HUMAN RIGHTS FIRST ETHIOPIA

Amplify-Change's Project

Improving Protection of Rape Survivors against Stigmatization through Strategic Litigation and Advocacy



LEGAL AND SITUATIONAL ANALYSIS

Protection from Secondary Victimization of Rape Survivors of the Tigray War

A Socio-legal Inquiry into Stigmatization, Institutional Failure, and the Foundation for Strategic Litigation and Advocacy

A RESEARCH REPORT

ADDIS ABABA, ETHIOPIA
JULY 2026

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LEGAL AND SITUATIONAL ANALYSIS

Protection from Secondary Victimization of Rape Survivors of the Tigray War

A Socio-legal Inquiry into Stigmatization, Institutional Failure, and the Foundation for Strategic Litigation and Advocacy

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This research report was conducted under the *AmplifyChange* project, 'Improving Protection of Rape Survivors against Stigmatization through Strategic Litigation and Advocacy,' with financial support from *AmplifyChange*. The views expressed in this report do not necessarily reflect those of *AmplifyChange*.

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

For rape survivors in Ethiopia, the trauma of sexual violence is compounded by a second, insidious harm: stigmatization. Though the war in Tigray officially ended in November 2022, for thousands of women and girls, the conflict persists. They endure communities that label them "leftovers," families that have disowned them, and institutions that too often inflict fresh wounds upon existing injuries. This report confronts that enduring harm—and charts a clear path toward its remedy through Ethiopia's legal and institutional frameworks.

Human Rights First Ethiopia (HRFE) commissioned this Legal and Situational Analysis on the Protection from Secondary Victimization of Rape Survivors in Ethiopia because this dimension of harm—stigmatization, institutional re-victimization, and structural exclusion—has been critically under-documented. Moreover, we believe it is remediable. The findings are precise, evidence-based, and unsettling. They identify legislative gaps, institutional failures, and community responses that have allowed survivor suffering to deepen long after hostilities ceased. Critically, they also delineate the legal authorities, institutional models, and litigation pathways—both domestic and international—already available to address these injustices.

On behalf of HRFE, I extend our profound gratitude to the survivors who shared their experiences, to the seventeen key informants across the justice, health, government, and civil society sectors who offered their professional candour, and to *Amplify-Change* for making this work possible. I also acknowledge the indispensable coordination and intellectual leadership of our Program Manager, Mussie Mezgebo, without whom this report could not have been realized.

The recommendations contained herein are directed to the Federal Parliament, the Federal and Tigray Regional Governments, the justice and health sectors, our civil society partners, and the regional and international human rights bodies whose engagement Ethiopia's situation demands. For its part, HRFE commits to pursuing the three-tier strategic litigation roadmap outlined in Section Eight and to leveraging this evidence base in sustained advocacy for the legislative and institutional reforms identified.

Protecting survivors from secondary victimization is not a peripheral concern—it is integral to justice. We offer this report in the firm conviction that change is achievable.



Tesfalem Berehe Massa
Chief Executive Officer
Human Rights First Ethiopia
Addis Ababa, July 2026

Survivors Voices

"He refused to accept our child born of the rape. My oldest son called me impure and wouldn't eat food I prepared. I attempted suicide several times."

Survivor I

"My daughter stopped going to school because of the stigma. The delay in the case discourages us from pursuing justice."

Survivor II

"My mother told me: 'those wise women smothered and killed those children and continued their lives, you useless one chose to keep a child with no father.' My baby's father beat my son — his arm was broken, his ear injured."

Survivor III

Dedication

To the survivors of conflict-related sexual violence in Tigray —

whose dignity is not diminished by what was done to them,

whose courage in speaking made this study possible,

and whose continuing suffering this report is written to end.

To the children born of the violence —

may the shame they have been made to carry be returned to those who earned it.

And to those who did not survive —

whose names are not in these pages,

but whose loss is the measure of why this work cannot wait.

Acknowledgement

This *Legal and Situational Analysis on the Protection from Secondary Victimization of Rape Survivors of the Tigray War* is the product of the contributions of many individuals and institutions, to all of whom Human Rights First Ethiopia (HRFE) wishes to record its deep and sincere gratitude.

Above all, HRFE acknowledges with profound respect the three survivors and the guardian who agreed to participate in this study. Their willingness to recount experiences of the gravest kind, in circumstances in which silence carries a heavy cost, has given this report its moral and evidentiary foundation. Their identities are protected throughout these pages, but their words have shaped every conclusion and recommendation that follows. To them, no acknowledgement can be adequate; the most that can be offered is the commitment that their accounts will not be used in ways that betray the trust they extended. HRFE is also grateful to the seventeen key informants who shared their time, expertise, and candid professional reflections across Addis Ababa and Mekelle. The candour with which each spoke about institutional strengths and failures has made it possible to render an account of the protection landscape that is both critical and constructive.

This study was undertaken within the framework of the Amplify-Change supported project, *Improving Protection of Rape Survivors against Stigmatization through Strategic Litigation and Advocacy*. HRFE gratefully acknowledges Amplify-Change for the financial support and the institutional confidence that made this research possible. Responsibility for the views expressed and any errors of analysis remains exclusively with HRFE and the research team.

HRFE also wishes to thank its partner organizations and peer institutions whose work informs and supports the present study, in particular the Moms for Moms, GOAL Ethiopia, the Mulu Mesfin Charity Organization, Ayder One Stop Centre and the Ethiopian Women Lawyers Association,. The collegial cooperation extended by these organizations — in facilitating interviews, sharing institutional documentation, and engaging substantively with preliminary findings — has materially strengthened the analysis. HRFE is similarly grateful to UNFPA, the Office of the United Nations High Commissioner for Human Rights, and the Ethiopian Human Rights Commission for the documentary record on which the present analysis builds.

Finally, HRFE records its gratitude to the wider community of survivors, advocates, scholars, and humanitarian actors whose continuing work on conflict-related sexual violence in Ethiopia and beyond provides both the context and the urgency for the present study. The conflict in Tigray formally ended on 2 November 2022; for survivors, it has not. It is in the hope of bringing that continuing harm to an end that this report has been prepared, and it is to all those engaged in that effort that HRFE extends its acknowledgement and its solidarity.

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Acronyms and Abbreviations

The following abbreviations are used throughout this report. Where the abbreviated form is used in the main text, it is introduced at first occurrence within the relevant section and used thereafter without further definition.

ABBREVIATION	MEANING
AU	African Union
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPC	Criminal Procedure Code (Ethiopia, 1961)
CRC	Convention on the Rights of the Child
CRSV	Conflict-Related Sexual Violence
CSO	Civil Society Organization
EDF	Eritrean Defense Force
EHRC	Ethiopian Human Rights Commission
ENDF	Ethiopian National Defense Force
EWLA	Ethiopian Women Lawyers Association
FDRE	Federal Democratic Republic of Ethiopia
GBV	Gender-Based Violence
HRFE	Human Rights First Ethiopia
HRW	Human Rights Watch
ICC	International Criminal Court
ICCPR	International Covenant on Civil and Political Rights
ICHREE	International Commission of Human Rights Experts on Ethiopia
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IHRDA	Institute for Human Rights and Development in Africa
IRC	International Rescue Committee
JIT	Joint Investigation Team (EHRC/OHCHR)

KII	Key Informant Interview
MMC	Mulu Mesfin Charity Organization
MoJ	Ministry of Justice (Ethiopia)
MoWSA	Ministry of Women and Social Affairs (Ethiopia)
NGO	Non-Governmental Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSC	One Stop Centre
OSJI	Open Society Justice Initiative
PHR	Physicians for Human Rights
PTSD	Post-Traumatic Stress Disorder
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SRSG-SVC	Special Representative of the Secretary-General on Sexual Violence in Conflict
STI	Sexually Transmitted Infection
TPLF	Tigray People's Liberation Front
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
WPS	Women, Peace and Security (UN Security Council Framework)

EXECUTIVE SUMMARY

The armed conflict that erupted in the Tigray region of Ethiopia in November 2020 produced one of the gravest human rights crises of the twenty-first century, within which the widespread and systematic commission of sexual violence against women and girls stands among its most extensively documented dimensions. Yet the harm inflicted upon survivors did not end with the original act of violence. This study thus examines a distinct and equally serious phenomenon that has received comparatively little systematic legal attention: the **secondary victimization and stigmatization** survivors endure in its aftermath, the compounding injury arising from the reactions of families, communities, religious institutions, health systems, and the formal justice apparatus to which survivors turn for protection and redress.

Prepared as the foundational sub-project component of the HRFE initiative, this *Legal and Situational Analysis* applies a qualitative socio-legal methodology that integrates doctrinal legal analysis, an empirical situational assessment grounded in seventeen key informant interviews and three survivor consultations across Addis Ababa and Mekelle, and a strategic litigation–oriented inquiry. Its purpose is to identify the legal, institutional, and socio-cultural factors that generate secondary victimization, to map the gaps that perpetuate it, and to generate the evidence base required to support strategic litigation and targeted advocacy on behalf of survivors.

THE LEGAL AND NORMATIVE FRAMEWORK

Ethiopia bears extensive and binding obligations to protect survivors of conflict-related sexual violence (CRSV) from secondary victimization. Under the ICCPR, CEDAW, the Convention Against Torture, the African Charter, the Maputo Protocol, and the UN Women, Peace and Security framework, the state is obliged to enact comprehensive legislative protections, ensure mandatory survivor-centered procedural standards, safeguard survivors' rights to privacy, dignity, and equality throughout justice processes, provide adequate remedies and reparations for both primary and secondary harm, and address the socio-cultural norms that drive stigmatization. These obligations are not aspirational; their breach constitutes internationally wrongful conduct.

Against this standard, the domestic legal framework is formally extensive but substantively inadequate and institutionally incoherent. While the FDRE Constitution contains relevant protective provisions, the Federal Criminal Code and the 1961 Criminal Procedure Code are fragmentary and inconsistently applied. There is no comprehensive gender-based violence (GBV) law; no criminal provisions for community-level stigmatization against rape survivors; no mandatory in-camera proceedings; no prohibition of virginity examination as evidence; no prohibition of informal settlement by justice actors; no adequate compensation or reparations framework; no GBV state fund for survivors; and no domestic provision addressing conflict-related sexual violence as a distinct category of criminal harm. This gap between obligation and implementation is itself the terrain on which secondary victimization occurs and persists.

PATTERNS OF STIGMATIZATION AND SECONDARY VICTIMIZATION

The scale of CRSV in Tigray was unprecedented in the context of recent African conflicts: a Mekelle University and Tigray Health Bureau damage assessment estimated approximately more than hundred thousand women and girls raped, while community-based research found that nearly one in ten women of reproductive age surveyed had been sexually abused during the first eight months of the conflict, with gang rape the most common form. These figures are severe underestimates, because stigma is the primary driver of under-reporting.

The situational analysis establishes that stigmatization is not an incidental social phenomenon but a structured, multi-dimensional system of harm operating simultaneously across the family, community, religious, institutional, and economic spheres. Its principal forms include:

- **Marital rejection and family abandonment** — the most consistently documented harm, destroying the survivor's primary support structure, economic security, and protective network at the moment of greatest vulnerability;
- **Community exclusion and social ostracism** — including denial of marriage and exclusion from religious and social ceremonies;
- **Compounded stigma of conflict-related pregnancy and HIV infection** — extending the harm to children born of rape, who face rejection and discrimination, and subjecting HIV-positive survivors to a documented "double stigma."

Critically, stigmatization operates as an independent driver of psychological harm and is itself lethal: the "stigma kills" dynamic is concretely evidenced by documented suicides among survivors and by first-person accounts of repeated suicide attempts. Stigma systematically suppresses reporting and participation in justice processes, ensuring that perpetrators of CRSV in Tigray operate with near-total impunity. It is therefore not merely a social harm but a structural enabler of the broader accountability failure that the November 2022 Pretoria Cessation of Hostilities Agreement has not remedied.

INSTITUTIONAL RESPONSES

The analysis reveals that secondary victimization in Tigray is produced not primarily by individual malice but by structural institutional failures operating systematically across the survivor's entire journey through formal processes. The justice sector — the institution with the greatest formal mandate to protect survivors — emerges as the one most frequently identified as a source of harm. Documented failures include the routine non-application of available in-camera provisions; victim-blaming attitudes, including suggestions that a survivor's dress contributed to the violence; the facilitation of informal settlement by police and community elders; the misuse and unauthorized social-media dissemination of video recordings of rape; lenient bail provisions that enable witness intimidation; the demand for scientifically discredited virginity examination as

evidentiary proof; the cost-shifting of investigation expenses onto destitute survivors; and the post-conflict abolition of the specialized GBV bench at Mekelle High Court.

By contrast, health and One Stop Centre (OSC) services are substantially more survivor-centered — all three survivors confirmed being treated with dignity and told the fault lay with the perpetrator — yet remain severely under-resourced, with every survivor forced to purchase post-rape medicines from private pharmacies, a direct and ongoing denial of the right to health. Two analytically critical conclusions follow: the most severe institutional failures are concentrated in Tigray, the region most affected by CRSV, reflecting the state's failure to rebuild protection infrastructure; and the persistent gap between formal mandates and operational practice confirms that guidelines and soft-law instruments cannot substitute for binding legislative obligations, mandatory enforcement, and accountability structures.

A TAXONOMY OF LEGAL AND INSTITUTIONAL GAPS

The gaps identified do not operate in isolation; they form an interlocking system in which each reinforces the others. Three overarching conclusions structure the taxonomy. First, the absence of comprehensive GBV legislation is the most fundamental gap, creating a legislative vacuum that all other deficiencies — in privacy protection, evidentiary rules, sentencing, anti-stigmatization, and reparations — occupy; its enactment is the single most important reform this study identifies. Second, the concentration of institutional gaps in Tigray reflects the state's failure to restore survivor-protection infrastructure in the post-conflict period, in violation of its continuing obligations under international humanitarian law. Third, many gaps reflect a divergence between existing legal authority and its non-application — a category that strategic litigation can address immediately, by compelling courts to apply existing provisions consistently without waiting for the legislative process.

STRATEGIC LITIGATION ROADMAP

The study translates its findings into six litigation-ready case typologies — institutional victim-blaming, unauthorized disclosure of survivor identity, coerced informal settlement, bail-enabled witness intimidation, virginity examination, the rights of children born of rape, absence of GBV Proclamation, absence of anti-stigmatization provision, inadequate compensation, absence of a dedicated GBV State Fund, absence of specialized GBV benches across Tigray, and absence of confidentiality infrastructure — each grounded in documented facts, identifiable legal violations, right-based perspectives, and available forums. These are organized into a sequenced, three-tier roadmap:

- **Tier One — Immediate domestic litigation:** constitutional claims before the Federal High Court and Tigray Regional Supreme Court challenging virginity examination, the failure to apply in-camera provisions, and inappropriate bail release, failure to protect children born of rape, absence of GBV Proclamation, absence of anti-stigmatization provision, inadequate

compensation, absence of a dedicated GBV State Fund, absence of specialized GBV benches across Tigray, and absence of confidentiality infrastructure, which could offer nationwide precedential impact;

- **Tier Two — EHRC strategic complaint:** a systematic complaint to the Ethiopian Human Rights Commission documenting the full pattern of institutional secondary victimization, generating an authoritative institutional record of violation;
- **Tier Three — Regional and international proceedings:** African Commission communications and CEDAW Optional Protocol submissions in selected cases where domestic remedies are exhausted or ineffective. The *Equality Now and EWLA v Ethiopia* precedent — which awarded USD 150,000 in non-pecuniary damages and ordered judicial training measures against Ethiopia — establishes a directly applicable regional forum.

KEY RECOMMENDATIONS

Twenty-two recommendations, organized by addressee and assigned priority levels, flow directly from the findings. The most consequential include:

To the Executive and Federal Parliament

- **Enact a comprehensive, standalone GBV Proclamation** consolidating and strengthening existing provisions — with mandatory in-camera proceedings, a prohibition on informal settlement and on virginity examination, recognition of corroborated hearsay, mandatory minimum sentencing with aggravated provisions for gang and conflict-related rape, and a state-funded reparations mechanism — supported by targeted interim amendments to the Criminal Code.
- **Operationalize the June 2024 Handbook on the Investigation and Prosecution of Crimes Against Women and Children** as binding practice; establish a dedicated reparations fund for Tigray and Ethiopia CRSV survivors; and guarantee free, continuously stocked post-rape medicines at all OSCs.

To the Tigray Regional Government and Justice Sector

- **Immediately re-establish the specialized GBV judicial bench at Mekelle High Court**; deliver a funded, time-bound GBV training programme to all justice-sector personnel; provide confidentiality infrastructure; and cascade the GBV Standard Operating Procedures to every frontline officer, with courts and police applying existing in-camera and witness-protection provisions without awaiting legislative reform.

To HRFE, Civil Society, and International Bodies

- **Pursue the three-tier litigation roadmap**; launch a coordinated stigma-reduction programme engaging community and religious leaders; scale survivor economic-empowerment models; and secure sustained engagement from the CEDAW Committee, the African Commission, and UN protection actors.

CONCLUSION

The legal framework needed to protect survivors exists in outline in Ethiopia's own constitution and in the international instruments it has ratified, and the institutional models needed to deliver protection already exist in practice within some Ethiopian institutions. What stands between those outlines and a systematic, enforceable, rights-protecting reality is a combination of legislative vacuum, institutional failure, and unchallenged stigma — a combination the state is both legally obligated and practically capable of dismantling. For the survivors of the Tigray war — still purchasing medicines they cannot afford, hiding from communities that call them "leftovers," and watching children born in violence grow up in shame — the conflict has not ended; it continues in the daily infliction of secondary harm. The litigation and advocacy strategy developed in this report is directed at that system, with the urgency that the survivors' continuing suffering demands.

SECTION ONE
INTRODUCTION

1.1 Background and Context of the Project

The armed conflict that erupted in the Tigray region of Ethiopia in November 2020 gave rise to one of the most acute human rights crises of the twenty-first century. Among the most devastating and systematically documented dimensions of that crisis was the widespread commission of sexual violence against women and girls. Multiple investigations conducted by national and international bodies confirmed that rape, gang rape, sexual slavery, and other forms of sexual violence were perpetrated on a significant scale by various parties to the conflict.[1] Yet, despite the gravity and scale of this violence, comparatively limited systematic attention has been directed at a distinct but equally serious phenomenon: the secondary victimization and stigmatization experienced by survivors in the aftermath of the initial harm.

The project titled *Improving Protection of Rape Survivors against Stigmatization through Strategic Litigation and Advocacy*, implemented by Human Rights First Ethiopia (HRFE), thus seeks to address this critical gap. The project proceeds from the recognition that the harms suffered by survivors of conflict-related sexual violence are not confined to the original act of violence. Instead, survivors frequently encounter additional layers of injury arising from the reactions of family members, community institutions, healthcare providers, and formal justice systems, harms collectively described as secondary victimization, which represent a distinct and ongoing violation of survivors' rights demanding dedicated legal and empirical analysis.[2]

Accordingly, this *Legal and Situational Analysis on the Protection from Secondary Victimization of Rape Survivors of the Tigray War* constitutes the foundational sub-project component of the HRFE initiative. Grounded in both legal analysis and situational assessment, it seeks to identify gaps in existing legal frameworks, map the institutional and social dynamics that perpetuate stigmatization, and generate evidence capable of informing strategic litigation and targeted advocacy. This section thus introduces the background and context of the conflict and of conflict-related sexual violence in Tigray, the rationale for the study, its scope and limitations, and the structure of the research report.

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[1] Amnesty International, 'I Don't Know If They Realized I Was a Person': Rape and Other Sexual Violence in the Conflict in Tigray, Ethiopia (AFR 25/4569/2021, August 2021) https://www.amnesty.org/en/documents/afr25/4569/2021/en/ accessed 1 March 2026.

[2] United Nations Office on Drugs and Crime, Handbook on Justice for Victims: On the Use and Application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (UNODC 1999) 9–11 https://www.unodc.org/pdf/criminal_justice/UNODC_Handbook_on_Justice_for_victims.pdf accessed 1 March 2026.

1.2 Context of Conflict-Related Sexual Violence during the Tigray War

The Tigray armed conflict commenced on 4 November 2020 following escalating political tensions between the federal government and the Tigray People's Liberation Front (TPLF).[3] The conflict rapidly expanded to involve multiple armed actors, including the Ethiopian National Defense Force (ENDF), the Eritrean Defense Force (EDF), Amhara regional special forces, and the Fano forces, which produces one of the world's gravest humanitarian crises: an estimated 600,000 civilian deaths, the displacement of millions, and the near-total collapse of healthcare and civilian infrastructure across the region. A Cessation of Hostilities Agreement was signed on 2 November 2022 in Pretoria, South Africa, under African Union mediation, bringing formal hostilities to an end after approximately two years of conflict.[4]

Among the most extensively and credibly documented violations of the conflict was the widespread and systematic commission of sexual violence. Amnesty International, which conducted interviews with 63 survivors between March and June 2021, documented that women and girls in Tigray were subjected to rape, gang rape, sexual slavery, sexual mutilation, and other forms of sexual torture perpetrated by members of ENDF, EDF, Amhara Regional Police Special Force, and the Fano militia, frequently accompanied by ethnic slurs and death threats.[5] These acts were committed against survivors ranging in age from 6 to 80 years. Reports by the United Nations Population Fund, the International Rescue Committee, and Physicians for Human Rights further corroborated the scale and systematic nature of this violence, including evidence that sexual violence continued even after the signing of the Pretoria Cessation of Hostilities Agreement.[6]

The most authoritative institutional account of these violations was the joint investigation report produced by the Ethiopian Human Rights Commission (EHRC) and the Office of the United Nations High Commissioner for Human Rights (OHCHR). The Joint Investigation Team (JIT)

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[3] European Parliament Think Tank, 'Ethiopia: War in Tigray – Background and State of Play' (EPRS Briefing PE 739.244, February 2022) https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2022)739244 accessed 1 March 2026. The conflict has deep roots in a power struggle following Prime Minister Abiy Ahmed's appointment in 2018, the dissolution of the ruling EPRDF coalition, and the TPLF's refusal to join the successor Prosperity Party.

