human Rights Commission, 2023)*

The findings across the data compared in this study show that women experienced multiple forms of violence such as gang rape, which was the commonest form of rape, and physical abuse. They were also often raped multiple times by different groups. These findings align with studies conducted in Darfur, Congo, where women were taken as sex slaves and kept for longer durations in camps (Ohambe, Galloy & Sow, 2004; Amnesty international, 2004; Fisseha *et al.*, 2023; Gebregziabher *et al.*, 2022; Physicians for Human Rights, 2023).

The sadistic nature of the sexual violence reported from the different data analysed is disturbing. Family members – including children, were forced to watch the perpetration of sexual violence against relatives. These acts often took place in front of the family. This has grave additional traumatic consequences, as members of the family were forced to watch the act and feel helpless, not being able to stop it, sustaining mental trauma. Community members and sometimes family members were forced to participate in the acts, leading to psychological trauma and breaking the social fabric. This had an

impact on family members, with the development of mental disorders, contributed to the breaking of the social fabric and led to collective trauma. These findings align with studies in other countries, such as in Sudan where women were raped in daylight when family and community members witnessed the incidents (Amnesty International, 2004). The sadistic sexual violence, forcing family members to participate or watch (as well as killing them during the incident in some cases) was also reported by victims of human trafficking for ransom from Eritrea and was a source of secondary trauma as well as collective trauma (Van Reisen *et al.*, 2017)

Physical injuries are not the only consequences of the rape; the reports and interviews align in reporting that women contracted sexually transmitted diseases, fell pregnant or lost unborn children, and suffered numerous other health consequences, some of which were life-threatening. These findings are in line with other studies (Reid-Cunningham, 2008) on wartime rape and with recently published papers in Tigray where STIs like HIV were significantly high (Physicians for Human Rights, 2023).

Post traumatic stress was found to be the most common reaction across all survivors. Survivors experienced intrusion of thought, memory and feelings, avoidance of internal and external stimuli, and had changes in their mood and the way they reacted to their environment. This is similar to findings in a study conducted in Croatia, Bosnia, and Herzegovina where participants experienced chronic post-traumatic stress. Another study by Physicians for Human Rights conducted in Tigray showed that 13% of the charts reviewed showed a diagnosis of post-traumatic stress in survivors (Physicians for Human Rights, 2023).

The compounding impact of the war aggravated their situation. Some women said that their money was looted and that they could not afford to feed their children or themselves. After surviving the horrific acts of violence, they faced other challenges, such as the blockade and siege of the region, which made it difficult for them to recover. This resulted in the complete closure of banks and survivors could not access their savings or find other means to support themselves. They were under a complete communication blackout,



could not find transport, and were generally unable to reach out to support systems.

### ***Access to health services after rape***

Those who were able to reach health facilities, found that most facilities had been destroyed, making it impossible to get the services they were seeking. The data from November 2020 shows that before the war, Tigray had a total of 40 hospitals, including 2 referral hospitals, 14 general hospitals, and 24 primary hospitals. In addition, there were 226 health centres and 741 health posts in the region, and according to data from June 2021, it was found that over 96% of the 1007 health facilities in the Tigray region did not meet the criteria of Fully Functional (FF) status. None of the health facilities have returned to their prewar operational status due to various reasons such as a shortage of health workers, lack of medical equipment, power, water, and supplies. (Gebregziabher *et al.*, 2022). Similarly, Médecins Sans Frontières (MSF) teams who visited 106 health facilities between mid-December 2020 and early March 2021, found that nearly 70% of them had been looted and over 30% had been damaged. Only 13% of the health facilities were found to be functioning normally during this period (Médecins Sans Frontiers, 2021).

On an average, there was a five-month gap between the reported incident of sexual violence and survivors seeking assistance at healthcare facilities (Physicians for Human Rights, 2023). Based on the analysis of the medical records, it was found that there were numerous instances of conflict-related sexual violence both before and after the signing of the November 2022 CoHA (Cessation of Hostilities Agreement), (Physicians for Human Rights, 2023). Another study conducted in Tigray reported that 90% of sexually abused women did not have access to medical and psychological support following their experience of sexual violence (Fisseha *et al.*, 2023).

This study indicates that the physical and mental condition of survivors deteriorated significantly following their attack and that their condition was aggravated due to other compounding factors.

These factors included displacement, witnessing other violent incidents, and lack of access to post-rape care services, mainly because of the systematic attack on the region's health system, as well as the siege on the region, discontinuation of basic services, such as banking and telecommunications, and the blockade on aid and other basic items such as fuel (Fisseha *et al.*, 2023; Gebregziabher *et al.*, 2022; Physicians for Human Rights, 2023). The UN Commission on Human Rights also concluded that the lack of transport, the unavailability of health centres and the Internet and communication blockade compounded to the inability of victims to seek necessary support:

*Presence of armed actors at medical or health centres, the lack of safe or available transport from rural to urban areas, Internet and telecommunication breakdown as well as lack of money were given as reasons why survivors could not seek medical or psychological support within the critical first 72 hours after the incident, only several months after the incidents or not at all.* (United Nations Human Rights Commission, 2023)

Governmental structures were not functioning properly, making it difficult to seek any form of health, economic, psychosocial, and legal support and non-governmental organisations had limited access to cash or access to certain areas that were highly affected, as they were not given clearance to travel. Violated and closed off from the world and restricted from basic services, women in Tigray suffered in silence.