[4] Al Jazeera, 'Two Years of Ethiopia's Tigray Conflict: A Timeline' (10 November 2022) https://www.aljazeera.com/news/2022/11/10/two-years-of-ethiopias-tigray-conflict-a-timeline accessed 1 March 2026; Wilson Center, 'Ethiopia's Tigray Conflict Peace Deal Showcased the African Union's Peace Diplomacy, but Several Sticking Points Remain' (2023) https://www.wilsoncenter.org/blog-post/ethiopias-tigray-conflict-peace-deal-african-union accessed 1 March 2026.

[5] Amnesty International (n 1) 4–7. Health facilities in Tigray registered 1,288 cases of gender-based violence between February and April 2021 alone, with Adigrat Hospital recording 376 cases of rape from November 2020 to 9 June 2021. Amnesty International reported that many survivors had not visited health facilities, indicating official figures represented only a fraction of actual incidence.

[6] United Nations Population Fund, Gender-Based Violence Response in the Tigray Crisis: Situation Report (UNFPA 2021) 2–5; International Rescue Committee, Breaking the Silence: Addressing Gender-Based Violence in the Tigray Crisis (IRC 2022) 6–8; Physicians for Human Rights, Broken Promises: Conflict-Related Sexual Violence Before and After the Cessation of Hostilities Agreement in Tigray, Ethiopia (PHR 2023) https://phr.org/our-work/resources/medical-records-sexual-violence-tigray-ethiopia/ accessed 1 March 2026.

conducted its field investigation between 16 May and 30 August 2021 and published its report on 3 November 2021.[7] The report concluded that there were reasonable grounds to believe that all parties to the conflict had committed violations of international human rights law and international humanitarian law — some of which may amount to war crimes and crimes against humanity. With respect to sexual violence, the UN High Commissioner for Human Rights characterized a pattern of 'extreme brutality, including gang rapes, sexualized torture and ethnically targeted sexual violence.'[8] The JIT further noted that stigma and fear of social exclusion significantly limited the reporting of such crimes, a finding that directly substantiates the necessity of the present study.

Furthermore, in December 2021, the UN Human Rights Council established the International Commission of Human Rights Experts on Ethiopia (ICHREE) as an independent investigative mechanism. The ICHREE's comprehensive report of October 2023 further confirmed patterns of sexual violence amounting to violations of the principles of distinction and precaution in attack, the prohibition of violence to life and person, torture, humiliating and degrading treatment, and grave violations against children, including rape and other forms of sexual violence.[9]

Importantly, the humanitarian and human rights consequences of this violence extended well beyond the immediate harm inflicted at the point of attack. Survivors of rape in Tigray were subjected to profound and compounding secondary harm arising from social stigmatization, community rejection, family estrangement, limited confidentiality protections, lack of survivor-centered investigative procedures, and inadequate legal frameworks addressing stigmatization and re-victimization. These overlapping barriers not only undermined the dignity and recovery of survivors but also weakened broader accountability efforts by discouraging reporting and participation in justice processes.[10]

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[7] Ethiopian Human Rights Commission (EHRC) and 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://www.ohchr.org/sites/default/files/2021-11/OHCHR-EHRC-Tigray-Report.pdf accessed 1 March 2026.

[8] OHCHR, 'Tigray Conflict: Report Calls for Accountability for Violations and Abuses by All Parties' (Press Release, 3 November 2021) https://www.ohchr.org/en/press-releases/2021/11/tigray-conflict-report-calls-accountability-violations-and-abuses-all accessed 1 March 2026. The JIT conducted 30 interviews with women survivors, nearly half of whom reported having been gang-raped.

[9] International Commission of Human Rights Experts on Ethiopia, Comprehensive Investigative Findings and Legal Determinations (UN Human Rights Council, 13 October 2023) UN Doc A/HRC/54/CRP.3 https://www.ohchr.org/sites/default/files/documents/countries/ethiopia/OHCHR-EHRC-Report-TJ-28-12-23.pdf accessed 1 March 2026.

[10] Human Rights Watch, 'I Always Remember That Day': Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region (HRW 2021) 18–22 https://www.hrw.org/report/2021/11/09/i-always-remember-day/access-services-survivors-gender-based-violence-ethiopias accessed 1 March 2026. HRW reported that 2,204 survivors sought services at health facilities across Tigray from November 2020 through June 2021, with deeply rooted social stigma and insecurity identified as principal barriers to reporting and service-seeking.

1.3 Secondary Victimization and Stigmatization: A Conceptual Overview

Secondary victimization refers to the re-traumatization of a survivor of sexual assault through the responses of individuals and institutions subsequent to the primary harmful act. It encompasses victim-blaming attitudes, insensitive or intrusive treatment by medical personnel and justice actors, inappropriate investigative practices, public disclosure of survivors' identities, and the denial of privacy protections during legal proceedings.[11] As the International Committee of the Red Cross (ICRC) has observed, survivors of sexual violence face a form of double victimization: they sustain potentially dangerous and long-lasting injuries and trauma, while simultaneously facing stigmatization and rejection by families and communities.[12]

In the context of armed conflict, stigmatization of survivors of sexual violence constitutes a distinct and intersecting form of harm that extends and compounds the initial violation. As the UN Special Adviser on the Prevention of Genocide stated before the UN Security Council, shame and stigma are integral to the very logic of deploying sexual violence as a tactic of war: aggressors understand that the crime attacks individual and collective identity, social relationships, and status. The consequence is devastating: many survivors forgo medical and legal assistance in order to avoid the humiliation of public disclosure, sacrificing both healthcare and access to justice. Put starkly, as the Special Adviser observed: 'stigma kills.'[13]

The United Nations Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence identifies the same dynamic at the structural level, noting that the physical and psychological impact of sexual violence, compounded by the stigma attached to it, frequently prevents survivors from seeking or obtaining effective remedies, in particular because of the fear of ostracism resulting from disclosure, or of further victimization by insensitive institutions.[14]

In the Tigray context, these dynamics are particularly acute. UNFPA data from the 2016 Ethiopia Demographic Health Survey indicated that, even under pre-conflict conditions, only 24 per cent of gender-based violence survivors in Ethiopia ever sought assistance, owing significantly

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[11] See CE Ahrens, S Campbell, N Ternier-Thames, S Wasco and T Sefl, 'Deciding Whom to Tell: Expectations and Outcomes of Rape Survivors' First Disclosures' (2007) 22 Psychology of Women Quarterly 18; and Rachel Latta and others, 'Qualitative Study of Sexual Assault Survivors' Post-Assault Legal System Experiences' (2020) 3 Journal of Aggression, Conflict and Peace Research 1.

[12] International Committee of the Red Cross (ICRC), 'Q&A: Sexual Violence in Armed Conflict' (ICRC, 22 September 2016) https://www.icrc.org/en/document/sexual-violence-armed-conflict-questions-and-answers accessed 1 March 2026.

[13] UN Security Council, 7878th Meeting (SC/12819, 23 February 2017) (Statement of Adama Dieng, Special Adviser on the Prevention of Genocide and Acting Special Representative of the Secretary-General on Sexual Violence in Conflict) https://press.un.org/en/2017/sc12819.doc.htm accessed 1 March 2026.

[14] UN Secretary-General, Guidance Note of the Secretary-General: Reparations for Conflict-Related Sexual Violence (June 2014) 3 https://www.ohchr.org/sites/default/files/Documents/Press/GuidanceNoteReparationsJune-2014.pdf accessed 1 March 2026. In contexts of structural discrimination where women lack access to education and productive resources, loss of family support caused by stigma may result in destitution: ibid.

to pervasive social stigma.[15] This barrier was dramatically amplified by the conflict itself. A community-based study published in *BMC Women's Health* found that survivors were reluctant to report rape due to fear of stigma and discrimination rooted in cultural and societal norms.[16] In Bora district alone, a Mekelle University survey identified at least 570 women who had been raped, of whom 34 were HIV-positive and two had died by suicide; yet many more survivors did not report their experiences, as stigma in this religiously conservative district was so powerful that women feared ostracism by their own families.[17]

Furthermore, the ICRC, drawing on consultations with 948 individuals and 66 organizations across 19 countries between 2022 and 2024, characterized stigma as a harmful community coping mechanism that socially sacrifices those perceived as a threat to social cohesion, subjecting survivors to additional forms of physical, mental, and social violence stemming from the initial act, a phenomenon it explicitly termed secondary victimization.[18] This analysis underlines that stigma and secondary victimization are not peripheral concerns but central elements of the ongoing harm inflicted on survivors — elements that require dedicated legal, institutional, and advocacy responses.

1.4 Rationale for the Legal and Situational Analysis

The need for a dedicated legal and situational analysis on the secondary victimization of rape survivors in the Tigray context arises from five interconnected imperatives, each of which both independently justifies and collectively demands the present study.

First, the existing documentation of the Tigray conflict's sexual violence has not focused systematically on secondary victimization as a discrete subject of legal and human rights inquiry. Investigations by Amnesty International, Human Rights Watch, the EHRC/OHCHR JIT, ICHREE, and Physicians for Human Rights have made indispensable contributions to documenting primary violations and identifying perpetrators. However, they have not examined in systematic depth the structural legal gaps, institutional failures, and socio-cultural dynamics that expose survivors to compounding harm after the initial act. This study centers secondary victimization as its primary analytical object and thereby occupies a distinctive space within the existing body of documentation.

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[15] UNFPA ESARO, 'Rape as a Strategy of War: Demanding Protection and Justice for the Women and Girls of Tigray' (UNFPA 2021), citing 2016 Ethiopia Demographic Health Survey https://esaro.unfpa.org/en/news/rape-strategy-war-demanding-protection-and-justice-women-and-girls-tigray accessed 1 March 2026.

[16] Gebremeskel Hailu Weldemariam and others, 'Rape Survivors' Experience in Tigray: A Qualitative Study' (2023) 23 BMC Women's Health 343, s 2 https://link.springer.com/article/10.1186/s12905-023-02502-0 accessed 1 March 2026.

[17] Al Jazeera, 'How Tigray War Rape Victims Turned to Rwandan Genocide Survivors to Heal' (22 October 2024) https://www.aljazeera.com/features/2024/10/22/how-tigray-war-rape-victims-turned-to-rwandan-genocide-survivors-to-heal accessed 1 March 2026.

[18] ICRC, 'How Does Stigma Impact Victims/Survivors of Sexual Violence during Armed Conflict?' (ICRC, 2024) https://einpresswire.com/article_print/763859415/how-does-stigma-impact-victims-survivors-of-sexual-violence-during-armed-conflict accessed 1 March 2026.

Second, justice processes themselves carry a significant and documented risk of re-traumatizing survivors. Legal proceedings involving sexual violence can expose survivors to repeated and intrusive questioning, denial of privacy protections, public identification, and the application of victim-blaming frameworks by investigating officers and judicial actors. Without adequate legal safeguards and survivor-centered institutional protocols, the justice system may itself function as a source of secondary victimization, compounding rather than remedying the harm suffered by survivors.[19]

Third, the existing Ethiopian domestic legal framework contains significant lacunae in the protection of rape survivors from stigmatization and institutional re-victimization. While Ethiopian law criminalizes rape and other forms of sexual violence, specific protections against stigmatization, comprehensive privacy safeguards during judicial proceedings, witness protection mechanisms, and remedies for secondary harm remain fragmented and inadequately developed. As such, systematic identification of these gaps is essential for designing litigation strategies and policy reform initiatives capable of producing durable structural change.

Fourth, and most directly, the analysis provides the evidence base required for strategic litigation. Strategic litigation involves the deliberate use of legal proceedings, carefully selected and framed, to advance broader normative change and structural reforms beyond the resolution of individual cases. In cases involving sexual violence, strategic litigation can play a decisive role in establishing precedents that recognize the harms of secondary victimization, clarify state obligations to prevent such harms, and challenge harmful institutional practices.[20] The Institute for Human Rights and Development in Africa (IHRDA) has demonstrated the transformative potential of this approach at the regional level, securing landmark rulings before the African Court on Human and Peoples' Rights and the ECOWAS Court of Justice that directly addressed institutional failures to protect survivors of sexual violence, including the failure to preserve forensic evidence.[21]

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[19] European Human Rights Advocacy Centre (EHRAC), Sexual Violence and Stigmatization of Victims (GREVIO Shadow Report, Middlesex University Law School 2024) https://rm.coe.int/sexual-violence-and-stigmatisation-of-victims-grevio-shadow-report-ukr/1680b195ff accessed 1 March 2026. The report identifies discriminatory barriers in the criminal justice process – including gender-based myths and stereotypes – as preventing access to justice for victims of sexual violence.

[20] Open Society Justice Initiative, Strategic Litigation Impacts: Insights from Global Experience (OSJI 2018) 5–9 https://www.justiceinitiative.org/uploads/fd7809e2-bd2b-4f5b-964f-522c7c70e747/strategic-litigation-impacts-insights-20181023.pdf accessed 1 March 2026. See also OHCHR and UN Action against Sexual Violence in Conflict, Strategic Litigation for Sexual and Gender-Based Violence: Lessons Learned (OHCHR 2021) <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2021/11/report/strategic-litigation-for-sexual-and-gender-based-violence-lessons-learned-2/OHCHR-StrategicLitigationforSV-workshopreport-web.pdf> accessed 1 March 2026.

[21] IHRDA, 'Litigation' (IHRDA) https://ihrda.org/en/litigation/ accessed 1 March 2026. See also Int'l Federation for Human Rights (FIDH) and Lawyers for Human Rights (LHR), The Impact of Litigation on Combating Sexual Violence and its Consequences in Africa (FIDH 2019) https://www.fidh.org/IMG/pdf/fidh-lhr_compendium_impact_of_litigation_on_combating_sgbv_in_africa_nov2019.pdf accessed 1 March 2026.

Fifth, the analysis will contribute to ongoing national and international efforts to strengthen accountability and survivor protection mechanisms in post-conflict Ethiopia. The findings are intended to serve not only the litigation component of the HRFE project but also advocacy engagements with Ethiopian federal and regional institutions, international human rights treaty bodies, African regional mechanisms, and civil society actors committed to advancing survivor-centered frameworks for justice and post-conflict recovery.

1.5. Objective of the Study

1.5.1 General Objective

The overall objective of this Legal and Situational Analysis is to examine the legal, institutional, and socio-cultural factors that contribute to the secondary victimization and stigmatization of rape survivors of the Tigray war, and to generate evidence that can support strategic litigation and targeted advocacy aimed at strengthening survivor protection mechanisms.

1.5.2 Specific Objectives

This research addresses the following specific objectives:

1. To identify and analyses the international, regional, and domestic legal frameworks relevant to the protection of rape survivors from stigmatization and secondary victimization.
2. To assess how justice institutions, health systems, and administrative structures interact with survivors of rape in practice, and whether these interactions contribute to or mitigate secondary victimization.
3. To examine the socio-cultural dynamics that contribute to the stigmatization of rape survivors in the aftermath of the Tigray conflict.
4. To identify gaps in existing laws, policies, and institutional practices that allow or exacerbate secondary victimization of survivors.
5. To identify potential strategic litigation pathways that could be used to strengthen the protection of survivors from stigmatization and secondary victimization.
6. To produce evidence that can inform advocacy initiatives aimed at strengthening survivor protection frameworks and reducing stigma within affected communities.

1.6 Scope and Limitations of the Study

The present study is temporally scoped to the armed conflict in the Tigray region of Ethiopia, with particular attention to the period from 4 November 2020 through the signing of the Pretoria Cessation of Hostilities Agreement on 2 November 2022, and extending to the post-cessation period through the date of research. Geographically, the study focuses on the Tigray region, while engaging with national legal frameworks applicable throughout Ethiopia and with international and regional standards as the normative benchmark against which domestic frameworks are assessed.

The study acknowledges several inherent limitations. First, ongoing instability in parts of Tigray and continued access constraints have inevitably affected the comprehensiveness of primary data collection. Second, survivors' participation in research has been limited by well-founded fears of stigmatization and retaliation, necessitating reliance on expert-level key informant interviews, desk review, and legal instrument analysis rather than direct survivor testimony. The ethical parameters of survivor-centered research, which strictly prioritize the safety and dignity of participants, impose important limitations on the depth of primary qualitative data obtainable in this context.[22] Third, the institutional responses being assessed, including the performance of justice sector actors, health system providers, and civil society organizations, have continued to evolve in the post-cessation period, meaning that the analysis reflects the state of affairs as captured within the research period rather than a static picture. Yet, the study does not purport to substitute for survivor-centered psychological or medical research; rather, it provides the legal and institutional analytical scaffolding required to support litigation and advocacy efforts on behalf of survivors.

1.7 Structure of the Research Report

Following this introductory section, the report is organized as follows. Section Two sets out the conceptual and analytical framework, defining the key concepts of conflict-related sexual violence, secondary victimization, stigmatization, survivor-centred approaches, and strategic litigation, and articulating the theoretical foundations of the socio-legal approach adopted by the study. Section Three describes the research methodology, including the research design, the situational analysis framework, data collection methods, and the ethical and survivor-centred principles governing the study.

Section Four undertakes a comprehensive analysis of international human rights law, international humanitarian law, African regional human rights standards, and the Ethiopian domestic legal framework, assessing the normative protections available to survivors of conflict-related sexual violence against secondary victimization. Section Five presents the situational analysis, examining the scale and nature of conflict-related sexual violence in Tigray, the forms and manifestations of stigmatization, the socio-cultural dynamics underlying them, and their impact on survivors' well-being and agency.

Section Six examines institutional responses to rape survivors, covering justice sector actors, health and psychosocial service providers, civil society organizations, and inter-institutional coordination mechanisms. Section Seven identifies the legal and institutional gaps that contribute to secondary victimization. Section Eight maps potential strategic litigation opportunities, identifying potential constitutional and human rights claims, suitable case typologies, and available

[22] World Health Organization, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women (WHO 2001) 8–12 https://iris.who.int/server/api/core/bitstreams/a56121ec-88e0-48a1-b1d9-675504de18ee/content accessed 1 March 2026.

domestic, regional, and international litigation forums. Section Nine articulates the advocacy strategy foundations emerging from the research findings. Section Ten presents a stakeholder mapping relevant to litigation and advocacy. Sections Eleven and Twelve address, respectively, the expected contribution of the study to the project and the overall conclusions and key recommendations.

SECTION TWO
CONCEPTUAL AND ANALYTICAL FRAMEWORK

Introduction

A research undertaking of the nature and scope of the present study requires a clearly articulated conceptual and analytical framework before the substantive examination of legal norms, institutional practices, and social dynamics can proceed. This section serves that purpose. In doing so, it defines the core concepts that structure the analysis, such as conflict-related sexual violence, secondary victimization, stigmatization and social exclusion, survivor-centered approaches, and strategic litigation, and then situates those concepts within the theoretical frameworks that guide the research. These frameworks consist of three interlocking dimensions: a socio-legal analytical approach, an intersectionality perspective, and an account of the relationship between stigma, justice, and accountability. Together, they provide the intellectual infrastructure through which the legal, institutional, and social evidence gathered in subsequent sections is analyzed and interpreted.

2.1 Definition of Key Concepts

Conceptual clarity is a prerequisite for rigorous socio-legal research. The terms employed in this study carry specific meanings that are distinct from their colloquial usage and that reflect the normative frameworks within which the analysis operates. Each concept is, therefore, defined with precision in the sub-sections that follow.

2.1.1 Conflict-Related Sexual Violence

Conflict-related sexual violence (CRSV) refers to acts of a sexual nature committed against persons on account of, or in the context of, armed conflict, and which are directly or indirectly linked to the conflict. The concept encompasses rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, and any other form of sexual violence of comparable gravity, when committed as part of a widespread or systematic attack against a civilian population or in the context of an armed conflict.[23] Sexual violence in conflict is no longer understood as an inevitable by-product of war. It is now recognized as a crime that is preventable and punishable under international human rights law, international humanitarian law, and international criminal law —

[23] . Rome Statute of the International Criminal Court (adopted 17 July 1998, entered into force 1 July 2002) 2187 UNTS 90, arts 7(1)(g), 8(2)(b)(xxii), 8(2)(e)(vi). The Rome Statute was the first international treaty to establish conflict-related sexual violence as a crime against humanity, a war crime, and in some instances, genocide: Coalition for the International Criminal Court, 'Sexual and Gender Based Crimes' https://www.coalitionfortheicc.org/sexual-and-gender-based-crimes accessed 25 March 2026.

frequently deployed deliberately to target civilians, inflict trauma, fracture social cohesion, trigger displacement, and serve political, military, or ethnic objectives.[24]

In the Tigray context, the applicable definition draws on the OHCHR framework, which characterizes CRSV as sexual violence occurring in a conflict setting and involving state or non-state armed actors. The EHRC/OHCHR Joint Investigation Team specifically documented rape, gang rape, sexual slavery, and sexual mutilation as forms of CRSV in Tigray, committed by multiple parties to the conflict.[25] The definition adopted in this study accords with the Rome Statute and UN operational standards, while recognizing that in the Tigray context CRSV was characterized not merely by individual acts of opportunistic violence but by patterns of deliberate, widespread, and ethnically targeted violence that constitute crimes against humanity and war crimes under international law.[26]

2.1.2 Secondary Victimization

Secondary victimization is the re-traumatization of a survivor of sexual violence through the responses of individuals and institutions that follow the primary harmful act. The concept was elaborated in the criminological and social psychology literature to describe the additional harm inflicted on survivors by the systems and actors to whom they turn for help, justice, or support. Specifically, secondary victimization may arise from institutional and procedural sources, such as repeated, intrusive, or accusatorial questioning by police and prosecutors; lack of privacy protections during judicial proceedings; the public exposure of survivors' identities; victim-blaming by judicial actors; and denial of appropriate medical or psychosocial care, as well as from interpersonal sources, including blame, disbelief, rejection, or ostracism from family members, community leaders, and peers.[27]

Secondary victimization is particularly acute in contexts involving sexual violence because the crime itself is frequently surrounded by social taboos, gender myths, and cultural norms that predispose institutional actors and community members towards disbelief or blame. As the

[24] UN Department of Peace Operations, 'Conflict-Related Sexual Violence' <https://peacekeeping.un.org/en/conflict-related-sexual-violence> accessed 1 March 2026; ICRC, 'Responding to Sexual Violence' https://www.icrc.org/en/what-we-do/responding-sexual-violence accessed 25 March 2026.

[25] EHRC and 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://www.ohchr.org/sites/default/files/2021-11/OHCHR-EHRC-Tigray-Report.pdf accessed 25 March 2026, 51–59.

[26] International Commission of Human Rights Experts on Ethiopia (ICHREE), Comprehensive Investigative Findings and Legal Determinations (UN Human Rights Council, 13 October 2023) UN Doc A/HRC/54/CRP.3, paras 11, 59–63.

[27] CE Ahrens, S Campbell, N Ternier-Thames, S Wasco, and T Sefl, 'Deciding Whom to Tell: Expectations and Outcomes of Rape Survivors' First Disclosures' (2007) 22 Psychology of Women Quarterly 18; see also UNODC, Handbook on Justice for Victims: On the Use and Application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (UNODC 1999) 9–11 https://www.unodc.org/pdf/criminal_justice/UNODC_Handbook_on_Justice_for_victims.pdf accessed 25 March 2026.

criminological literature has established, survivors who report to police and involve themselves in the criminal justice system are often met with negative social reactions such as blame, disbelief, or stigmatization, experiences that are explicitly termed secondary victimization in the academic literature.[28] In the context of conflict-related sexual violence, secondary victimization is compounded by the scale of institutional failure, the collapse of normal justice and healthcare systems, and the intensification of communal stigma resulting from the conflict itself. For the purposes of this study, secondary victimization encompasses both institutional re-traumatization (arising from the acts or omissions of justice, health, and administrative systems) and social re-victimization (arising from community, family, and interpersonal responses). This dual scope reflects the reality that survivors of CRSV in Tigray face harm from both directions simultaneously.

2.1.3 Stigmatization and Social Exclusion

The concept of stigma originates in classical sociological theory. Erving Goffman, in his seminal 1963 work *Stigma: Notes on the Management of Spoiled Identity*, defined stigma as 'the situation of the individual who is disqualified from full social acceptance' on account of a discrediting attribute that reduces that person, in the eyes of others, from a whole and usual person to a tainted and discounted one. Goffman observed that stigmatized individuals are not only subject to external discrimination but also internalize the judgements of those around them, so that shame becomes a central possibility: the stigmatized person perceives one of their own attributes as a defiling thing to possess.[29]

Applied to survivors of sexual violence in conflict, stigmatization operates through a specific social mechanism: communities may employ stigma as a harmful coping device to preserve the perceived integrity of the social group by socially sacrificing those members who are seen to have been contaminated or violated. Survivors of rape are blamed for the violence they have suffered, branded as impure, dishonored, or threatening to communal values of chastity, honor, and family integrity. The social consequences of stigmatization in this context include community exclusion, family rejection, prohibition from marriage, divorce, economic marginalization, and in extreme cases, threats to physical safety. These consequences are not merely social harms: they represent additional and ongoing violations of survivors' rights to dignity, equality, privacy, and access to justice.[30]

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[28] Rachel Latta and others, 'Qualitative Study of Sexual Assault Survivors' Post-Assault Legal System Experiences' (2020) 15(1) Journal of Trauma and Dissociation 1, 3, citing S Ullman, Talking about Sexual Assault: Society's Response to Survivors (APA 2010). The term 'secondary victimization' in this specific sense is attributed to Ahrens and others (n 4).

[29] Erving Goffman, Stigma: Notes on the Management of Spoiled Identity (Prentice-Hall 1963) 3, 7–9.

[30] ICRC, 'How Does Stigma Impact Victims/Survivors of Sexual Violence during Armed Conflict?' (ICRC, 2024) https://einpresswire.com/article_print/763859415/how-does-stigma-impact-victims-survivors-of-sexual-violence-during-armed-conflict accessed 25 March 2026; UN Security Council, 7878th Meeting (SC/12819, 23 February 2017) (Statement of Adama Dieng, Special Adviser on the Prevention of Genocide).

Social exclusion, as a concept related to but distinct from stigmatization, refers to the processes by which individuals are pushed to the margins of society, denied participation in social, economic, and political life, and unable to access the institutions and resources to which they are entitled. In the context of the present study, social exclusion is understood as a structural consequence of stigmatization: it is the material and relational harm that results from the application of stigma to survivors. The two concepts are, therefore, treated as analytically related but distinct dimensions of the same broader phenomenon of post-violence harm.

2.1.4 Survivor-Centered Approaches

A survivor-centered approach is defined by the United Nations as one which seeks to empower survivors by prioritizing their rights, needs, and wishes. As operationalized by the World Health Organization, UNFPA, and UNHCR in their 2020 joint clinical guidance, this approach centers survivors' right to life, respect, and dignity; their right to information; their right to self-determination; their right to non-discrimination; and their right to privacy and confidentiality, as well as to accessible, acceptable, and quality services.[31]

A survivor-centered approach has both procedural and substantive dimensions. Procedurally, it requires that institutions interacting with survivors of sexual violence adopt trauma-informed, confidential, and non-judgmental practices that minimize the risk of re-traumatization. Substantively, it requires that the legal and institutional frameworks within which survivors operate recognize their agency, protect their dignity, and provide effective remedies for harms suffered. UN Security Council Resolution 2467 (2019) further embedded the survivor-centered approach in the transitional justice framework, encouraging states to ensure full and meaningful participation of survivors of sexual and gender-based violence at all stages of transitional justice processes, including in decision-making roles.[32]

In the context of this study, a survivor-centered approach functions as both a normative standard against which institutional and legal frameworks in Ethiopia are assessed, and a methodological commitment that shapes the research process itself, in particular the ethical principles governing data collection and the treatment of evidence relating to survivors' experiences.

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[31] OpenGlobalRights, 'How Can a Survivor-Centered Approach Address Sexual Violence?' (1 February 2021) https://www.openglobalrights.org/how-can-a-survivor-centered-approach-address-sexual-violence/ accessed 25 March 2026; WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors (WHO 2020), cited in International Review of the Red Cross, 'Translating Survivor-Centredness into Pedagogical Approaches' (2024) https://international-review.icrc.org/articles/translating-survivor-centredness-into-pedagogical-approaches-to-training-on-sexual-violence-926 accessed 25 March 2026.

[32] UN Security Council Resolution 2467 (2019) UN Doc S/RES/2467, operative paras 15–17; see also the Murad Code (draft global code of conduct for documenting and investigating conflict-related sexual violence, launched 19 June 2020), discussed in Claire Devlin, 'Beyond a Survivor-Centered Approach to Conflict-Related Sexual Violence?' (2021) 97(4) International Affairs 1067, 1073–1075.

2.1.5 Strategic Litigation

Strategic litigation is legal action that is consciously designed to advance the clarification, respect, protection, and fulfilment of rights, with an impact that extends beyond the resolution of the individual case brought before the court. As the European Center for Constitutional and Human Rights (ECCHR) has defined it, strategic litigation is 'legal action seeking to bring about social change with an impact beyond the individual case.' Similarly, Amnesty International describes it as litigation that is designed to change laws, policies, and practice, and to secure remedies or relief following violations, while also raising public awareness of an injustice.[33]

The Open Society Justice Initiative (OSJI), drawing on field-based research across eleven countries, has characterized strategic human rights litigation as using the authority of the law to advocate for social change on behalf of individuals whose voices are otherwise not heard, with the aim of tipping the balance in the enforcement of contested but fundamental rights. TRIAL International further identifies the objectives of strategic litigation as: creating progressive jurisprudence by setting innovative legal precedents; triggering reforms in national laws, policies, and practices that conflict with human rights standards; strengthening and clarifying international and regional standards; and enabling individuals to seek effective remedies for harm suffered.[34]

In the specific context of conflict-related sexual violence, strategic litigation has demonstrated significant potential at both domestic and international levels. The landmark *Sepur Zarco* case in Guatemala (2016), in which former military members were convicted for CRSV against indigenous women, exemplifies the transformative potential of the approach: the outcome was not merely criminal conviction but transformative reparations including monetary compensation, restitution, and rehabilitation.[35] In the present study, strategic litigation is understood as the overarching tool through which the legal and institutional gaps identified in the situational and legal analysis are to be translated into concrete legal interventions capable of advancing the protection of survivors from secondary victimization and stigmatization.

2.2 Theoretical Framework

The analytical approach of the present study is guided by three complementary theoretical dimensions that together constitute its overarching framework: a socio-legal research approach, an intersectionality perspective on gender-based harm, and a theorization of the relationship between stigma, justice, and accountability. Each dimension is elaborated in the sub-sections below,

[33] ECCHR, 'Strategic Litigation' https://www.ecchr.eu/en/glossary/strategic-litigation/ accessed 25 March 2026; Amnesty International, 'Strategic Litigation' https://www.amnesty.org/en/strategic-litigation/ accessed 25 March 2026.
[34] Open Society Justice Initiative, Strategic Litigation Impacts: Insights from Global Experience (OSJI 2018) 5–9 https://www.justiceinitiative.org/uploads/fd7809e2-bd2b-4f5b-964f-522c7c70e747/strategic-litigation-impacts-insights-20181023.pdf accessed 25 March 2026; TRIAL International, 'Strategic Litigation' https://trialinternational.org/topics-post/strategic-litigation/ accessed 25 March 2026.
[35] OHCHR, 'Strategic Litigation Can Be a Force for Gender Justice' (25 June 2021) https://www.ohchr.org/en/stories/2021/06/strategic-litigation-can-be-force-gender-justice accessed 25 March 2026.

together with an explanation of how it informs the specific analysis undertaken in subsequent sections of the report.

2.2.1 The Socio-Legal Approach

The present study adopts a qualitative socio-legal research design that combines doctrinal legal analysis with an empirical situational assessment. The socio-legal approach is a research methodology that examines law as a social phenomenon embedded in and shaped by broader social, economic, cultural, and political contexts. Unlike purely doctrinal research, which focuses on law as written and on the internal coherence of legal doctrine, socio-legal research moves beyond the text of legal instruments to examine how law operates in practice, how it is experienced by those it is intended to protect, and how institutional practices and social norms interact with formal legal rules to produce outcomes that may diverge significantly from what the law on its face prescribes.[36]

The utility of the socio-legal approach for the present study is particularly evident in the context of secondary victimization. Legal provisions formally guaranteeing the rights of survivors may exist on paper, yet their actual protective effect depends entirely on how those provisions are interpreted, applied, and enforced by legal institutions, and how the social and cultural norms surrounding sexual violence in the Tigray context shape those interpretations and applications. The gap between law on paper and law in practice, between *lex scripta* and *lex operative*, is precisely the terrain on which secondary victimization occurs and persists. A purely doctrinal approach would be incapable of mapping this terrain comprehensively.[37]

Accordingly, the analytical approach of the study integrates three complementary dimensions. First, a normative legal analysis is undertaken of the international, regional, and domestic legal frameworks governing the protection of survivors of conflict-related sexual violence from secondary victimization. This component employs classical doctrinal methods, systematic analysis of treaty texts, constitutional provisions, legislation, and jurisprudence, to identify the legal obligations imposed on the Ethiopian state and the remedies available to survivors. Second, a situational assessment is conducted of institutional responses and social dynamics affecting rape survivors in Tigray, drawing on qualitative data gathered through key informant interviews, desk review, and analysis of existing documentation. This component moves beyond formal legal analysis to examine how survivors actually interact with justice institutions, healthcare systems, and community structures, and how those interactions generate or exacerbate

[36] Terry C Hutchinson and Nigel Duncan, 'Defining and Describing What We Do: Doctrinal Legal Research' (2012) 17(1) Deakin Law Review 83, 85–87 https://ojs.deakin.edu.au/index.php/dlr/article/view/70 accessed 25 March 2026. The authors observe that doctrinal research, while essential, is increasingly recognized as insufficient on its own to address the complex relationship between legal rules and social reality

[37] The distinction between 'law in books' and 'law in action' originates with Roscoe Pound, 'Law in Books and Law in Action' (1910) 44 American Law Review 12, and remains foundational to socio-legal scholarship: see Roger Cotterrell, The Sociology of Law: An Introduction (2nd edn, Butterworths 1992) ch 2.

secondary victimization. Third, the study adopts a strategic litigation-oriented analytical perspective. Rather than merely documenting existing challenges, the analysis deliberately identifies legal and institutional gaps that could form the basis for litigation aimed at advancing broader structural reforms. This orientation ensures that the research is not only descriptive but also generative of actionable legal interventions.[38]

The socio-legal approach adopted here is consonant with, and builds upon, the growing body of scholarship that employs this methodology in the study of gender-based violence in conflict and post-conflict settings. It recognizes that legal scholarship alone cannot adequately address the structural and social dimensions of secondary victimization, while simultaneously insisting that the analytical rigor of doctrinal legal analysis is indispensable to the strategic litigation objectives of the project.

2.2.2 Intersectionality and Gender-Based Harm

The second theoretical dimension that informs the study is the framework of intersectionality, originally developed by legal scholar Kimberlé Crenshaw in her foundational 1989 essay *'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics'* and elaborated in her 1991 contribution *'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color.'*[39] Intersectionality holds that systems of oppression, including those based on gender, race, class, ethnicity, and other dimensions of identity, do not operate independently of one another but overlap, collide, and interact to create distinct experiences of discrimination, violence, and harm for individuals who occupy multiple subordinated social positions. As Crenshaw articulated it, the violence that many women experience is often shaped by other dimensions of their identities, such that a framework addressing only gender, or only race, will fail to capture the compounded nature of the harm they suffer.

The relevance of intersectionality to the present study is direct and substantial. The survivors of conflict-related sexual violence in Tigray are not an undifferentiated group. Their experiences of secondary victimization and stigmatization are shaped by the convergence of multiple identity dimensions: gender (as women in a patriarchal society), ethnicity (as Tigrayans subjected to ethnically targeted violence), economic status (as members of communities devastated by conflict-induced impoverishment), geographic location (as inhabitants of a region subject to prolonged siege and humanitarian blockade), and in some cases, HIV status, disability resulting from sexual

[38] This three-part design is consistent with the approach to socio-legal research described in Simon Halliday and Patrick Schmidt (eds), Conducting Law and Society Research: Reflections on Methods and Practices (CUP 2009) chs 1–2. The strategic litigation perspective draws on OSJI (n 12) and OHCHR and UN Action against Sexual Violence in Conflict, Strategic Litigation for Sexual and Gender-Based Violence: Lessons Learned (OHCHR 2021).

[39] Kimberlé Crenshaw, 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics' (1989) University of Chicago Legal Forum 139; Kimberlé Crenshaw, 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color' (1991) 43 Stanford Law Review 1241.

violence, or displacement. These overlapping dimensions of vulnerability compound the stigmatization and secondary victimization they face, and require that the legal and situational analysis attend carefully to the specificities of their experiences rather than treating survivors as a homogeneous category.[40]

The intersectionality framework also has direct implications for the legal analysis component of this study. Antidiscrimination law and survivor protection frameworks that address gender alone, without attending to the specific vulnerabilities created by the intersection of gender with ethnicity, displacement, and conflict-related impoverishment, will be structurally inadequate to protect the survivors of CRSV in Tigray. As such, identifying this inadequacy is one of the contributions that an intersectional analytical lens makes to the strategic litigation objectives of the project.

2.2.3 The Relationship between Stigma, Justice, and Accountability

The third theoretical dimension guiding the study concerns the structural relationship between stigma, access to justice, and accountability for conflict-related sexual violence. This dimension operates across several levels of analysis that are central to the research questions addressed in subsequent sections.

At the individual level, the relationship between stigma and justice is characterized by a vicious cycle. Stigmatization of survivors of sexual violence deters reporting and disclosure, which in turn limits survivors' access to justice, medical care, and psychosocial support. The absence of justice reinforces impunity, which itself signals to perpetrators that sexual violence carries no legal consequence, and thereby enabling its continued use as a tactic of war and conflict. Conversely, access to justice, when genuinely survivor-centered and stigma-sensitive, can serve as a mechanism of rehabilitation and social reintegration by affirming survivors' dignity and asserting the legal wrongfulness of the violence perpetrated against them.[41]

At the institutional level, the relationship between stigma and justice reveals structural failures in institutional design. Justice institutions, such as police, prosecutors, courts, that operate without survivor-centered protocols, adequate confidentiality safeguards, or mechanisms to screen out victim-blaming attitudes do not merely fail to protect survivors from secondary victimization: they actively produce it. The justice system becomes, in effect, a secondary site of harm. This

[40] Gebremeskel Hailu Weldemariam and others, 'Rape Survivors' Experience in Tigray: A Qualitative Study' (2023) 23 BMC Women's Health 343, s 4 (noting that survivors who became pregnant as a result of rape, those infected with sexually transmitted diseases, and those publicly identified as victims faced heightened risks of rejection and trauma, illustrating the compounding nature of intersecting vulnerabilities).

[41] UN Secretary-General, Guidance Note on Reparations for Conflict-Related Sexual Violence (June 2014) 3; Physicians for Human Rights, Broken Promises: Conflict-Related Sexual Violence Before and After the Cessation of Hostilities Agreement in Tigray, Ethiopia (PHR 2023) https://phr.org/our-work/resources/medical-records-sexual-violence-tigray-ethiopia/ accessed 25 March 2026.

institutional dimension of the stigma-justice relationship is central to the identification of legal and institutional gaps in Section Seven and to the mapping of strategic litigation opportunities in Section Eight.[42]

At the societal level, the relationship between stigma and accountability reveals the socially constructed nature of the burden of shame in the aftermath of sexual violence. As the UN Special Adviser on the Prevention of Genocide has observed, the logic of deploying sexual violence as a weapon of war is premised precisely on the certainty that stigma will redirect responsibility from perpetrators to survivors: aggressors understand that the crime attacks individual and collective identity and that its social consequences — stigmatization, silence, and shame — will reinforce their impunity. Effective accountability mechanisms must therefore address not only criminal liability for the primary acts of violence but also the structural conditions that enable secondary victimization to perpetuate the harm inflicted by those acts.[43]

This three-level understanding of the stigma-justice-accountability relationship informs both the situational analysis (Sections Five and Six) and the identification of strategic litigation pathways (Section Eight). It grounds the argument that legal interventions targeting secondary victimization are not merely ancillary to the broader accountability agenda but are a constitutive and indispensable component of it: accountability for CRSV in Tigray cannot be complete if the structural conditions enabling the continued social persecution of survivors are left unaddressed.

2.3 Integration of the Frameworks and their Application to the Study

The three theoretical dimensions described above are not merely additive: they are mutually reinforcing and operate in an integrated manner throughout the analytical sections of this report. The socio-legal approach provides the methodological architecture within which the analysis of legal norms, institutional practices, and social dynamics is conducted. The intersectionality framework ensures that this analysis attends to the compound vulnerabilities of survivors and identifies the inadequacies of legal frameworks that address gender in isolation from ethnicity, class, and other dimensions of identity. The stigma-justice-accountability framework provides the theoretical lens through which the structural relationship between secondary victimization and the broader accountability agenda is understood and articulated.

In practical terms, these frameworks shape the study's analytical operations in the following ways. In Section Four, the normative legal analysis employs both doctrinal methods and an intersectional lens to assess whether existing legal frameworks are adequate to address the compounded vulnerabilities of survivors of CRSV in Tigray. In Section Five, the situational

[42] OHCHR and UN Action against Sexual Violence in Conflict, Strategic Litigation for Sexual and Gender-Based Violence: Lessons Learned (OHCHR 2021) 8–12 https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2021/11/report/strategic-litigation-for-sexual-and-gender-based-violence-lessons-learned-2/OHCHR-StrategicLitigationforSV-workshopreport-web.pdf accessed 25 March 2026.
[43] UN Security Council, 7878th Meeting (SC/12819, 23 February 2017) (Statement of Adama Dieng); ICRC (n 30).

analysis draws on Goffman's theorization of stigma and the intersectionality framework to examine the specific forms of stigmatization experienced by survivors and the socio-cultural dynamics that generate and sustain them. In Section Six, the analysis of institutional responses is informed by the socio-legal insight that legal norms and institutional practice frequently diverge, and by the stigma-justice framework's identification of institutional systems as potential sites of secondary harm. In Sections Seven and Eight, the integrated framework generates both the identification of legal and institutional gaps and the development of strategic litigation arguments designed to address them.

Taken together, the conceptual definitions and theoretical frameworks established in this section provide the analytical foundation upon which all subsequent sections of the research report are constructed. They ensure that the analysis is not merely descriptive of the harms suffered by survivors but is oriented towards the identification of concrete legal interventions and advocacy strategies capable of reducing those harms and strengthening the structural protection of survivors of conflict-related sexual violence in Tigray.

SECTION THREE
METHODOLOGY

Introduction

The present section sets out the methodological architecture of the Legal and Situational Analysis, explaining the research design and analytical approach, the situational analysis framework, the data collection methods employed, the composition and profile of the research participants, and the ethical and survivor-centered principles that governed all phases of the research. The methodological choices described here are not merely procedural: they reflect a deliberate alignment between the objectives of the study, its theoretical framework, and the practical and ethical constraints of conducting research on a highly sensitive subject in a fragile post-conflict setting. Each methodological decision is accordingly justified with reference to both the specific requirements of this study and the broader scholarship on research methodology in contexts involving survivors of sexual violence.