### ***Perpetrators***

The research indicates that perpetrators from various military groups within Ethiopia and Eritreans were involved. However, the predominant finding of the study suggests that participants had primarily experienced rape at the hands of Eritrean forces followed by troops of Ethiopian defence forces. These findings align with the results of other research studies conducted on survivors of conflict-related sexual violence in Tigray (Human Rights Watch, 2021; Fisseha, 2023; Physicians for Human Rights, 2023).

### ***Addressing victims' needs***

The findings of this study show that there is collective trauma imprinted in the Tigray community. Women have been left with wounds, and trauma that have left them thinking they are unworthy, without a future of marriage, school, or children to look forward to. The women are left feeling worthless and the connection with their family is broken.

Moving forward, it is crucial to establish and implement health, mental health and psychosocial support services specifically tailored to survivors of sexual violence and restore health services. Raising awareness is vital in combating the stigma surrounding survivors and ensuring they receive the support they need. Trauma-focused interventions should be implemented to address the long-term effects of trauma and facilitate the healing process for survivors, their relatives, and communities. Additionally, it is essential to prioritize investigations and documentation of the violence that occurred in Tigray. This will help establish accountability and promote justice for the survivors. These steps are crucial in promoting healing, resilience and recovery for the affected individuals, the community, and the Tigray society.

### ***Need for further investigations***

The research does have certain limitations that should be acknowledged. Firstly, the small sample size and data collection of the interviews from only three sites limits the generalisability of the findings. To provide a more comprehensive understanding of the extent of conflict-related sexual violence, future assessments with a larger sample size should be conducted. Moreover, it is important to incorporate key informant information from family members, healthcare professionals, and perpetrators to gather additional evidence that supports the findings of this research. Further investigation through desk reviews and other research methods can also provide valuable insights.

Despite these limitations, the study still highlights the urgent need for comprehensive support services for survivors of conflict-related sexual violence. Further studies are needed to understand the

responses offered so far, and to investigate whether this addresses the current needs of victims and their communities.

Further study into the determination of the legal classification of the atrocities reported in this chapter is also desirable, particularly concerning the findings that sexual violence was perpetrated strategically and by uniformed soldiers, including from neighbouring country Eritrea and that these were perpetrated with an aim to demean and eradicate the Tigray ethnic identity. The role of the other forces, including the ENDF perpetrating atrocities against its own population, its failure to protect the citizens of Tigray and the refugees from Eritrea sheltered in Ethiopia under international protection, needs further work.

## **Conclusion**

This study investigates the systematic use of sexual violence in the Tigray war through three data sources: EEPA Situation Reports, EEPA testimonies, and in-depth interviews with victims. The research analyses 327 reports and 38 testimonies, alongside 20 interviews with rape victims. It finds that sexual violence was strategically used by the Ethiopian National Defence Force, Eritrean Defence Forces, Amhara Militia, and Special Forces, with Eritrean troops being the primary perpetrators.

There are reports that Eritrean forces attempted to hide their presence. Despite initial denials by the Ethiopian and Eritrean governments, the involvement of Eritrean troops was later confirmed by Ethiopian PM Abiy in March 2021. The communication blockade and disinformation allowed widespread sexual violence to go unreported in the early months, with the first reports appearing in January 2021. Over time, reports revealed the extensive and systematic nature of these atrocities, affecting thousands, including in rural areas. The situation was discussed in the UN Security Council in April 2021.

The widespread and systematic perpetration of sexual violence was clearly compounded by the siege and the communication blockade, the inability of the victims to ask for help, their inability to reach health facilities and the destruction of health facilities and other

services. The victims were left destitute, and this has greatly affected their ability to cope.

The strategic rape was perpetrated by uniformed soldiers. The study concludes that strategic rape aimed to reduce women's reproductive capabilities, causing infertility, HIV infections, pregnancy losses, and pregnancies by perpetrators. Victims faced severe trauma, abductions, captivity, and violence, including rape in front of family members. This has left deep physical and psychological scars on individuals and their communities. Future research is crucial for accountability and addressing the impact of these war crimes.

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## **Authors' contributions**

Gebbru Kidanu designed the research and implemented the interviews, analysed the interviews, and supervised the overall research. This work has been carried out as part of a PhD study. Mirjam Van Reisen reviewed all the chapter versions, restructured the content and contributed to the literature review and theoretical framework.

## **Ethical considerations**

This research was carried out under ethical clearance obtained from Mekelle University, reference number MU\_IRB 1978/2022. Tilburg University has also provided ethical clearance. This research was carried out under ethical clearance obtained from Tilburg University Identification code: REDC 2020.139 titled “Cultural Dimensions of Meaning-making and Agenda-setting”.

This chapter should be read in conjunction with the ‘Note on content and editorial decisions’ (Book 1).

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