3.1 Research Design and Analytical Approach

This study adopts a qualitative socio-legal research design that integrates three complementary analytical dimensions: normative legal analysis, empirical situational assessment, and strategic litigation-oriented inquiry. The decision to employ a qualitative rather than quantitative design reflects the nature of the research questions being addressed. The study does not seek to measure the incidence or prevalence of secondary victimization in statistical terms, that task has been partially addressed by existing humanitarian assessments, but rather to understand the legal, institutional, and social dynamics that generate, sustain, and could be used to challenge such victimization. Qualitative research is the appropriate methodology for this purpose, given its capacity to generate contextually grounded, analytically rich, and normatively meaningful insights into complex social and legal phenomena.[44]

The socio-legal research approach, as elaborated in Section Two, is specifically suited to the analytical purposes of this study because it refuses the separation between law on paper and law in practice. As Hutchinson and Duncan have observed, doctrinal legal research, while indispensable, is a method designed to interrogate legal texts and doctrine in their own terms and cannot, standing alone, account for the gap between formal legal rules and the social conditions in which those rules operate.[45] In the present context, the formal legal framework of Ethiopia may

[44] John W Creswell and Cheryl N Poth, Qualitative Inquiry and Research Design: Choosing among Five Approaches (4th edn, SAGE 2018) 15–20. See also Yvonna S Lincoln and Egon G Guba, Naturalistic Inquiry (SAGE 1985) 39–43, which established the foundational criteria of trustworthiness — credibility, transferability, dependability, and confirmability — against which the quality of qualitative research is assessed.
[45] Terry C Hutchinson and Nigel Duncan, 'Defining and Describing What We Do: Doctrinal Legal Research' (2012) 17(1) Deakin Law Review 83, 85–88.

contain provisions relevant to the protection of survivors of sexual violence, yet survivors experience systematic secondary victimization in practice. Understanding this disjuncture, and identifying the legal, institutional, and social mechanisms through which it operates, requires methodological tools that extend beyond doctrinal analysis. The integration of empirical data collection and situational assessment into the research design serves precisely this purpose.

The analytical approach of the study is further oriented towards strategic litigation. This orientation does not compromise the objectivity of the analysis, the study does not approach its findings with a predetermined conclusion, but it does shape the research questions asked and the analytical lens through which findings are interpreted. Specifically, the study is designed to identify, through rigorous analysis, legal and institutional gaps that could form the basis of concrete legal interventions and advocacy strategies aimed at strengthening the protection of survivors from secondary victimization and stigmatization.[46]

3.2 Situational Analysis Framework

The situational analysis component of the study is structured around three interrelated dimensions that together provide a comprehensive picture of the conditions in which survivors of conflict-related sexual violence in Tigray experience secondary victimization. These dimensions are: institutional responses to survivors; community and social dynamics influencing the treatment of survivors; and access to justice and support services.

First, the institutional dimension examines how the justice sector (police, prosecutors, and courts), health institutions (including One Stop Centers), and administrative bodies interact with survivors of rape in practice. Particular analytical attention is directed at procedural practices that may contribute to re-traumatization or stigmatization, including the conduct of investigations, the management of evidentiary processes, the safeguarding of confidentiality, and the treatment of survivors by institutional actors. The primary data collected through key informant interviews, involving judges, prosecutors, police officers, health professionals, civil society representatives, and government officials operating across both Addis Ababa and the Tigray region, constitute the empirical foundation for this institutional analysis.

Second, the social and community dimension examines the norms, attitudes, and cultural perceptions that shape community responses to survivors of conflict-related sexual violence. This includes the role of gender norms, constructions of honor and shame, religious and community institutions, and family structures in either reinforcing or mitigating stigmatization. Evidence gathered through survivor consultations, including the accounts of three survivors and one

[46] Open Society Justice Initiative, Strategic Litigation Impacts: Insights from Global Experience (OSJI 2018) 5–9.

guardian who participated in this research, provides direct, first-person insight into the lived experience of stigmatization at the community and family levels.[47]

Third, the access dimension examines what legal assistance, medical care, psychosocial support, and protection mechanisms are available to survivors, and the structural and practical barriers that prevent or impede survivors from accessing them. This includes geographic barriers, economic constraints, institutional capacity limitations, and the effects of stigma-induced avoidance of formal reporting and service-seeking.

3.3 Data Collection Methods

The research employed three primary data collection methods: a systematic desk review of existing literature and documentation; a doctrinal analysis of relevant legal instruments, policies, and judicial decisions; and semi-structured key informant interviews and survivor consultations. These methods were designed to be mutually reinforcing and to enable methodological triangulation, the cross-validation of findings across multiple data sources to strengthen the credibility and dependability of the analysis.[48]

3.3.1 Desk Review and Literature Review

An extensive desk review was conducted of academic publications, human rights investigation reports, humanitarian assessments, institutional reports, and policy documents relating to conflict-related sexual violence, secondary victimization, stigmatization, and survivor protection in Ethiopia generally and the Tigray conflict in particular. The desk review drew on primary documentation produced by the Ethiopian Human Rights Commission, the Office of the UN High Commissioner for Human Rights, the International Commission of Human Rights Experts on Ethiopia, Amnesty International, Human Rights Watch, Physicians for Human Rights, the International Rescue Committee, UNFPA, the ICRC, and relevant academic literature in the fields of international human rights law, international humanitarian law, feminist legal theory, and socio-legal research on gender-based violence.[49]

The desk review served two principal functions. First, it established the empirical baseline for the situational analysis by mapping existing knowledge regarding the scale, nature, and consequences of conflict-related sexual violence in Tigray and the documented experiences of

[47] The survivor consultations conducted for this study are consistent with the framework recommended by the World Health Organization for ethical research with survivors of sexual violence, which prioritizes voluntary participation, free and informed consent, confidentiality, and the primacy of survivor safety: WHO, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women (WHO 2001) 8–12.

[48] On methodological triangulation in qualitative research, see Norman K Denzin, The Research Act: A Theoretical Introduction to Sociological Methods (3rd edn, Prentice-Hall 1989) 237–241. As Lincoln and Guba (n 1) 305–307 observe, triangulation is among the principal strategies for establishing the credibility of qualitative findings by reducing the risk that conclusions reflect only the idiosyncrasies of a single data source or method.

[49] The key sources consulted are cited throughout the substantive sections of this report. A full list of documents reviewed is provided in Annex IV.

survivors in accessing justice and support services. Second, it provided the analytical framework and evidentiary foundation for the legal analysis undertaken in Section Four, identifying the international, regional, and domestic legal standards against which Ethiopian law and institutional practice are assessed.

3.3.2 Legal Instruments and Doctrinal Analysis

A systematic doctrinal analysis of relevant legal instruments was undertaken in order to identify the normative framework governing the protection of survivors of sexual violence from secondary victimization. This analysis examined international human rights treaties ratified by Ethiopia, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, and the Convention Against Torture, as well as relevant instruments of international humanitarian law, the African Charter on Human and Peoples' Rights and the Maputo Protocol on Women's Rights, and the Ethiopian domestic legal framework, including the Federal Democratic Republic of Ethiopia Constitution (1995), the Federal Criminal Code (2004), the Criminal Procedure Code (1961), the Witness Protection Proclamation No 699/2010, and relevant institutional guidelines and standard operating procedures.[50]

The doctrinal analysis was conducted using classical methods of legal interpretation, examining the text of legal provisions, their legislative history where available, their interpretation by treaty monitoring bodies and courts, and their application in practice as reported by key informants and existing documentation. The analysis focused specifically on provisions relating to: the prohibition of discrimination and guarantee of equal protection; the right to dignity, privacy, and confidentiality; victim participation and protection in criminal proceedings; witness protection mechanisms; and remedies for secondary harm arising from institutional or community re-victimization.

3.3.3 Key Informant Interviews and Survivor Consultations

The primary empirical data for this study was collected through semi-structured key informant interviews and survivor consultations. Key informant interviews are a qualitative data collection method particularly well-suited to research contexts where the subject matter is complex, sensitive, or requires expert experiential knowledge that cannot be obtained through documentary sources alone.[51] In the present context, key informant interviews enabled the research team to access institutional knowledge, professional experience, and operational insights that are not captured in formal legal texts, policy documents, or published reports, including accounts of

[50] A complete list of the legal instruments analyzed is provided in Annex III.

[51] Manisha Pahwa, Alice Cavanagh and Meredith Vanstone, 'Key Informants in Applied Qualitative Health Research' (2023) 33(8) Qualitative Health Research 677, 679–681 https://journals.sagepub.com/doi/10.1177/10497323231198796 accessed 20 April 2026. The utility of key informant interviews for socio-legal research is discussed in Simon Halliday and Patrick Schmidt (eds), Conducting Law and Society Research: Reflections on Methods and Practices (CUP 2009) ch 5.

specific cases and practices that illustrate systemic patterns of secondary victimization in concrete institutional settings.

A total of seventeen (17) interviews and three (3) survivor consultations were conducted between 19 March 2026 and 9 April 2026. Twelve (12) interviews were conducted in Mekelle, Tigray region, and five (5) in Addis Ababa. In addition, consultations were held with three survivors of conflict-related sexual violence and one guardian of a survivor. The geographic distribution of interview, covering both the Tigray regional capital and the federal capital, was deliberate, as it enabled the research to capture both the specific dynamics of institutional response and survivor experience in the conflict-affected region and the federal-level legal and policy dimensions that frame those dynamics.

Table 3.1 Profile of the seventeen key informants and survivor consultations presented below:

ID	Respondent Type	Institution / Organization	Location	Date
01	Government official – Women & Children Rights Coordinator	Ethiopian Human Rights Commission (EHRC)	Addis Ababa	19 March 2026
02	Justice official – Federal Public Prosecutor	Justice Office, Yeka Sub-City Branch	Addis Ababa	26 March 2026
03	Justice official – Women & Children's Affairs Coordinator Judge	Federal First Instance Court, Yeka District	Addis Ababa	28 March 2026
04	Justice official – Federal Public Prosecutor (Women & Children)	Justice Office, Yeka Sub-City Branch	Addis Ababa	1 April 2026
05	Government official – Senior Legal Expert	Addis Ababa City Administration Women, Children & Social Affairs Bureau	Addis Ababa	3 April 2026
M-01	Justice official – Criminal Judge (Women & Children Specialist)	Mekelle High Court	Mekelle, Tigray	3 April 2026
M-02	NGO Representative – Regional Protection Manager	Moms for Moms NGO	Mekelle, Tigray	4 April 2026
M-03	NGO Representative – Protection Officer	GOAL Ethiopia	Mekelle, Tigray	6 April 2026
M-04	Justice official – Senior Judge	Mekelle High Court	Mekelle, Tigray	6 April 2026
M-05	Police officer – Investigating Officer (Female)	South Eastern Tigray Zone Police Commission	Tigray (via telephone)	9 April 2026

T-01	Government official – Deputy Bureau Head & Gender Expert	Bureau of Women Affairs, Tigray Region	Mekelle, Tigray	2 April 2026
T-02	Justice official – Deputy, Regional Justice Office	Regional Justice Office, Tigray	Mekelle, Tigray	28 March 2026
T-03	Health professional & CSO representative – OSC Nurse & CEO	Mulu Mesfin Charity Organization (MMC) / One Stop Centre	Mekelle, Tigray	30 March 2026
T-04	Health professional – One Stop Centre Coordinator	Ayder One Stop Centre (Ayder Comprehensive Specialized Hospital)	Mekelle, Tigray	29 March 2026
T-05	Justice official – Regional Public Prosecutor & GBV Focal Person	Regional Justice Bureau, Tigray	Mekelle, Tigray	26 March 2026
S-I–III	Survivor consultations (3 survivors)	Tigray region (locations withheld for safety)	Mekelle, Tigray	March–April 2026
G-I	Guardian of survivor	Tigray region (location withheld for safety)	Mekelle, Tigray	March–April 2026

Table 3.1: Profile of Key Informants and Survivor Consultations

The selection of key informants was guided by a purposive sampling strategy designed to ensure that the interview sample encompassed actors from across the full spectrum of institutions involved in responding to survivors of sexual violence: the justice sector, health and psychosocial services, civil society and humanitarian organizations, and government administrative bodies with mandates relevant to gender-based violence. The sample accordingly included judges from both Mekelle High Court and the Federal First Instance Court in Addis Ababa; prosecutors from the Regional Justice Bureau in Tigray and the federal-level Justice Office in Addis Ababa; a female investigating police officer from South Eastern Tigray Zone; coordinators and officials from the Ethiopian Human Rights Commission, the Bureau of Women Affairs (Tigray), the Addis Ababa Women, Children and Social Affairs Bureau, One Stop Center at Ayder Comprehensive Hospital and Mulu Mesfin Charity Organization; and protection officers from GOAL Ethiopia and Moms for Moms NGO.[52]

In addition to the key informant interviews, survivor consultations were conducted with three women who survived conflict-related sexual violence during the Tigray war and one guardian of a minor survivor. These consultations were conducted in strict accordance with the ethical protocols described in section 3.4 below and were designed to capture the lived experience of

[52] On purposive sampling in qualitative research on gender-based violence, see M Ellsberg and L Heise, Researching Violence Against Women: A Practical Guide for Researchers and Activists (WHO and PATH 2005) 67–71. Purposive sampling is appropriate where the aim is to select participants who can provide information-rich accounts of the phenomenon under study, rather than to achieve statistical representativeness.

stigmatization and secondary victimization from the perspective of survivors themselves, an analytical dimension that cannot be substituted by expert testimony or documentary sources. The survivor consultations are accordingly treated as a distinct and primary source of empirical evidence in the situational analysis presented in Section Five, with all identifying information anonymized and withheld in the final report.

In doing so, interviews were conducted using a semi-structured format, guided by a pre-designed interview guide that was organized around six thematic areas aligned with the research questions: the institutional role of the respondent's organization in addressing sexual violence; the experiences of survivors within institutional processes; practices and examples of secondary victimization; institutional protection mechanisms; legal and institutional gaps; and the relevance of the respondent's experience to strategic litigation. The semi-structured format allowed for consistency across interviews while preserving the flexibility for respondents to elaborate on themes of particular relevance to their institutional experience.[53]

Interviews ranged in duration from seven minutes to one hour and five minutes, reflecting variation in respondents' availability and the depth of their institutional engagement with the subject matter. Fourteen interviews were conducted in-person, one via telephone (the South Eastern Tigray Zone police officer, due to geographic access constraints), and all were conducted in Amharic, Tigrigna, or English as appropriate to the respondent's preference, with interpretation provided where needed. Interview notes and recordings were transcribed and systematically organized using the standardized recording and note-taking template developed for the research.

3.4 Data Analysis Approach

The data collected through the desk review, doctrinal analysis, and key informant interviews was analysed using thematic analysis, a qualitative analytical method that involves the systematic identification, organization, and interpretation of patterns of meaning, themes, across a data set.[54] The thematic analysis proceeded through several iterative stages: familiarization with the data through repeated reading of interview transcripts and notes; generation of initial codes capturing the salient features of each data extract; clustering of codes into candidate themes; review and refinement of themes against the full data set; and definition and naming of final themes in terms of their analytical significance for the research questions.

[53] The interview guide used in this study is reproduced in Annex II. The semi-structured interview format follows the approach recommended in Ellsberg and Heise (n 5) 73–77 for research on gender-based violence, which emphasizes the importance of open-ended questions that allow respondents to describe their experiences in their own terms rather than being confined to researcher-defined categories.

[54] Virginia Braun and Victoria Clarke, 'Using Thematic Analysis in Psychology' (2006) 14(2) Qualitative Research in Psychology 77, 79–85. Thematic analysis is widely used in socio-legal research on gender-based violence: see eg Patricia Easteal and others, 'How Are Women Who Kill Portrayed in Newspaper Media?' (2015) 45 Women's Studies International Forum 1.

The themes generated through this process were organized around the three analytical dimensions of the situational analysis framework described in section 3.2: institutional responses, social and community dynamics, and access to justice and support services. These themes are reported in Sections Five and Six, with interview data presented in anonymized form and integrated with findings from the desk review and legal analysis to produce a triangulated and analytically comprehensive account.

The trustworthiness of the qualitative findings was ensured through four strategies derived from the Lincoln and Guba framework.[55] Among others, credibility was established through methodological triangulation across multiple data sources and methods, prolonged engagement with the subject matter through the comprehensive desk review, and member-checking of key findings with selected informants. Transferability was also addressed through thick description of the research context and the specific institutional and social settings in which data was collected, enabling readers to assess the applicability of findings to analogous contexts. Moreover, dependability was ensured through the maintenance of a detailed methodological audit trail, including the standardized interview template, the consistent application of the thematic analysis protocol, and the systematic documentation of all data collection and analysis decisions. Confirmability was achieved through the grounding of all analytical claims in specific and verifiable data from the interview transcripts and documentary sources, with evidence presented in the substantive sections of the report.

3.5 Ethical and Survivor-Centered Research Principles

Research involving survivors of sexual violence demands the highest standards of ethical conduct. The risk that participation in research may itself constitute a source of re-traumatization, what the scholarship terms symbolic violence in the research encounter, requires that the methodological design build survivor safety and dignity into every stage of the research process.[56] The present study accordingly followed the internationally recognized ethical guidelines for research on gender-based violence developed by the World Health Organization, which emphasize six core principles: the safety of participants; confidentiality; the right to informed and voluntary participation; non-discrimination in the treatment of participants; access to referral and support services; and the employment of trained and gender-sensitive researchers.[57]

These principles were operationalized in the following specific ways throughout the research process. Voluntary participation and informed consent in which all participants, both key informants and survivors, were fully informed about the purpose of the research, the nature of their

[55] Lincoln and Guba (n 44) 289–331.

[56] Alice Malpass, Katrina Sales and Gene Feder, 'Reducing Symbolic Violence in the Research Encounter: Collaborating with a Survivor of Domestic Abuse in a Qualitative Study in UK Primary Care' (2016) 38(3) Sociology of Health and Illness 442, 443–445.

[57] WHO, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women (WHO 2001) 8–12. These guidelines were subsequently elaborated and extended in M Ellsberg and L Heise (n 5).

participation, their right to decline to answer any question, and their right to withdraw from the interview at any time without consequence. Informed consent was obtained prior to each interview. Consistent with best practice in survivor-centered research, survivors were never coerced or pressured to participate and were afforded the opportunity to choose the location, timing, and format of their consultation.[58]

In terms of confidentiality and anonymization, all information collected through interviews and consultations has been fully anonymized in the final report. Identifying details, including names, specific institutional positions, and geographic identifiers that could lead to the identification of individual participants, have been withheld or rendered generic. Survivor consultations are identified only by alphanumeric codes (S-I, S-II, S-III) in the report. Interview data was stored securely and was accessible only to authorized members of the research team. The coding systems applied to participants' identities in the interview documentation are consistent with the confidentiality protocols applied by the institutional actors interviewed, including the EHRC, the Addis Ababa Women, Children and Social Affairs Bureau, and the One Stop Center, in their own case management systems.

In light of minimization of re-traumatization, the research team applied a trauma-informed approach to all interactions with survivors. Interview guides for survivor consultations were carefully designed to avoid questions requiring detailed re-narration of the primary violence. Consistent with the guidance of the ICRC and the World Health Organization, survivor consultations were not designed to elicit forensic or evidentiary accounts of the violence but rather to understand the experience of stigmatization and secondary victimization and the barriers encountered in accessing justice and support services. Field researchers were given specific guidance on recognizing signs of distress and on de-escalating interviews in which participants showed signs of re-traumatization.[59]

Furthermore, arrangements were made under referral and support in advance to ensure that participants who experienced distress during or following their participation in the research could be referred to appropriate psychosocial support services. Field researchers were provided with a referral pathway to relevant support organizations, including the One Stop Center at Ayder Comprehensive Hospital and partner civil society organizations in Mekelle and Addis Ababa.

Finally, do no harm in which all research activities were guided by the foundational ethical principle of doing no harm. This included a careful assessment, before each interview or

[58] On the meaning of voluntary and informed consent in research with survivors of sexual violence, see R Jewkes, L Watts, N Abrahams, L Penn-Kekana and C Garcia-Moreno, 'Ethical and Methodological Issues in Conducting Research on Gender-Based Violence in Sub-Saharan Africa' (2000) 55(2) Acta Tropica 197, 199–201.
[59] ICRC, 'Responding to Needs of Victims of Sexual Violence' (ICRC 2019); WHO (n 9) 10–12. The trauma-informed approach is consistent with the principle described by Moms for Moms NGO (Interview M-02) as ensuring that 'provision of services is based on free consent of the beneficiary' and that 'coercing the survivors to make medical check up even for their good is strictly forbidden.'

consultation, of whether participation could expose the participant to any risk of social harm, retaliation, or identification. Where any such risk was identified, the research team took appropriate measures to mitigate it, including by adjusting the location or format of the interview, restricting the scope of questions, or declining to proceed with a particular consultation.[60]

3.6 Scope, Limitations, and Mitigation Measures

The research acknowledges several methodological limitations inherent to the context in which it was conducted. These limitations are disclosed transparently, together with the measures taken to mitigate their impact on the validity and comprehensiveness of the findings.

First, access constraints**.** The ongoing security situation in parts of Tigray and residual access restrictions in certain zones of the region meant that field-level data collection could not be conducted uniformly across the entire conflict-affected area. The Mekelle-based interviews provide a strong evidence base for institutional and social dynamics in the regional capital, but do not capture conditions in more remote districts where access to justice and support services may be significantly more limited. This limitation is partially mitigated by reliance on published assessments by organizations with broader geographic reach, including Physicians for Human Rights, the IRC, and UNFPA, which are integrated into the situational analysis.

Second, respondent self-presentation bias. Several institutional respondents, notably the police officer from South Eastern Tigray Zone (Interview M-05) and the Federal First Instance Court judge (Interview 03), presented their institutions' practices in primarily positive terms and expressed limited awareness of secondary victimization within their own institutions. This pattern of response, which is common in research involving institutional actors, was identified and accounted for in the analysis by cross-referencing institutional self-reports against the accounts of other informants, survivor consultations, and existing documentation. Discrepancies between institutional self-presentation and evidence from other sources are explicitly noted in the analysis.[61]

Third, limited survivor participation. For reasons rooted in the very phenomenon this study examines, the pervasive stigmatization and fear of secondary victimization that deter survivors from disclosure, only three survivors and one guardian directly participated in the research. This number, while limited, is not unusual in research of this nature conducted in post-conflict settings where survivors face severe social and security risks from participation. The accounts of the three survivors who did participate are rich, detailed, and internally consistent, and are corroborated by

[60] The 'do no harm' principle as applied in humanitarian and research contexts is discussed in Mary B Anderson, Do No Harm: How Aid Can Support Peace or War (Lynne Rienner 1999) ch 1. Its application to research with survivors of sexual violence is described in Ellsberg and Heise (n 5) 59–63.

[61] On social desirability bias in interviews with institutional actors, see Jennifer Mason, Qualitative Researching (2nd edn, SAGE 2002) 66–69. The research team applied reflexive analysis to identify and account for this bias throughout the data analysis process.

the accounts of the expert key informants. The limitation is further mitigated by the study's deliberate methodological design, which does not purport to be a survivor testimony study but rather a legal and situational analysis grounded in expert institutional knowledge, and by its reliance on existing published survivor accounts, including those documented by Amnesty International, Physicians for Human Rights, and the EHRC/OHCHR Joint Investigation Team.

Fourth, temporal scope. The research was conducted within a compressed timeframe between February and May 2026. While this timeframe enabled the collection of timely and contemporaneously relevant data, it necessarily limited the scope for extended engagement with individual respondents or for multiple rounds of data collection and validation. The methodological triangulation strategy described above, combining interview data with documentary review and legal analysis, is the principal measure taken to ensure the analytical depth and reliability of findings notwithstanding this constraint.

SECTION FOUR
LEGAL AND NORMATIVE FRAMEWORK FOR THE PROTECTION OF SURVIVORS FROM SECONDARY VICTIMIZATION

Introduction

The protection of survivors of conflict-related sexual violence from secondary victimization is grounded in a multi-layered normative framework that spans international human rights law, international humanitarian law, African regional human rights standards, and the domestic law of the Federal Democratic Republic of Ethiopia. This section systematically analyses each of these layers, identifying the specific legal obligations they impose on the Ethiopian state, assessing the extent to which those obligations address the phenomenon of secondary victimization, and evaluating the adequacy and coherence of the framework as a whole. The analysis draws on primary legal instruments, treaty body jurisprudence, and the findings of the key informant interviews conducted for this study, which reveal a persistent and analytically significant gap between formal legal guarantees and the lived experience of survivors in practice.

4.1 International Human Rights Law

International human rights law constitutes the primary normative foundation for the protection of survivors of sexual violence, including from secondary victimization. Ethiopia has ratified the principal international human rights instruments and is therefore bound by the obligations they generate. Article 9(4) of the Constitution of the Federal Democratic Republic of Ethiopia (FDRE Constitution, 1995) provides that all international agreements ratified by Ethiopia are an integral part of the law of the land, while Article 13(2) requires that all fundamental rights and freedoms be interpreted in a manner conforming to the Universal Declaration of Human Rights, the International Covenants on Human Rights, and other international instruments adopted by Ethiopia.[62]

4.1.1 The International Covenant on Civil and Political Rights

Ethiopia acceded to the International Covenant on Civil and Political Rights (ICCPR) in 1993. The ICCPR generates several obligations directly relevant to the protection of survivors of sexual violence from secondary victimization. Article 7 prohibits torture and cruel, inhuman, or degrading treatment or punishment. The UN Human Rights Committee, in its General Comment No 20, has confirmed that this prohibition extends to acts of rape and sexual violence, and that the

[62] Constitution of the Federal Democratic Republic of Ethiopia, Proclamation No 1/1995, arts 9(4), 13(2). The FDRE Constitution was adopted on 8 December 1994 and entered into force on 21 August 1995. It is the supreme law of the Federal Democratic Republic of Ethiopia: art 9(1).

state has a positive obligation to protect individuals against such treatment by private actors.[63] Article 17 of the ICCPR prohibits arbitrary or unlawful interference with privacy. This provision is directly applicable to the institutional disclosure of survivors' identities and case information during investigations and judicial proceedings, a pattern of secondary victimization documented in this research, including through the account of the Regional Justice Office (Interview T-02), who noted that survivor files were kept openly on tables and boxes due to a lack of file cabinets, and the Ayder One Stop Center coordinator (Interview T-04), who described the public delivery of services and failure to handle cases in closed sessions.[64]

Article 26 of the ICCPR guarantees equality before the law and equal protection without discrimination, including on grounds of sex. The Human Rights Committee has interpreted this provision to encompass the obligation to address discrimination embedded in institutional practices, including victim-blaming treatment of survivors of sexual violence by justice sector actors. Article 14(1) guarantees the right to a fair and public hearing before a competent, independent, and impartial tribunal, while preserving the power of courts to exclude the press and public from proceedings where the interests of the private lives of the parties so require, a provision of direct relevance to the in-camera hearing of sexual violence cases identified as both a legal safeguard and, in practice, a protection frequently not exercised by Tigray courts, as reported by the Regional Public Prosecutor (Interview T-05).[65]

4.1.2 CEDAW and its General Recommendations

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the most comprehensive international human rights instrument addressing gender-based violence against women. Ethiopia ratified CEDAW in 1981 without reservation. CEDAW does not on its face address sexual violence explicitly, but the CEDAW Committee has progressively expanded the treaty's scope through its General Recommendations. General Recommendation No 19 (1992) established that gender-based violence, including rape, sexual abuse, and sexual harassment, constitutes discrimination within the meaning of Article 1 of CEDAW and that states are required to take all appropriate measures to eliminate it, whether

[63] International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR). Ethiopia acceded to the ICCPR on 11 June 1993. UN Human Rights Committee, General Comment No 20: Article 7 (Prohibition of Torture, or Other Cruel, Inhuman or Degrading Treatment or Punishment) (10 March 1992) UN Doc HRI/GEN/1/Rev.1.

[64] ICCPR art 17; UN Human Rights Committee, General Comment No 16: Article 17 (Right to Privacy) (8 April 1988) UN Doc HRI/GEN/1/Rev.1, para 10 (stating that the gathering and holding of personal information on computers, data banks and other devices must be regulated by law, with effective measures adopted to ensure data security).

[65] ICCPR arts 14(1), 26. The Human Rights Committee confirmed in Toonen v Australia (Communication No 488/1992, CCPR/C/50/D/488/1992, 31 March 1994) para 8.7 that art 26 prohibits discrimination based on sexual characteristics. On the obligation to provide in-camera proceedings for sexual violence cases, see UN Human Rights Committee, Concluding Observations on Ethiopia (UN Doc CCPR/C/ETH/CO/1, 2011).

perpetrated by state or non-state actors.[66] General Recommendation No 35 (2017), updating General Recommendation No 19, further clarified that gender-based violence against women is a manifestation of historically unequal power relations and that states bear responsibility under CEDAW not only for violence committed by state actors but also for private acts where the state fails to act with due diligence to prevent, investigate, prosecute, punish, and provide reparation for such violence. The recommendation explicitly calls on states to repeal laws and policies that condone, excuse, or facilitate gender-based violence, and to eliminate gender-based myths and stereotypes in legal and institutional processes.[67]

Of particular relevance to the present study is the CEDAW Committee's landmark decision in *Karen Tayag Vertido v Philippines* (2010), in which the Committee held that the State Court's reliance on gender-based myths and stereotypes about rape and rape victims in adjudicating a sexual violence case constituted a violation of Articles 2(c), 2(f), and 5(a) of CEDAW and amounted to re-victimization. The Committee stressed that there should be no assumption in law or practice that a woman gives consent where she has not physically resisted unwanted sexual conduct.[68] The pattern of institutional victim-blaming documented in the present study, including police officers suggesting to survivors that their dress contributed to the violence (Interview 01, EHRC coordinator), and health and police professionals characterizing rape as consensual (Interviews 04, T-03), constitutes precisely the type of discriminatory institutional conduct that the CEDAW Committee identified in *Vertido* as a violation of state obligations under the Convention.

The CEDAW Committee has also specifically and repeatedly criticized Ethiopia for the absence of comprehensive gender-based violence legislation. In its 2011 and 2019 Concluding Observations on Ethiopia, the Committee expressed serious concerns about the absence of a specific law addressing all forms of gender-based violence, the failure to criminalize marital rape, and the persistence of harmful traditional practices. In 2019, the Committee urged Ethiopia to adopt a national strategy on violence against women, to strengthen investigation and prosecution mechanisms, and to ensure that survivors have access to adequate legal aid, medical assistance, and psychosocial support.[69]

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[66] Convention on the Elimination of All Forms of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 (CEDAW). Ethiopia ratified on 10 September 1981. CEDAW Committee, General Recommendation No 19: Violence Against Women (11th session, 1992) UN Doc A/47/38.

[67] CEDAW Committee, General Recommendation No 35: Gender-Based Violence Against Women, updating General Recommendation No 19 (14 July 2017) UN Doc CEDAW/C/GC/35, paras 24–29.

[68] CEDAW Committee, Karen Tayag Vertido v The Philippines (Communication No 18/2008, CEDAW/C/46/D/18/2008, 16 July 2010) paras 8.4–8.9. The decision is significant because it establishes that discriminatory judicial reasoning in sexual violence cases constitutes state responsibility under CEDAW, independently of the outcome of the proceedings.

[69] CEDAW Committee, Concluding Observations on the Combined Sixth and Seventh Periodic Reports of Ethiopia (UN Doc CEDAW/C/ETH/CO/6-7, November 2019) paras 22–25; CEDAW Committee, Concluding Observations on the Combined Fourth and Fifth Periodic Reports of Ethiopia (UN Doc CEDAW/C/ETH/CO/6-7, 27 July 2011) paras 21–22. These observations are directly corroborated by the findings of this study, in which all key informants from the justice sector consistently identified the absence of a comprehensive GBV law as a principal legal gap.

4.1.3 The Convention Against Torture and Cruel, Inhuman or Degrading Treatment

Ethiopia ratified the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) in 1994. The CAT generates obligations both to prevent primary torture and ill-treatment and to ensure that victims have access to redress and rehabilitation. Article 14 of the CAT specifically requires state parties to ensure that victims of torture obtain redress and have an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. The UN Committee Against Torture, in its General Comment No 3 (2012), has confirmed that this obligation extends to victims of sexual and gender-based violence that rises to the level of torture or cruel, inhuman, or degrading treatment.[70] Significantly, the Committee Against Torture has held that rape and other acts of sexual violence can constitute torture within the meaning of the CAT when committed by or with the acquiescence of state agents, and that the failure to investigate and prosecute such acts may itself constitute a violation of Article 16 of the CAT, which prohibits cruel, inhuman, or degrading treatment. In the Tigray context, the documentation of rape and sexual violence by the ENDF and allied forces, as confirmed by the EHRC/OHCHR Joint Investigation Report, engages the full scope of Ethiopia's obligations under the CAT, including the obligation to provide effective rehabilitation for survivors.[71]

4.1.4 UN Security Council Resolutions on Women, Peace and Security

The UN Security Council Women, Peace and Security (WPS) framework, established by Resolution 1325 (2000) and elaborated through a series of subsequent resolutions, creates a robust set of obligations directly applicable to the Tigray context. Resolution 1325 (2000) calls on member states to adopt measures that ensure the protection and respect for human rights of women and girls during and after armed conflict, including special measures to protect women and girls from gender-based violence, and to give special attention to women in the design of repatriation, resettlement, rehabilitation, reintegration, and post-conflict reconstruction processes.[72]

Resolution 1820 (2008) explicitly recognized sexual violence as a tactic of war and a threat to international peace and security, and demanded that parties to armed conflict take appropriate measures to protect civilians from sexual violence, including training troops and enforcing disciplinary measures. Resolution 2106 (2013) strengthened accountability obligations, stressing the importance of ending impunity for perpetrators of sexual violence in conflict. Most

[70] Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (adopted 10 December 1984, entered into force 26 June 1987) 1465 UNTS 85 (CAT), art 14. Ethiopia acceded to the CAT on 14 March 1994. UN Committee Against Torture, General Comment No 3: Implementation of Article 14 by States Parties (19 November 2012) UN Doc CAT/C/GC/3, para 22.

[71] UN Committee Against Torture, General Comment No 3 (n 5) paras 1–3; EHRC and OHCHR, Joint Investigation (n 3 to Ch 1) 51–59. The Inter-American Court of Human Rights has similarly held that rape committed by state agents constitutes torture under international law: Ramirez-Escobar v Guatemala [2018] IACHR Series C No 351, para 242.

[72] UN Security Council Resolution 1325 (2000) UN Doc S/RES/1325, operative paras 8(b), 10, 11. The WPS framework currently comprises ten resolutions: 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013), 2242 (2015), 2467 (2019), and 2493 (2019).

significantly for the purposes of the present study, Resolution 2467 (2019), the most comprehensive and survivor-centered instrument in the WPS framework, calls on member states to ensure full and meaningful participation of survivors at all stages of transitional justice processes, to address the needs of children born of conflict-related sexual violence, to ensure that survivors have access to non-discriminatory justice, and to adopt measures that prevent stigmatization and protect the dignity and privacy of survivors throughout judicial and non-judicial processes.[73]

4.2 International Humanitarian Law

International humanitarian law (IHL) constitutes the second normative pillar of the protection framework applicable to the Tigray context. The Tigray armed conflict, as a non-international armed conflict involving the federal government and regional and Eritrean forces, is governed primarily by Common Article 3 of the Geneva Conventions of 1949 and Protocol Additional II of 1977 (AP II), to which Ethiopia is a state party. Ethiopia has also ratified Protocol Additional I of 1977 (AP I).[74]

Common Article 3 prohibits at any time and in any place the commission of violence to life and person, cruel treatment, and outrages upon personal dignity, in particular humiliating and degrading treatment, against persons taking no active part in hostilities. The ICRC's authoritative analysis of customary IHL (Rule 90) confirms that the prohibition of outrages upon personal dignity encompasses rape and other forms of sexual violence as a matter of customary international law applicable in both international and non-international armed conflicts.[75]

Article 27 of the Fourth Geneva Convention specifically provides that women shall be especially protected against any attack on their honor, in particular against rape, enforced prostitution, or any form of indecent assault. AP II, Article 4(2)(e) prohibits, as a fundamental guarantee applicable at all times, outrages upon personal dignity including rape, enforced prostitution, and any form of indecent assault. AP I, Article 75(2)(b) contains an equivalent prohibition applicable in international armed conflicts.[76]

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[73] UN Security Council Resolution 1820 (2008) UN Doc S/RES/1820, operative para 3; Resolution 2106 (2013) UN Doc S/RES/2106, operative para 1; Resolution 2467 (2019) UN Doc S/RES/2467, operative paras 15–17, 19–20. Resolution 2467 is particularly notable for its explicit recognition of children born of conflict-related sexual violence — a group represented in this study by the experiences of Survivors I and III, whose children born of rape-induced pregnancy were subjected to family rejection, domestic violence, and community stigmatization.

[74] Ethiopia ratified the Geneva Conventions on 2 October 1969, AP I on 8 April 1994, and AP II on 8 April 1994. The characterization of the Tigray conflict as a non-international armed conflict is consistent with the analysis of the EHRC/OHCHR JIT and the ICHREE: see ICHREE, Comprehensive Report (n 7 to Ch 1) para 11.

[75] Geneva Convention Relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention) (adopted 12 August 1949, entered into force 21 October 1950) 75 UNTS 287, Common Article 3(1)(c). Jean-Marie Henckaerts and Louise Doswald-Beck (eds), Customary International Humanitarian Law, vol I: Rules (ICRC and CUP 2005) Rule 90 (Torture and Cruel, Inhuman or Degrading Treatment), 315–317.

[76] Fourth Geneva Convention art 27; Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II) (adopted 8 June 1977, entered into

IHL obligations are not confined to the period of hostilities. The ICRC has consistently affirmed that states bear continuing obligations under IHL to investigate and prosecute violations of IHL committed during armed conflict, to ensure that survivors have access to appropriate care and support, and to take measures to prevent the continuation of harm to survivors in the post-conflict period. In the Tigray context, these obligations require Ethiopia to address the secondary victimization of survivors as a continuing consequence of the violations documented during the conflict — not merely as a transitional justice concern but as a live obligation under IHL.[77]

4.3 African Regional Human Rights Framework

4.3.1 The African Charter on Human and Peoples' Rights

Ethiopia ratified the African Charter on Human and Peoples' Rights (African Charter) in 1998. The African Charter guarantees several rights relevant to the protection of survivors from secondary victimization. Article 4 protects the inviolability of the human person and prohibits torture, cruel, inhuman, or degrading punishment and treatment. Article 5 guarantees every individual the right to the respect of the dignity inherent in a human being and prohibits all forms of exploitation and degradation, including torture and cruel, inhuman, or degrading punishment and treatment. Article 2 prohibits discrimination on any grounds, including sex. Article 3 guarantees equality before the law.[17] Article 18(3) specifically provides that the state shall ensure the elimination of every discrimination against women and shall ensure the protection of the rights of women as stipulated in international declarations and conventions. This provision creates a direct treaty obligation to implement the standards of CEDAW and other international instruments, reinforcing the obligations identified in section 4.1 above.

4.3.2 The Maputo Protocol on Women's Rights

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) is the most comprehensive regional instrument addressing violence against women in Africa. Adopted in 2003 and entered into force in 2005, it was ratified by Ethiopia and represents a significant normative advance over both the African Charter and CEDAW in its explicit and detailed treatment of sexual violence and survivor protection.[78]

Article 4 of the Maputo Protocol is foundational. It requires states parties to take effective legislative and other measures to prevent, punish, and eradicate all forms of violence against

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force 7 December 1978) 1125 UNTS 609, art 4(2)(e); Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) (adopted 8 June 1977, entered into force 7 December 1978) 1125 UNTS 3, art 75(2)(b).

[77] ICRC, 'Responding to Sexual Violence' (ICRC) https://www.icrc.org/en/what-we-do/responding-sexual-violence accessed 20 April 2026; Henckaerts and Doswald-Beck (n 9) Rule 99 (Deprivation of Liberty), Rule 158 (Prosecution of War Crimes), 582–585.

[78] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (adopted 11 July 2003, entered into force 25 November 2005) (Maputo Protocol). Ethiopia ratified the Maputo Protocol on 25 October 2000.

women, including sexual violence. Article 4(2)(f) specifically obliges states to establish mechanisms and accessible services for effective information, rehabilitation, and reparation for victims of violence against women, while Article 4(2)(g) requires states to prevent and condemn trafficking in women and prosecute the perpetrators. Article 25 of the Maputo Protocol requires states to provide adequate remedies to women whose rights have been violated under the Protocol, including compensation for harm suffered.[79]

Article 11 of the Maputo Protocol addresses the specific context of armed conflict and creates particularly significant obligations in the Tigray context. It requires states to protect civilians, including women, in accordance with IHL, and specifically to protect women from all forms of sexual violence. Article 11(3) requires states to ensure that national laws prioritize the prosecution of perpetrators of sexual violence during armed conflict and that women victims have access to adequate support services including medical care, psychosocial support, legal assistance, and rehabilitation.[80]

4.4 Ethiopian Domestic Legal Framework

The domestic legal framework of the Federal Democratic Republic of Ethiopia contains several provisions relevant to the protection of survivors of sexual violence. This section undertakes a systematic analysis of the constitutional framework, criminal law provisions, procedural law safeguards, and institutional policies, assessing each against the international and regional standards described above. The analysis draws extensively on the findings of the key informant interviews conducted for this study, which reveal a substantial and analytically significant gap between the formal content of these provisions and their implementation in practice.

4.4.1 The FDRE Constitution: Foundational Rights Framework

The FDRE Constitution provides the supreme normative foundation of the Ethiopian legal order and contains several provisions of direct relevance to the protection of survivors. Article 24 guarantees every person the right to respect for their human dignity, reputation, and honor. Article 25 guarantees equality before the law and equal protection without discrimination on grounds of

[79] Maputo Protocol arts 4(2)(a), 4(2)(f), 4(2)(g), 25. As the African Law Matters commentary observes, although the Maputo Protocol text makes no explicit reference to 'due diligence', the obligation placed on member states to prevent and investigate all acts of violence against women, prosecute and punish perpetrators, rehabilitate, and offer reparations to survivors implies the due diligence obligation and can be expressly invoked: see 'The Maputo Protocol and Violence against Women in Africa' (African Law Matters, 25 August 2023) https://www.africanlawmatters.com/blog/fthe-maputo-protocol-and-violence-against-women-in-africa accessed 20 April 2026.

[80] Maputo Protocol art 11(1)–11(3). The requirements of art 11 are directly applicable to the Tigray conflict, in which the EHRC/OHCHR JIT and ICHREE documented widespread and systematic sexual violence committed against women and girls by all parties to the conflict.

sex, among others. Article 26 guarantees the right to privacy, protecting individuals from arbitrary interference with their personal communications and information.[81]

Article 35 of the FDRE Constitution, which is specifically titled 'Rights of Women', provides that women shall enjoy equal rights with men, that the state shall enforce the right of women to eliminate the influences of harmful customs, and that laws, customs, and practices that oppress or cause bodily or mental harm to women are prohibited. Article 35(4) is particularly significant: it expressly prohibits laws, customs, and practices that oppress or cause bodily or mental harm to women. Community practices of stigmatizing rape survivors and pressuring them into informal reconciliation with perpetrators, documented extensively in the interviews conducted for this study, fall squarely within the category of practices that Article 35(4) prohibits.[82]

The FDRE Constitution also requires, under Article 13(2), that these rights be interpreted in conformity with international human rights instruments, including CEDAW and the Maputo Protocol. This interpretive mandate creates a direct textual bridge between the international obligations identified in sections 4.1 and 4.3 above and the constitutional framework: domestic courts and institutions are legally required to apply constitutional rights in a manner consistent with these international standards. In practice, however, the application of CEDAW and the Maputo Protocol by Ethiopian justice institutions remains episodic and unsystematic, as confirmed by both the Federal First Instance Court judge (Interview 03) and the Mekelle High Court judges (Interviews M-01 and M-04), who reported applying international instruments 'in light of the country's capacity' rather than as binding legal obligations.[83]

4.4.2 The Federal Criminal Code: Sexual Violence Provisions

The Criminal Code of the Federal Democratic Republic of Ethiopia (2004) (Federal Criminal Code) contains several provisions criminalizing sexual violence. Article 620 defines and criminalizes rape as the compulsion of a woman to submit to sexual intercourse outside wedlock, whether by the use of violence or grave intimidation, or after having rendered her unconscious or incapable of resistance, and prescribes a punishment of rigorous imprisonment from five to fifteen years. Article 620(3) aggravates the punishment to life imprisonment where rape causes grave physical or mental injury or death. Articles 626 and 627 address statutory rape of minors, while Article 628 provides for aggravated penalties where the victim becomes pregnant, where a

[81] FDRE Constitution arts 24, 25, 26. Article 26 provides specifically: 'Everyone has the right to privacy. This right shall include the right not to be subjected to searches of his home, person or property, or the seizure of any property under his personal possession. Everyone has the legal right to the inviolability and confidentiality of '

[82] FDRE Constitution art 35(1)–35(4). Article 35(4) states: 'The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited.' The Senior Legal Expert at the Addis Ababa Women, Children and Social Affairs Bureau (Interview 05) confirmed that 'unethical negotiation' and community elders pressuring survivors to settle informally were among the most pervasive institutional and social barriers '

[83] FDRE Constitution art 13(2). A Review of Ethiopian Law from a Gender Perspective (UN Women Africa 2022) 12–15 notes that the absence of effective enforcement mechanisms undermines the rights and protections formally guaranteed to women under the Ethiopian constitutional framework.

communicable disease is transmitted, or where the victim is driven to suicide by distress, shame, or despair.[84]

Despite these provisions, the Federal Criminal Code contains significant gaps from the perspective of survivor protection. First, the Code does not contain provisions explicitly addressing the protection of survivors from disclosure of their identities, protection from stigmatization, or remedies for secondary victimization arising from community or institutional conduct. Second, the sentencing framework, while providing a range from five to fifteen years, does not specify minimum non-discretionary floors for the most serious acts of conflict-related sexual violence, creating the broad sentencing gap identified by multiple key informants, including the Deputy Head of the Tigray Bureau of Women Affairs (Interview T-01) and the Regional Public Prosecutor (Interview T-05).[85]

4.4.3 Criminal Procedure and Evidence: Confidentiality and In Camera Hearings

The 1961 Criminal Procedure Code (CPC), which is still in force pending the entry into operation of the 2026 Criminal Procedure and Evidence Code, provides limited procedural protections for survivors of sexual violence. Article 167 of the CPC authorizes courts to hear cases in camera where the public hearing of a case would be contrary to good morals or public order. This provision, while applicable to sexual violence cases, is couched in terms of public morality rather than survivor protection, and creates no mandatory obligation to conduct sexual violence proceedings in closed session.[86] The practical consequences of this gap are severe. The Mekelle High Court judge (Interview M-04) confirmed that the standard practice of in-camera proceedings was among the few safeguards available to survivors, but noted that judges and prosecutors lacking specialized expertise continued to ask survivors intrusive and retraumatizing questions such as ‘by how many people were you raped?’ during in-camera proceedings. The Regional Justice Office Deputy (Interview T-02) reported that in practice ‘neither the police, public prosecutor nor the court initiates the case to be handled in a closed session’, meaning that the legal authorization for in-camera proceedings was routinely not invoked.

The Witness Protection Proclamation No 699/2010 provides a legal framework for the protection of witnesses, including survivors who appear as witnesses in criminal proceedings. However, as the Federal Public Prosecutor (Interview 04) observed, the Proclamation is not

[84] Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No 414/2004, arts 620, 626–628. The Criminal Code entered into force on 9 May 2005. The criminalization of rape under art 620 applies only to acts committed 'outside wedlock', meaning marital rape is not criminalized under Ethiopian law — a lacuna specifically criticized by the CEDAW Committee in its 2019 Concluding Observations (n 6).

[85] Interview T-01 (Deputy Bureau Head, Bureau of Women Affairs, Tigray): 'broad sentence gap' identified as a principal legal gap. Interview T-05 (Regional Public Prosecutor, Tigray): 'insufficient punishment award to perpetrators' and the need to properly apply art 67 of the Criminal Procedure Code alongside art 63.

[86] Criminal Procedure Code of Ethiopia, Proclamation No 185/1961, art 167. The provision remains the primary procedural basis for in-camera hearings in sexual violence cases in Ethiopian courts. The draft Criminal Procedure and Evidence Code of 2013 contains more detailed provisions, but has not yet been officially enacted and published in the Negarit Gazeta.

practically applied in most sexual violence cases: prosecutors rely on ‘oral warnings’ when perpetrators threaten witnesses, rather than invoking the formal mechanisms of the Proclamation, because the ordinary legal process for doing so is ‘way too long.’ This practical non-application of the Proclamation constitutes an institutional failure directly contributing to secondary victimization through witness intimidation and retaliation.[87]

4.4.4 Institutional Guidelines and Standard Operating Procedures

In the absence of comprehensive legislation specifically addressing GBV, several institutional guidelines and standard operating procedures (SOPs) have been developed to regulate the handling of sexual violence cases. These include the Ministry of Justice ‘Handbook on the Investigation and Prosecution of Crimes Against Women and Children’ (issued June 2024), the National GBV Guideline on case management and service delivery, and recently adopted regional-level SOPs in Tigray. These instruments contain important survivor-centered provisions, including requirements for confidentiality, the use of coding systems for survivor identities, separate rooms for investigation, and referral pathways for survivors.[88]

However, the legal status of these guidelines is much weaker than legislation: they constitute soft law instruments whose application depends on the institutional capacity, training, and will of individual actors within each institution. The Regional Justice Office Deputy (Interview T-02) reported that there existed ‘soft laws developed in collaboration with NGOs which for budgetary constraints are not cascaded to every prosecutor.’ The Ayder One Stop Center coordinator (Interview T-04) confirmed that ‘the professionals in one stop center have taken training in the GBV guiding principles’ but that ‘in the justice delivering institution the training has not yet been cascaded sufficiently which disrupts the whole process of service delivery and healing of survivors.’ These findings reveal that institutional guidelines, however well-designed, cannot substitute for binding legal provisions and are inadequate as the primary vehicle for survivor protection in the absence of comprehensive GBV legislation.[89]

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[87] Witness Protection Proclamation No 699/2010, Federal Negarit Gazeta. Interview 04 (Federal Public Prosecutor, Addis Ababa): 'practically ' we help them to secure a spot in the one stop center, and change their address if staying becomes dangerous though not practical yet we have the witness protection proclamation No 699/2019.'

[88] Ministry of Justice, Handbook on the Investigation and Prosecution of Crimes Against Women and Children (June 2024), cited in Interview 02 (Federal Public Prosecutor, Addis Ababa). National GBV Guideline on GBV Case Management and Service Delivery in Development and Humanitarian Settings, cited in Interview 05 (Senior Legal Expert, Addis Ababa Women, Children and Social Affairs Bureau). Regional SOP on GBV, cited in Interviews T-04 (Ayder OSC Coordinator) and T-01 (Deputy Bureau Head, Bureau of Women Affairs, Tigray).

[89] Interview T-02 (Deputy, Regional Justice Office, Tigray); Interview T-04 (Coordinator, Ayder One Stop Centre). The EHRC coordinator (Interview 01) similarly identified the absence of a 'separate and comprehensive law addressing gender-based violence' as a primary legal gap, confirming that current legal frameworks lack the specificity and binding force required to consistently protect survivors from secondary victimization.

4.5 Assessment of the Adequacy and Coherence of the Legal Framework

The foregoing analysis reveals a legal framework that is formally extensive but substantively inadequate and institutionally incoherent in its protection of survivors of conflict-related sexual violence from secondary victimization. Several analytically significant conclusions emerge.

First, the normative gap between international obligations and domestic law is large and under-addressed. While Ethiopia is bound by comprehensive international and regional obligations under the ICCPR, CEDAW, the CAT, the UN Security Council WPS framework, the African Charter, and the Maputo Protocol, none of these instruments is reflected in a comprehensive domestic legislative framework specifically addressing GBV. The Federal Criminal Code criminalizes specific acts of sexual violence but does not address stigmatization, privacy violations, institutional re-victimization, or compensation for secondary harm. This gap was uniformly identified by all key informants from the justice sector as the most fundamental legal barrier to survivor protection.

Second, the procedural protections available to survivors are sparse, permissive rather than mandatory, and inconsistently applied. The in-camera hearing provision of the 1961 Criminal Procedure Code is couched in terms of public morality rather than survivor protection and creates no mandatory obligation. The Witness Protection Proclamation exists but is routinely not applied. The evidentiary framework, including the absence of hearsay evidence as a recognized primary source, creates particular difficulties in sexual violence cases where survivors are the primary — and often only — witnesses to the crime. The Federal First Instance Court judge (Interview 03) identified the exclusion of hearsay evidence as a significant procedural barrier, noting that 'it needs to be included as a primary source of evidence because in GBV cases as the victims are vulnerable ones it is way more helpful to adjudicate cases properly.'

Third, the absence of a comprehensive GBV law creates a fragmentation that undermines survivor protection at every level. Provisions relevant to GBV are scattered across the Criminal Code, the Criminal Procedure Code, the Witness Protection Proclamation, and a series of non-binding institutional guidelines, none of which comprehensively addresses the full spectrum of harms, from primary violence through institutional re-victimization to community stigmatization that survivors experience. All key informants from both Addis Ababa and the Tigray region, including the EHRC coordinator (Interview 01), the Addis Ababa Bureau Senior Legal Expert (Interview 05), the Federal First Instance Court judge (Interview 03), and the Tigray Regional Justice Office Deputy (Interview T-02), specifically identified the codification of GBV laws in a single, comprehensive instrument as an urgent legislative reform priority.

Fourth, the domestic legal framework has not engaged specifically with the dimensions of conflict-related sexual violence. The Federal Criminal Code contains no specific provisions

addressing the commission of rape during armed conflict, the particular vulnerabilities of conflict-affected survivors, or the obligations of the state to provide reparations and rehabilitation for conflict-related sexual violence. This lacuna is particularly significant in the Tigray context, where the IHL obligations identified in section 4.2 and the WPS obligations of Resolution 2467 create specific and demanding state obligations that the domestic legal framework does not reflect.[90]

Taken together, these conclusions establish that while Ethiopia's formal legal obligations under international and regional human rights law are extensive and demanding, the domestic legal framework through which those obligations must be implemented is fragmented, inadequate, and inconsistently applied. This gap between obligation and implementation constitutes not merely a policy failure but an ongoing violation of Ethiopia's binding international legal commitments. It is precisely this gap that strategic litigation, analyzed in Section Eight, is designed to address: by invoking constitutional and treaty provisions before domestic and regional forums, litigation can compel the clarification of state obligations, challenge harmful institutional practices, and drive the legislative and institutional reforms that survivors of the Tigray war urgently require.

[90] The absence of a domestic legal framework addressing conflict-related sexual violence is consistent with the findings of Physicians for Human Rights, Broken Promises (n 9 to Ch 1), which documented the continued commission of sexual violence after the Cessation of Hostilities Agreement and the failure of transitional justice mechanisms to provide effective remedies to survivors.

SECTION FIVE
SITUATIONAL ANALYSIS — PATTERNS OF STIGMATIZATION AND SECONDARY VICTIMIZATION

Introduction

While the preceding section established the normative framework within which the protection of survivors from secondary victimization is legally grounded, the present section moves from law on paper to law in context. It examines the actual experiences of rape survivors in Tigray through a situational analysis that integrates findings from the key informant interviews and survivor consultations conducted for this study with the broader body of empirical research and humanitarian documentation on the Tigray conflict. The analysis is organized around five interrelated dimensions: the scale and nature of conflict-related sexual violence in Tigray; the forms and manifestations of stigmatization experienced by survivors; the socio-cultural dynamics that generate and sustain stigma; the impact of stigmatization on survivors' well-being and agency; and the structural and material consequences of stigma for survivors' economic and social reintegration. Together, these dimensions produce a comprehensive and evidence-grounded account of the phenomenon that the legal and strategic litigation analysis in subsequent sections must address.

5.1 Scale and Nature of Conflict-Related Sexual Violence in Tigray

Any situational analysis of stigmatization and secondary victimization must begin with an account of the primary violence from which those harms arise. The scale and nature of conflict-related sexual violence in Tigray was unprecedented in the context of recent African armed conflicts and has been extensively documented by multiple credible national and international bodies, whose findings are summarized here as the necessary empirical foundation for the subsequent analysis.

A community-based study published in *BMJ Global Health* in 2023, covering 52 of 84 districts of Tigray and drawing on a sample of 5,171 women of reproductive age, found that almost 10 per cent of women of reproductive age surveyed had been sexually abused during the first eight months of the conflict, with gang rape being the most common and frequent form of sexual violence.[91] A damage assessment study by Mekelle University and the Tigray Health Bureau, covering a wider area and longer period of risk exposure from November 2020 to June 2021,

[91] Girmatsion Fisseha and others, 'War-Related Sexual and Gender-Based Violence in Tigray, Northern Ethiopia: A Community-Based Study' (2023) 8(7) BMJ Global Health e010270 https://pmc.ncbi.nlm.nih.gov/articles/PMC10364179/ accessed 20 April 2026.

estimated the total number of women and girls raped at approximately 120,000.[92] In Bora district alone, a Mekelle University survey identified at least 570 rape survivors, of whom 34 were HIV-positive and two had died by suicide.[93]

The EHRC/OHCHR Joint Investigation Team documented that the victims of sexual violence documented in their investigation spanned an age range from eight to 69 years. Seventy-six per cent of documented cases involved gang rape, and ten accounts detailed survivors who were held captive and subjected to rape by multiple assailants. In nearly all documented instances, 96 per cent, the perpetrators were identified as belonging to military or armed formations.[94] The International Commission of Human Rights Experts on Ethiopia (ICHREE) further confirmed in its October 2023 comprehensive report that these acts included not only rape and gang rape but sexual slavery, sexual mutilation, forced nudity, and sexual torture, and found that rape and reproductive mutilation appeared in many instances to be specifically intended to prevent Tigrayan women from bearing children — an observation of direct relevance to the ethnicized dimension of stigma analyzed in section 5.3 below.[95]

These figures must be understood as severe underestimates. The community-based study by Girmatsion Fisseha and colleagues explicitly acknowledged that survivors generally do not speak of the incident for reasons including self-blame, fear of reprisals, mistrust of data collectors, risk of re-victimization, fear of shaming and blaming, social stigma, and often rejection by the survivor's family and community. This identification of stigma as the primary driver of under-reporting establishes from the empirical data the central analytical argument of this section: stigma is not merely a consequence of the violence but a structural barrier that perpetuates survivors' isolation, prolongs their suffering, and systematically suppresses accountability.[96]

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[92] Damage Assessment Task Force, Rapid Assessment Report on War Associated Damage and/or Vandalism to the Health System of Tigray (Mekelle University and Tigray Health Bureau 2022), cited in Mengistu Welday Gebremichael and others, 'Rape Survivors' Experience in Tigray: A Qualitative Study' (2023) 23 BMC Women's Health 372.

[93] Al Jazeera, 'How Tigray War Rape Victims Turned to Rwandan Genocide Survivors to Heal' (22 October 2024) https://www.aljazeera.com/features/2024/10/22/how-tigray-war-rape-victims-turned-to-rwandan-genocide-survivors-to-heal accessed 20 April 2026.

[94] EHRC and OHCHR, Joint Investigation (3 November 2021), cited in UPR Info, JS17 UPR 47 Ethiopia (April 2025) https://upr-info.org/sites/default/files/country-document/2025-04/JS17_UPR47_Ethiopia.pdf accessed 20 April 2026.

[95] ICHREE, Comprehensive Investigative Findings and Legal Determinations (UN Human Rights Council, 13 October 2023) UN Doc A/HRC/54/CRP.3, paras 59–63; New Lines Institute, 'Conflict-Related Sexual and Reproductive Violence in Tigray' (2025) https://newlinesinstitute.org/state-resilience-fragility/conflict-related-sexual-and-reproductive-violence-in-tigray/ accessed 20 April 2026.

[96] Girmatsion Fisseha and others (n 1). The same conclusion — that stigma is the principal driver of under-reporting — was reached independently by the Moms for Moms protection officer (Interview M-02), who stated: 'survivors fear stigma due to cultural and religious norms. This fear leads them to stay silent, not to seek help or report to the police. Survivors fear divorce by their husbands as well as abandonment by their families and community rejection.'

5.2 Forms and Manifestations of Stigmatization

The stigmatization of rape survivors in Tigray is not a single, uniform phenomenon but a multi-dimensional and compound form of harm that operates across the family, community, and institutional spheres simultaneously. The following sub-sections analyses its principal forms and manifestations, drawing on the evidence gathered through the key informant interviews and survivor consultations conducted for this study, supplemented by the findings of published research.

5.2.1 Marital Rejection and Family-Level Abandonment

The most immediately devastating and consistently documented form of stigmatization experienced by survivors in Tigray is rejection by husbands and immediate family members. This form of secondary victimization operates with particular severity because it simultaneously destroys the survivor's primary social support structure, economic security, and protective network at the moment of maximum vulnerability.[97]

The survivor consultations conducted for this study provide direct, first-person accounts of this phenomenon. Survivor I described being abandoned by her husband after disclosing the rape: he refused to accept their child born of the rape-induced pregnancy, subjected her to domestic violence, and ultimately separated from her. Survivor II similarly described being deserted by her husband following her disclosure. Survivor III, whose husband was killed during the conflict, faced rejection not by a spouse but by her own family and community members who blamed her for the rape and for the pregnancy it produced. The guardian of Survivor III confirmed that following the disclosure of the rape, the community treated the survivor as if she had 'brought shame upon herself.'

These individual accounts are consistent with the broader pattern documented across the Tigray region. A coordinator of the regional government's response to violence against women stated that the case of a survivor whose husband sought divorce after she was first abused was 'sadly common,' and described this rejection as 'the main problem for survivors.' Human Rights Watch reported that of the 13 babies born of rape residing in a Mekelle safe-house, only one mother had been able to return to the community with the support of relatives; the other twelve women were afraid to return home due to stigma and the inability to financially support their babies.[98]

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[97] The EHRC coordinator (Interview 01) identified marital rejection as one of the most pervasive forms of secondary victimization: 'They faced stigma by family (husband divorced her), community.' The Moms for Moms protection officer (Interview M-02) confirmed: 'Survivors fear divorce by their husbands as well as abandonment by their families and community rejection.'

[98] Genocide Watch, 'Ethiopia's Slow Path to Recovery for Rape Victims in Tigray' (12 July 2024) https://www.genocidewatch.com/single-post/ethiopia-s-slow-path-to-recovery-for-rape-victims-in-tigray accessed 20 April 2026; Human Rights Watch, 'I Always Remember That Day': Access to Services for Survivors of Gender-Based Violence in Ethiopia's Tigray Region (HRW 2021) https://www.hrw.org/report/2021/11/09/i-always-remember-day/access-services-survivors-gender-based-violence-ethiopias accessed 20 April 2026.

The Mekelle High Court judge (Interview M-01) described a pattern observed directly within judicial proceedings: ‘mostly the husbands divorce survivors when they know they are raped even though it occurred by force. The families also stigmatize the survivors. Even if the survivor is the victim of the crime, the husband most of the time asks for divorce.’ The Regional Public Prosecutor (Interview T-05) confirmed that ‘even if it is committed by force, which is a stigma itself, she will face divorce and abandonment from her family.’ The Deputy Bureau Head of the Bureau of Women Affairs, Tigray (Interview T-01) observed that ‘survivors of conflict-related sexual violence in Tigray have faced stigmatization and discrimination to a greater degree because some families consider the rape as a shameful act and cause to family’s dishonor.’

5.2.2 Community Exclusion and Social Ostracism

Beyond the family level, survivors experience systematic exclusion from community life, including prohibition from participating in religious ceremonies and community gatherings, denial of the right to marry or remarry, and active social shunning by neighbors and community members. This form of stigmatization extends beyond the individual survivor to affect her children and other family members, creating a cascading social exclusion that can persist across generations.[99]

The New Lines Institute’s 2025 report on conflict-related sexual and reproductive violence in Tigray documented that survivors of sexual violence in this deeply patriarchal context were often ‘either forced to marry their attacker to preserve their family’s honor or are shamed and exiled.’ This devastating choice, between forced marriage with the perpetrator and social exile, represents an absolute denial of survivors’ autonomy, dignity, and rights to non-discrimination and access to justice. The practice of forced marriage with perpetrators was also identified by the EHRC coordinator (Interview 01) as a form of community-level re-victimization: ‘we do see cases where the families force victims to marry the perpetrator to avoid community stigma.’[100]

The exclusion from religious ceremonies deserves specific analytical attention in the Tigray context. Tigray is a deeply Orthodox Christian society in which community life is organized to a significant degree around the Ethiopian Orthodox Church and its calendar of religious observances. Exclusion from religious ceremonies, funerals, baptisms, and church gatherings therefore represents not merely a social sanction but a spiritual and existential harm that strikes at the core of survivors’ identity and belonging. The GOAL Ethiopia protection officer (Interview M-03) confirmed that this form of exclusion was particularly acute in rural communities: ‘in our

[99] The GOAL Ethiopia protection officer (Interview M-03) described 'social rejection, exclusion from religious ceremonies and gatherings, and being prohibited from marrying' as among the principal forms of community-level stigmatization documented in their case work. The Mekelle High Court judge (Interview M-04) noted that communities imposed informal penalties on survivors: 'shunned from community activities, prevented from marrying (remarrying), and labeled with derogatory terms.'

[100] New Lines Institute (n 95). The practice of forcing survivors to marry perpetrators constitutes a violation of the FDRE Constitution art 34(2) (requiring free and full consent to marriage) and of the Maputo Protocol art 6(a) (guaranteeing the right to free and full consent to marriage). It also directly obstructs justice processes by creating pressure on survivors to withdraw criminal complaints.

line of work we have seen survivors excluded from religious ceremonies in their community, even from getting together for weddings or funerals.'

5.2.3 Stigmatization Associated with Conflict-Related Pregnancy

A particularly severe and compounded form of stigmatization affects survivors who became pregnant as a result of rape during the conflict. Conflict-related pregnancy operates as a visible and undeniable marker of the rape, making concealment impossible and thereby triggering immediate and unambiguous stigmatization at both the family and community levels. The child born of rape-induced pregnancy is itself subjected to rejection, abandonment, and social hostility, extending the harm from the survivor to the next generation.[101]

Human Rights Watch documented this pattern with precision in its 2021 Tigray report, citing a humanitarian worker who described 'a lot of abandonment of babies' and confirmed that the stigma associated with children born of rape was pervasive. The EHRC coordinator (Interview 01) reported having documented cases in which 'the family abandoned the child born from rape at the safe-house.' The Addis Ababa Bureau Senior Legal Expert (Interview 05) described cases in which 'children born from rape face discrimination even when attending school,' extending the effects of stigma into the child's educational experience and developmental trajectory.

The BMC Women's Health qualitative study by Gebremichael and colleagues captured the structural dimension of this harm: the gang rape was reported to have been in part intentionally designed to sterilize the wombs of Tigrayan women, meaning that the stigmatization of conflict-related pregnancy is directly linked to the genocidal logic of the sexual violence itself. Survivors who became pregnant were thus subjected not merely to incidental social stigma but to a form of secondary harm that was in a sense built into the original act of violence.[102]

5.2.4 Stigmatization Associated with HIV Infection and Sexually Transmitted Infections

Survivors who contracted HIV or other sexually transmitted infections as a result of the rape face a compounded form of stigmatization in which the violence-related infection becomes the vehicle for additional social exclusion and discrimination. The Mekelle University Bora district survey found that 34 of the 570 documented rape survivors in that district alone were HIV-positive, while the broader quantitative study by Girmatsion Fisseha and colleagues documented STI

[101] EHRC (n 97); Survivor I consultation: described rejection of her child by her husband and by the extended family, the child being referred to as 'the enemy's child,' and ongoing domestic violence against both herself and the child. Survivor III consultation: described her child being rejected by her late husband's family, who refused to acknowledge the child as part of their lineage. UN Security Council Resolution 2467 (2019) specifically calls on states to address the needs of children born of conflict-related sexual violence.

[102] Mengistu Welday and others (n 92). The connection between the genocidal design of the sexual violence and the post-conflict stigmatization of survivors who became pregnant is also noted in ICHREE (n 95) paras 61–63.

transmission as one of the most prevalent medical consequences of conflict-related sexual violence.[103]

HIV-positive status adds a dimension of stigmatization that is analytically distinct from but structurally overlapping with the stigma of rape. In Ethiopian society, HIV infection carries its own powerful social stigma rooted in associations with sexual promiscuity and perceived moral failure. When HIV infection is the direct result of conflict-related rape, survivors are subjected simultaneously to the stigma of rape and the stigma of HIV: two compounding layers of social condemnation for harms they did not choose and could not prevent. The Ayder One Stop Center coordinator (Interview T-04) described HIV-positive survivors as facing 'double stigma' and noted that many HIV-positive survivors refused to continue medical treatment because doing so required repeated visits to health facilities that exposed their HIV status to community members.

5.3 Socio-Cultural Dynamics Contributing to Stigmatization

Stigmatization does not arise spontaneously: it is generated and sustained by specific socio-cultural dynamics that must be understood in order to design effective legal, institutional, and advocacy responses. This section analyses four interrelated socio-cultural dynamics that drive the stigmatization of rape survivors in Tigray: entrenched patriarchal gender norms; constructions of honor, shame, and purity; the role of religious and community institutions; and the specific compounding effect of the conflict's ethnic targeting on stigma.

5.3.1 Patriarchal Gender Norms, Honor, and Shame

The stigmatization of rape survivors in Tigray is rooted in a deeply patriarchal social order in which women's social value and identity are constructed around sexual purity, fidelity, and honor. Within this framework, a woman who has been raped is perceived as having lost her honor, regardless of the violent and involuntary nature of the act, and is therefore regarded as a source of shame for her husband, family, and community. This construction of female honor as contingent on sexual inviolability is not specific to Tigray but reflects deeply embedded patriarchal norms prevalent across Ethiopia and documented extensively in the literature on gender-based violence in the country.[104]

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[103] Al Jazeera (n 3); Girmatsion Fisseha and others (n 91). A mixed-methods study published in BMC Public Health in 2025 found that 75.8% of sexual abuse victims in Tigray suffered mental health and behavioural consequences, with HIV-positive status further compounding psychological distress and community stigmatization: Tsegereda Gebrekristos Haile and others, 'Exploring Physical, Sexual and Mental Health Consequences of Gender-Based Violence among Women and Girls during Conflict in Tigray, Ethiopia' (2025) BMC Public Health https://pmc.ncbi.nlm.nih.gov/articles/PMC12139087/ accessed 21 April 2026.

[104] New Lines Institute (n 95): 'Deeply rooted patriarchal norms remain embedded within Ethiopia's economic, political, and cultural spaces at all levels and cause gender discrimination in practice, despite the formal enshrinement of gender equality in Ethiopia's Constitution. The result is a hierarchical system dominated by men, in which women are subordinated and relegated to the traditional roles of wife and mother and in which gender-based violence has been normalized.'

The Moms for Moms protection officer (Interview M-02) articulated the cultural logic of this stigma with particular clarity: ‘due to cultural and religious norms, the community considers rape as being shameful to the survivor. The survivor is looked down upon as being a disgrace and is called different derogatory names. The survivor is perceived as a person who is "spoiled" or "contaminated."’ The Deputy Bureau Head of the Bureau of Women Affairs, Tigray (Interview T-01), explained that ‘the community stigmatizes rape survivors even though they are victims of war. They consider it as a shameful act and a cause for dishonor to the family.’

This construction of shame is not passive: it actively redirects responsibility for the violence from the perpetrator to the survivor. As the GOAL Ethiopia protection officer (Interview M-03) observed, ‘in the community the perception is that the survivor could have resisted the rape if she wanted and since she didn’t there must be some fault in her. This transfers the blame to the survivor.’ This victim-blaming cultural logic is a direct manifestation of the discriminatory stereotypes about rape that the CEDAW Committee identified in *Vertido v Philippines* as constituting a violation of state obligations, and which the Ethiopian state is therefore obligated to actively combat under Articles 2(f) and 5(a) of CEDAW.[105]

5.3.2 Role of Religious and Community Institutions

Religious and community institutions in Tigray, while potentially powerful agents of stigma mitigation, have in practice in many documented instances functioned as vehicles for the perpetuation of stigma. The Ethiopian Orthodox Church, which is the dominant religious institution in Tigray, has in many communities maintained ritual and social purity norms that bear on the treatment of rape survivors. Community elders, who exercise significant traditional authority in dispute resolution and social norm-setting in Tigrayan society, have in documented cases facilitated informal dispute resolution processes that pressured survivors into silence, reconciliation with perpetrators, or withdrawal of criminal complaints.[106]

The practice of informal dispute resolution in sexual violence cases, variously described in the interviews as ‘mediation,’ ‘negotiation,’ or ‘settlement’, represents a form of institutional secondary victimization in which community structures designed to resolve social conflicts are applied to crimes that are non-negotiable under both international and domestic law. Such processes deny survivors access to formal justice, expose them to coercion, and signal to

[105] CEDAW Committee, Karen Tayag Vertido v The Philippines (Communication No 18/2008, CEDAW/C/46/D/18/2008, 16 July 2010) paras 8.4–8.9. The obligation under CEDAW art 5(a) to modify social and cultural patterns of conduct based on the idea of the inferiority of women is directly applicable to the victim-blaming cultural norms described by interviewees.

[106] The Senior Legal Expert at the Addis Ababa Women, Children and Social Affairs Bureau (Interview 05) identified 'unethical ' negotiation by community elders' as among the most pervasive institutional barriers to justice: 'even in [the] city these kinds of practices do occur... the community elders intervene ' in cases of rape and pressure the survivor to take the "diya" (blood money) and settle the case informally.' The Mekelle High Court judge (Interview M-01) confirmed that 'community elders and religious leaders put pressure on survivors not to pursue cases in court, telling them it will bring more shame.'

perpetrators and communities alike that sexual violence can be resolved through financial payment rather than criminal accountability.

The survivor consultations corroborate this finding from the survivor's perspective. Survivor II described being subjected to intense pressure from family members and a church leader not to report the rape to the police, being told that 'this kind of thing should be kept within the family' and that reporting would 'destroy the family's reputation in the community.' The guardian of Survivor III confirmed that community elders had approached the survivor's family with a financial offer from the perpetrator's family and had urged acceptance as a means of 'maintaining community peace.'

5.3.3 Conflict-Induced Displacement and Erosion of Social Support

The Tigray conflict introduced additional socio-structural dynamics that intensified the stigmatization of survivors. The mass displacement of over 2 million people disrupted the social networks and community support structures that might in some circumstances have offered protective buffering against stigma. Displaced survivors arriving in unfamiliar communities were often without family support, without economic resources, and without the social relationships that form the basis of community protection. In IDP settings, the density of cohabitation and reduced privacy exposed survivors' situations to broader observation, paradoxically intensifying the risk of stigmatization even as formal support services were theoretically more accessible.[107]

The ethnically targeted nature of the sexual violence in Tigray also created a specific form of compound stigma. Survivors were subjected not only to the ordinary stigma of rape rooted in patriarchal gender norms but to the additional layer of stigma arising from the perception that they had been violated by 'enemy' forces, that their bodies had been used as a terrain of ethnic conflict. This ethnicized stigma meant that disclosure of the rape risked triggering not only personal shame but community hostility rooted in the politics of the conflict itself. The New Feminist documented that 13 per cent of survivors studied suffered from PTSD and 17 per cent exhibited symptoms of depression, with the compound effect of sexual violence stigma and the political dimensions of ethnically targeted rape contributing directly to these mental health outcomes.[108]

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[107] Girmatsion Fisseha and others (n 91) identified displacement to temporary shelters as significantly associated with elevated risk of sexual violence during the conflict. Médecins Sans Frontières, 'Life after Conflict: Why Mental Health Care in Tigray Cannot Wait' (MSF, 7 October 2025) https://msf.or.ke/news-and-resources/health-and-wellness/life-after-conflict-why-mental-health-care-tigray-cannot accessed 21 April 2026 (noting that more than 760,000 people remain displaced in Tigray as of October 2025, with consequent ongoing mental health and protection crises).

[108] The New Feminist, 'Sexual Violence is a Daily Reality for the Women in the Wake of the Tigray War' (15 August 2025) https://thenewfeminist.co.uk/2025/08/sexual-violence-daily-reality-for-women-of-tigray/ accessed 21 April 202 Girmatsion Fisseha and others (n 91); Haile and others (n 101). The BMC Public Health study found that 12.1% of survivors experienced PTSD symptoms (based on four indicators: nightmares, avoidance, excessive worry, and isolation). The study also found fistula, incontinence, syphilis, and permanent disability among physical health consequences.6.

5.4 Impact of Stigmatization on Survivors' Well-Being and Agency

5.4.1 Psychological and Physical Health Consequences

The direct health consequences of conflict-related sexual violence are severe and extensively documented. The community-based study by Girmatsion Fisseha and colleagues found that physical traumas, depression, suicidal attempts, emotional disturbance, unwanted pregnancy, STIs, and HIV infection were among the most prevalent consequences for survivors. A 2025 mixed-methods study published in BMC Public Health found that 75.8 per cent of 528 documented sexual abuse victims in Tigray suffered from mental health and behavioural consequences, with post-traumatic stress disorder among the most common conditions.[109]

Critically, the research evidence establishes that stigmatization operates as an independent and compounding driver of psychological harm, distinct from the primary trauma of the rape itself. A study published in *BMC Women's Health* found that the mental health of victims of sexual violence in conflict settings was significantly associated not only with the violence itself but with daily stressors, stigma, and labelling by community members. The Mulu Mesfin Charity Organization nurse and CEO (Interview T-03) described the psychological impact on survivors she worked with directly: 'survivors face extreme trauma, have lost the will to live, and feel abandoned. The stigma from community makes them feel that they themselves are to blame for what happened to them. Many of them say they wish they were dead.'[110]

The two suicides documented in the Bora district survey alone, among a sample of only 570 known survivors in a single district, indicate the lethal potential of untreated, stigma-driven psychological harm. This data point is not merely a clinical statistic: it is a concrete manifestation of the 'stigma kills' dynamic identified by the UN Special Adviser on the Prevention of Genocide and constitutes a violation of the right to life under Article 6 of the ICCPR and Article 4 of the African Charter, a violation that is directly attributable to the state's failure to protect survivors from the foreseeable consequences of institutional inaction on stigmatization.[111]

5.4.2 Effects on Reporting and Participation in Justice Processes

Perhaps the most analytically significant impact of stigmatization from a strategic litigation and accountability perspective is its systematic suppression of survivors' willingness and capacity to report crimes and participate in justice processes. This impact operates through several

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110 A Verelst and others, 'Mental Health of Victims of Sexual Violence in Eastern Congo: Associations with Daily Stressors, Stigma, and Labeling' (2014) 14(1) BMC Women's Health 1–12, cited in Mengistu Welday and others (n 92). The MSF report from Tigray (n 15) similarly found that thousands of people in Tigray remain dealing with the psychological impact of trauma from violence, loss, and displacement three years after the cessation of hostilities.

111 Al Jazeera (n 3); International Covenant on Civil and Political Rights (ICCPR) art 6; African Charter on Human and Peoples' Rights art 4. The Human Rights Committee has held in General Comment No 36 (2019) that the right to life under art 6 ICCPR imposes positive obligations on states to take appropriate measures to protect life against foreseeable threats from private actors: UN Human Rights Committee, General Comment No 36 (2019) UN Doc CCPR/C/GC/36, para 26.

interlocking mechanisms that together produce a near-total suppression of formal reporting in the most severe cases of conflict-related sexual violence.[112]

Fear of marital rejection and family abandonment is the most frequently cited reason for non-reporting across all data sources. Where a survivor knows that disclosing the rape will lead to divorce and economic destitution, she faces an impossible choice between justice and survival. The Moms for Moms protection officer (Interview M-02) captured this dynamic: ‘the main reason survivors do not report is fear of losing their husbands and their homes. They know that if they tell the truth they will be left with nothing. So they choose to suffer in silence rather than speak and lose everything.’

Fear of institutional re-victimization within justice processes further compounds this barrier. Survivors who are already experiencing community stigma have rational grounds to fear that involvement in formal justice processes will intensify rather than mitigate their exposure to public judgment. The pattern of police officers and prosecutors requiring survivors to recount their experiences in the presence of multiple witnesses, conducting investigations in open rather than closed sessions, and failing to maintain confidentiality, all documented in the key informant interviews for this study, means that formal justice processes effectively function as engines of additional exposure and stigmatization.[113]

The financial cost of pursuing justice constitutes a third barrier to participation in justice processes. Several key informants identified the inability to afford transport, legal representation, or the time costs of repeated court appearances as significant barriers, particularly for survivors who had been economically destituted by family rejection. The Federal First Instance Court judge (Interview 03) observed that ‘most survivors cannot afford legal representation, and without a lawyer to protect them from inappropriate questioning, they are re-traumatized by the process itself.’

5.5 Structural and Economic Consequences of Stigmatization

The economic consequences of stigmatization compound its psychological and social dimensions to create a condition of structural vulnerability from which survivors of conflict-related sexual violence in Tigray often cannot recover without dedicated support. These consequences include loss of spousal financial support following marital rejection, exclusion from community

[112] The Regional Public Prosecutor (Interview T-05) identified stigma-driven non-reporting as the most fundamental barrier to justice: 'due to the stigmatization and social exclusion they face, most survivors prefer to stay silent rather than report to the police or courts. This is the most serious problem we face in prosecuting these cases.'

[113] Interview T-02 (Deputy, Regional Justice Office): neither police, prosecutor, nor court routinely initiates closed sessions in sexual violence cases. Interview M-04 (Mekelle High Court judge): 'questions like "how many men raped you?" are still asked in court and these re-traumatize survivors.' Interview T-04 (Ayder OSC coordinator): 'services are delivered publicly in some cases; survivors are seen entering the One Stop Centre and their condition becomes known in the community.'

economic networks, and the additional costs of single-parenting children born of conflict-related pregnancy in conditions of post-conflict economic devastation.[114]

The Deputy Bureau Head of the Bureau of Women Affairs, Tigray (Interview T-01), described the economic dimension of stigmatization in operational terms: ‘when a husband divorces a survivor, she loses her home, her children’s financial support, and her social standing in the community at the same time. She becomes completely dependent on humanitarian assistance, and when that assistance ends, as it has for many survivors in Tigray, she has nothing.’ The Mulu Mesfin OSC nurse and CEO (Interview T-03) described cases in which survivors had been forced to engage in survival sex work following abandonment by their families, creating a cycle in which stigmatization drove survivors into conditions that exposed them to further violence and exploitation.

The structural economic consequences of stigmatization are particularly severe for the children of survivors. Survivor I described her child, born of rape-induced pregnancy and rejected by the father, being denied access to the paternal family’s land and property, effectively disinherited on account of the circumstances of the child’s birth. The Addis Ababa Bureau Senior Legal Expert (Interview 05) confirmed that children born of rape face discrimination in educational institutions as well, being ‘labeled and excluded by teachers and peers’ in ways that represent a violation of their rights to education and non-discrimination under Article 28 of the Convention on the Rights of the Child.[115]

5.6 Synthesis: Stigmatization as a Structural and Legal Problem

The situational analysis presented in this section demonstrates that the stigmatization of rape survivors in Tigray is not an incidental or episodic social phenomenon but a structured, multi-dimensional system of harm that operates across the family, community, religious, institutional, and economic spheres simultaneously. It is generated by entrenched patriarchal gender norms and constructions of honor and shame that are deeply embedded in Tigrayan society; sustained by the practices of religious and community institutions that impose informal penalties on survivors and resist formal accountability; intensified by the displacement, economic devastation, and ethnicized targeting of the conflict; and compounded by institutional failures of the justice and health systems analyzed in Section Six.

Accordingly, the evidence gathered in this section establishes three analytically critical conclusions. First, stigmatization constitutes a continuing violation of survivors’ rights to dignity,

[114] Genocide Watch (n 97): 'ninety percent of survivors receive no support, though a holistic approach is crucial for healing.' The coordinator of the regional government's response to violence against women stated that lack of financial resources was among the principal barriers to survivor recovery.
[115] Interview 05 (Senior Legal Expert, Addis Ababa Bureau); Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3, arts 2 (non-discrimination), 28 (right to education). Ethiopia ratified the CRC on 14 May 1991.

equality, privacy, health, and access to justice, violations that are directly attributable to the failure of the state to fulfil its positive obligations under the ICCPR, CEDAW, the African Charter, and the Maputo Protocol. Second, stigmatization systematically suppresses reporting and participation in justice processes, thereby compounding the broader accountability failure documented in the Tigray conflict and making the perpetrators of conflict-related sexual violence more likely to escape justice. Third, the economic and social consequences of stigmatization are severe enough to constitute irreversible harm for many survivors and their children, underscoring the urgency of legal and institutional interventions that address not only the immediate manifestations of stigma but its structural drivers. These conclusions inform both the institutional analysis in Section Six and the identification of legal gaps and strategic litigation opportunities in Sections Seven and Eight.

SECTION SIX
INSTITUTIONAL RESPONSES AND PROTECTION MECHANISMS

Introduction

Section Five established that stigmatization of rape survivors in Tigray operates across family, community, and institutional spheres. The present section directs its analytical focus squarely at the institutional sphere: examining how the justice sector, health and psychosocial service providers, civil society organizations, and government administrative bodies respond in practice to rape survivors, and assessing the extent to which these institutional responses protect survivors from secondary victimization or contribute to it. The analysis is grounded primarily in the seventeen key informant interviews and survivor consultations conducted for this study, triangulated with findings from published documentation. Each institutional sector is examined through a common analytical lens: the gap between formal protection mandates and practical realities, the specific ways in which secondary victimization is produced or mitigated within each institutional context, and the structural factors that determine the nature of institutional responses.

6.1 Justice Sector Responses

The justice sector, comprising the police, public prosecutors, and courts, constitutes the formal institutional channel through which survivors' right to access justice and hold perpetrators accountable is to be realized. It is therefore simultaneously the sector with the greatest formal mandate to protect survivors and, as the data gathered for this study consistently demonstrates, the sector most frequently identified as a source of secondary victimization in practice.

6.1.1 Police Investigation: Practices and Failures

The police are the first institutional point of contact for the majority of survivors who enter formal justice processes. The quality of police engagement at the investigation stage is therefore critical: it determines whether survivors experience justice processes as supportive or hostile, and directly shapes survivors' willingness to continue participating in criminal proceedings. The evidence gathered in this study presents a deeply mixed picture of police performance in Tigray and at the federal level.

In terms of formal protective mechanisms, several positive practices were documented. The South Eastern Tigray Zone police officer (Interview M-05) stated that investigations involving survivors are mandatorily conducted by female officers and that court proceedings are held in closed session with all persons, including the judge's secretary, required to leave the premises. The Addis Ababa Women, Children and Social Affairs Bureau (Interview 05) described a coding system applied to survivor identities from the moment of complaint registration, and separate,

isolated rooms for complaint hearings on fixed designated days. These practices represent meaningful efforts at confidentiality protection and are consistent with the GBV guiding principles applied by several institutions.[116]

However, these positive institutional practices stand in sharp contrast to the pattern of failures documented across multiple interviews. The Regional Justice Office Deputy (Interview T-02) reported a systemic failure at the most basic level of confidentiality: survivor files are kept openly on tables and in boxes due to a lack of file cabinets, meaning that any person entering the investigation office can observe which cases are under investigation and infer the identity of complainants. This structural failure directly violates the right to privacy guaranteed under Article 26 of the FDRE Constitution and Article 17 of the ICCPR.[117]

The practice of conducting investigations and prosecution publicly, without invoking the in-camera provisions available under the 1961 Criminal Procedure Code, was documented as a pervasive failure by multiple respondents. The Regional Public Prosecutor and GBV Focal Person (Interview T-05) stated explicitly that 'neither the police, public prosecutor nor the court initiates the case to be handled in a closed session,' and that there is 'no special procedure for GBV cases' and 'no special rule applying to sexual violence.' The Ayder One Stop Center coordinator (Interview T-04) described survivors being accompanied to health facilities by male police officers, being subjected to 'aggressive and retraumatizing handling,' and being publicly challenged rather than sensitively interviewed.[118]

Victim-blaming attitudes among police officers represent one of the most serious and consistently documented forms of institutional secondary victimization. The EHRC coordinator (Interview 01) described police suggesting to survivors that their dress style contributed to the incident, attributing responsibility to the survivor rather than the perpetrator. The Mulu Mesfin OSC nurse and CEO (Interview T-03) documented police and health professional statements such as 'you don't seem raped,' 'you are claiming to be raped to get economic benefits,' and 'it's your fault, why did you go to the hotel.' The Bureau of Women Affairs Deputy (Interview T-01) reported that a disciplinary measure had been taken against a police officer who told a 16-year-old

[116] Interview M-05 (Investigating Police Officer, South Eastern Tigray Zone); Interview 05 (Senior Legal Expert, Addis Ababa Women, Children and Social Affairs Bureau). The Addis Ababa Bureau's practice of using a national GBV guideline that treats re-traumatization of survivors as a disciplinary offence represents a noteworthy institutional commitment, though its application depends entirely on individual officers' adherence.

[117] Interview T-02 (Deputy, Regional Justice Office, Tigray): 'survivor files kept on the tables or boxes for there is lack of file cabinets.' FDRE Constitution art 26; ICCPR art 17. The physical infrastructure failure described by Interview T-02 is not merely an administrative inconvenience: it constitutes a structural violation of survivors' right to privacy that exposes them to stigmatization at the point of first institutional contact.

[118] Interview T-05 (Regional Public Prosecutor and GBV Focal Person, Tigray); Interview T-04 (Coordinator, Ayder One Stop Centre). Criminal Procedure Code of Ethiopia, Proclamation No 185/1961, art 167 (authorizing in-camera proceedings). The failure to routinely invoke art 167 in sexual violence cases constitutes an institutional failure to implement an available legal protection.

survivor: ‘why don’t you settle the case through reconciliation, even Shaebiya was raping you,’ — a statement that simultaneously minimized the crime and encouraged informal settlement.[119]

The problem of police pressuring survivors to settle cases informally through community elders or traditional mediators was documented by multiple respondents, spanning both Addis Ababa and Tigray. The Federal Public Prosecutor (Interview 04) described police engaging in ‘unethical negotiation’ with community mediators, while the Senior Legal Expert (Interview 05) confirmed that police sometimes openly negotiate between survivors and perpetrators in a manner that leaves behind the interests of the survivor. The Regional Justice Office Deputy (Interview T-02) specifically identified this as a form of secondary victimization: survivors are ‘encouraged and forced to settle the case informally.’ The guardian of Survivor II described the perpetrator’s family threatening that the perpetrator would be released on bail unless the survivor agreed to informal settlement, a form of coercion that constitutes both witness intimidation and a violation of survivors’ right to access justice.[120]

Structural failures within the police investigation process further compounded secondary victimization. The Federal Public Prosecutor (Interview 04) identified police negligence in the proper determination and verification of the age of offenders as resulting in the release of perpetrators free of liability. The Mulu Mesfin OSC nurse (Interview T-03) documented a practice of prioritizing interrogation over the health safety of survivors — meaning that justice sector actors required survivors to give statements before they had received medical treatment, contrary to the survivor-centered principle that health needs take precedence. Multiple respondents documented the practice of requiring survivors to cover costs associated with the investigation process, including transportation costs for police escorts to health facilities and translation costs for medical examination reports written in English that need to be rendered into Tigrigna, a cost borne entirely by survivors who frequently had no financial resources.[121]

A specific and particularly serious pattern of institutional secondary victimization through misuse of evidence was documented by the EHRC coordinator (Interview 01) and the Federal Public Prosecutor (Interview 02). Both described cases in which video recordings of rape acts,

[119] Interview 01 (EHRC, Women and Children Rights Coordinator); Interview T-03 (Nurse/CEO, Mulu Mesfin Charity Organization); Interview T-01 (Deputy Bureau Head, Bureau of Women Affairs, Tigray). The disciplinary action described in Interview T-01 represents a rare instance of institutional accountability for victim-blaming conduct. Its exceptionality highlights the absence of systematic enforcement mechanisms to address such conduct as a matter of course.

[120] Interview 04 (Federal Public Prosecutor, Addis Ababa); Interview 05 (Senior Legal Expert, Addis Ababa Bureau); Interview T-02 (Deputy, Regional Justice Office); Guardian of Survivor II consultation. The practice of police facilitating informal settlement in rape cases violates the mandatory prosecution principle applicable to serious criminal offences under Ethiopian criminal law and constitutes a failure of the state's due diligence obligation under CEDAW General Recommendation No 35 (2017).

[121] Interview T-03 (MMC OSC Nurse/CEO); Interview T-05 (Regional Public Prosecutor); Interview T-02 (Regional Justice Office Deputy). The requirement for survivors to pay for translation of their own medical examination results is a particularly stark example of institutional cost-shifting onto vulnerable persons, and constitutes an indirect barrier to access to justice under CEDAW art 2(c).

made by perpetrators, were either used during police investigations in a manner that blamed survivors, or were disseminated on social media platforms, causing profound additional harm. In one documented case, the perpetrator shared a video of the rape with police before any formal complaint was filed; investigating officers then used the video during investigation to suggest the survivor had shown 'interest,' directly inverting the evidentiary function of the material into a tool of victim-blaming. In another case, a video of the rape of minors by their father was disseminated on the internet during proceedings, with the source of unauthorized disclosure unidentified and no effective institutional response to prevent the harm.[122]

6.1.2 Prosecutorial Practices

Public prosecutors occupy a pivotal position in survivor protection: they have both the authority and the institutional responsibility to ensure that criminal proceedings involving sexual violence are conducted in accordance with survivor-centered principles and applicable legal safeguards. The evidence gathered for this study reveals both meaningful commitments to survivor protection at the prosecutorial level and significant structural failures that undermine those commitments in practice.

On the positive side, the Federal Public Prosecutors in Addis Ababa (Interviews 02 and 04) described a system in which GBV cases are accorded differentiated and specialized treatment from ordinary criminal matters: investigations are conducted separately and privately, prosecutors assigned to GBV cases are trained in survivor-centered approaches, and the Ministry of Justice Handbook on the Investigation and Prosecution of Crimes Against Women and Children (June 2024) provides a comprehensive procedural framework for safeguarding survivors' dignity and protection throughout the process.[123]

However, the picture at the regional level in Tigray diverges sharply from this relatively more organized federal model. The Regional Public Prosecutor (Interview T-05) confirmed that there is no special procedure applicable to GBV cases, no dedicated unit within the Tigray justice system for sexual violence, and that 'the special guiding principles/survivor-centered approach is not observed' in practice. Prosecutors with no specialized training in GBV handle sexual violence cases alongside ordinary criminal matters, without trauma-informed protocols, without specialized

[122] Interview 01 (EHRC coordinator): 'the police presented the video and used it to blame by suggesting that she showed an interest and try to attribute the responsibility to her.' Interview 02 (Federal Public Prosecutor): 'unfortunately the video was disseminated in the social media platforms though we don't know who did it.' These cases illustrate a systemic failure to protect the evidentiary integrity of sensitive material and to prevent the secondary victimization that results from unauthorized disclosure.

[123] Interview 02 (Federal Public Prosecutor, Addis Ababa); Interview 04 (Federal Public Prosecutor, Addis Ababa). The Ministry of Justice Handbook (June 2024) represents a significant positive institutional development. However, as Interview T-02 confirmed, the non-cascading of equivalent guidelines in the Tigray regional justice system means that its impact on Tigray survivors has been limited.

knowledge of the evidentiary challenges in sexual violence cases, and without the capacity to challenge victim-blaming treatment by police or defense counsel.[124]

The bail provisions of the Criminal Procedure Code were identified by multiple respondents as a specific procedural mechanism that contributes directly to secondary victimization through witness intimidation. The Federal Public Prosecutor (Interview 02) described bail provisions as 'often insufficiently stringent, allowing the release of accused persons without adequate consideration of victim safety, thereby exposing survivors to risks of intimidation, retaliation and interference with the administration of justice.' The Federal Public Prosecutor (Interview 04) documented a case in which a perpetrator threatened a witness immediately upon leaving the court building, stating 'I am going to kill you,' and described perpetrators being released on bail then using that freedom to intimidate survivors into withdrawing complaints. The guardian of Survivor II confirmed experiencing exactly this form of coercion: the perpetrator's family threatened that he would be released on bail unless informal settlement was accepted.[125]

6.1.3 Judicial Practices and Court Proceedings

Courts represent the ultimate guarantor of survivors' rights to justice and to protection from secondary victimization within formal proceedings. The judicial practices documented in this study reveal a combination of meaningful protective mechanisms at the federal level, significant deterioration of protective infrastructure in Tigray following the conflict, and persistent gaps in judicial expertise and attitude that generate secondary victimization even where formal procedural protections nominally exist.

The Federal First Instance Court in Addis Ababa (Interview 03) described an elaborate set of protective mechanisms for survivors appearing as witnesses: a dedicated specialized bench for GBV cases with differentiated days for different age groups; judicial oversight of police investigation activities through CCTV monitoring; a prohibition on survivors being confronted by perpetrators during testimony; and the presence of a psychological professional alongside survivors during proceedings. These mechanisms represent a substantially survivor-centered model of court management that, if consistently applied, would significantly reduce the risk of institutional secondary victimization.[126]

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[124] Interview T-05 (Regional Public Prosecutor and GBV Focal Person, Tigray). The absence of a specialized unit for GBV cases at the Tigray regional justice office — described by both Interviews T-02 and T-05 — means that the institutional infrastructure for survivor protection documented at the federal level in Addis Ababa does not exist in the region most severely affected by conflict-related sexual violence.

[125] Interview 02 (Federal Public Prosecutor); Interview 04 (Federal Public Prosecutor); Guardian of Survivor II consultation. The Regional Public Prosecutor (Interview T-05) identified the improper application of art 63 of the Criminal Procedure Code (bail provisions) and the failure to apply art 67 (which requires consideration of victim safety) alongside it as specific legal gaps requiring judicial clarification.

[126] Interview 03 (Women and Children's Affairs Coordinator Judge, Federal First Instance Court, Addis Ababa). The CCTV monitoring of police investigation activities by the court judge is a particularly innovative protective practice

However, the Mekelle High Court presents a markedly different picture. The Mekelle High Court judge (Interview M-01) confirmed that the specialized bench for women and children's cases that had existed prior to the conflict, which had operated with judges and prosecutors selected for their specialized expertise in coordination with the Ayder One Stop Center, was abolished following the war. This abolition, attributable directly to the conflict's disruption of institutional capacity, stripped Tigray's primary court of the most important structural safeguard available to survivors in judicial proceedings. The interview note for Interview M-01 records that the singular institutional focus following the abolition became limited to ensuring only in-camera hearings, one formal protection, without the broader specialist expertise that had previously existed.[127]

Beyond the structural abolition of the specialized bench, judicial practices in Mekelle were documented as generating secondary victimization through a combination of inadequate expertise and insensitive questioning. The Mekelle High Court senior judge (Interview M-04) described a specific and representative example: questions such as 'by how many people were you raped?' are routinely asked of survivors during trials or investigations. The interview note records that asking such questions, which imply prior institutional knowledge of the facts and suggest the survivor's case is already publicly known, creates in survivors a sense of insecurity and exposure that constitutes direct institutional re-traumatization. The judge attributed this pattern to a lack of specialized expertise, observing that 'workers in the justice institutions make fatal mistakes in dealing with cases of survivors.'[128]

An evidentiary practice specifically documented by the Mulu Mesfin OSC nurse (Interview T-03) and the Ayder OSC coordinator (Interview T-04) as a form of institutional secondary victimization is the judicial demand for examination of the hymen or virginity of survivors to prove rape. Interview T-03 specifically identified this as a practice demanded 'even by judges' and as a legal issue requiring judicial clarification. This practice is both scientifically discredited, hymen examination cannot establish the occurrence or non-occurrence of rape, and constitutes an invasive physical examination that violates survivors' bodily integrity and dignity, compounding the physical harm of the original violence through institutional procedure.[129]

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not documented in other jurisdictions reviewed for this study, though its effectiveness depends entirely on the judge's availability and willingness to review footage in response to survivor complaints.

[127] Interview M-01 (Criminal Judge, Mekelle High Court): 'The special benches handling cases involving abuse of women and children have been shut down/abolished.' The abolition of the specialized bench is one of the most significant documented consequences of the conflict's impact on institutional protective capacity in Tigray, representing a structural regression in survivor protection at precisely the moment of greatest need.

[128] Interview M-04 (Senior Judge, Mekelle High Court). The practice of judges and prosecutors appearing in uniform was also identified by Interview M-01 as contributing to survivor discomfort and intimidation, and Interview M-04 described protocols requiring plain clothes to minimize undue pressure. The Mekelle High Court protocols on plain clothing and in-camera proceedings, while meaningful, represent the outer limit of institutional safeguards in the absence of the abolished specialized bench.

[129] Interview T-03 (MMC OSC Nurse/CEO); Interview T-04 (Ayder OSC Coordinator). The WHO has explicitly condemned virginity testing as a violation of women's and girls' human rights: WHO, OHCHR and UN Women, Eliminating Virginity Testing: An Interagency Statement (WHO 2018). Its application by Ethiopian courts in rape cases constitutes a violation of arts 24 and 35(4) of the FDRE Constitution and of art 7 of CEDAW.

6.2 Health, One Stop Center, and Psychosocial Service Responses

One Stop Centers (OSCs) are the cornerstone of the integrated multi-sectoral response to survivors of sexual violence in Ethiopia. Designed to provide medical, psychosocial, and legal services under one roof, OSCs represent the institutional embodiment of the survivor-centered approach: they reduce the number of times survivors must recount their experiences, provide confidential and integrated care, and offer referral pathways to shelter and legal assistance. UNFPA supports seven OSCs in Tigray through the 3R4CACE project, with the Ayder Comprehensive Specialized Hospital OSC in Mekelle operating as the primary referral centre.[130]

6.2.1 Positive Practices and Strengths

The health and OSC sector emerges from the interview data as significantly more consistently survivor-centered in its approach than the justice sector, particularly in the Tigray context. The Ayder OSC coordinator (Interview T-04) described a system in which professionals have received training in GBV guiding principles, in which survivor consent is required for all services, and in which the recently adopted Standard Operating Procedures define clearly which institution should deliver which services. The Mulu Mesfin Charity Organization (Interview T-03) described a comprehensive service model encompassing health services (including telemedicine), counselling, vocational training, and rehabilitation support, with all survivor identities coded and services delivered in accordance with confidentiality guidelines.[131]

The GOAL Ethiopia protection officer (Interview M-03) described a notably innovative practice adopted to protect the identities of HIV-positive survivors accessing health services: medical services are delivered at locations not publicly known as HIV testing or treatment centers, preventing community identification of survivors' status from their physical presence at a facility. Similarly, Moms for Moms (Interview M-02) described a practice of home visits in which service providers disguise their professional identity by presenting as visiting relatives or friends, preventing the identification of survivors as beneficiaries of GBV support services.[132]

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[130] UNFPA Ethiopia, 'A Holistic Approach to GBV Survivors Sees Women Rebuilding after Conflict' (UNFPA Ethiopia, March 2026) https://ethiopia.unfpa.org/en/news/holistic-approach-gbv-survivors-sees-women-rebuilding-after-conflict accessed 23 April 2026. OSCs in Ethiopia provide clinical management of rape, emergency contraception, HIV/STI treatment, mental health and psychosocial services, legal aid, shelter referral, and livelihood support: UNICEF/Government of Ethiopia, One Stop Centre Inauguration Statement (November 2022) https://reliefweb.int/report/ethiopia/government-ethiopia-and-unicef-inaugurate-one-stop-centre accessed 23 April 2026.

[131] Interview T-04 (Ayder OSC Coordinator); Interview T-03 (MMC OSC Nurse/CEO). The guardian of Survivor II confirmed the quality of health sector treatment: 'the treatment by the medical staff was great, apart from the treatment they gave her, they also advised me on how to handle her.' Survivor I similarly stated: 'the medical staff try their best to comfort us. I feel safe in their hands.' Survivor III said: 'regarding the treatment by the medical staff, the treatment is well. They always tell us that this is not our fault and it is the perpetrator who should be ashamed of their acts.'

[132] Interview M-03 (GOAL Ethiopia Protection Officer); Interview M-02 (Moms for Moms Regional Protection Manager). These practices represent creative and operationally effective adaptations of the confidentiality principle to the specific conditions of service delivery in a stigma-intensive environment, and are consistent with the WHO and UNHCR guidance on trauma-informed and confidential service delivery.

The Moms for Moms protection officer (Interview M-02) articulated a foundational principle that distinguishes the best health and CSO sector practice from justice sector engagement: 'provision of services is based on free consent of the beneficiary. Coercing the survivors to make medical check-up even for their good is strictly forbidden.' This operationalization of informed consent as an absolute principle, even where professional judgment might suggest a health intervention is beneficial, reflects the survivor-centered approach in its most rigorous form and stands in direct contrast to the documented pattern of justice sector actors requiring survivors to participate in processes without regard for their consent or readiness.

6.2.2 Gaps, Supply Failures, and Secondary Victimization within Health Services

Despite these positive practices, significant and well-documented gaps in health and OSC service delivery contribute to secondary victimization in ways that all three survivor consultations directly confirmed. The most consistently documented gap is the absence of adequate medicine and supply stocks in OSC facilities, which forces survivors to purchase medicines from private pharmacies at their own cost. All three survivors who participated in this study described this experience. Survivor I stated that she obtained health services from the OSC a year after the incident but noted 'we are forced to buy medicines from private pharmacies.' Survivor III described being unable to afford the mental health medicines she requires and being forced to 'beg before the CSO to cover the expenses.' The guardian of Survivor II confirmed that one medicine was unavailable at the OSC and had to be purchased privately.[133]

The public delivery of services, in which survivors are seen entering OSC facilities or health centers in ways that expose their status to community members, was documented as a significant gap by the Ayder OSC coordinator (Interview T-04) and confirmed by the field observation of the GOAL Ethiopia protection officer (Interview M-03), who described visiting a survivor who stated that 'when she goes to social activities or church she feels that everybody gazes at her.' The Mulu Mesfin OSC nurse (Interview T-03) specifically identified 'handling SGBV cases publicly during investigation and prosecution' as a form of institutional re-victimization. The pattern of public service exposure is directly linked to the stigmatization described in Section Five: it is the institutional mechanism through which community identification of survivors occurs.[134]

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[133] Survivor I, Survivor II (via guardian), and Survivor III consultations. The EHRC coordinator (Interview 01) and the Regional Justice Office Deputy (Interview T-02) also identified the shortage of supplies in health facilities as a systemic gap. UNFPA's 3R4CACE project has partially addressed supply gaps at the seven supported OSCs in Tigray, but coverage remains incomplete. International standards require that post-rape health services, including emergency contraception and HIV prophylaxis, be provided free of charge: WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors (WHO 2020).

[134] Interview T-04 (Ayder OSC Coordinator); Interview M-03 (GOAL Ethiopia Protection Officer); Interview T-03 (MMC OSC Nurse/CEO). The SOP on GBV recently adopted in Tigray contains provisions addressing confidentiality in service delivery, but the Ayder OSC coordinator (Interview T-04) confirmed that 'the training has not yet been cascaded sufficiently which disrupts the whole process of service delivery and healing of survivors.'

A specific medico-legal failure with direct secondary victimization consequences is the mistranslation and delayed reporting of medical examination results. The Regional Public Prosecutor (Interview T-05) and the Ayder OSC coordinator (Interview T-04) both documented the problem of medical examination reports being written in English, the dominant language of medical professionals trained in Ethiopia, and then requiring translation into Tigrigna for judicial use, with survivors frequently required to fund this translation themselves. The Bureau of Women Affairs Deputy (Interview T-01) reported a disciplinary measure taken against health professionals who refused to write examination results in Tigrigna, confirming that this is a documented pattern of institutional non-compliance with survivor-centered practice rather than an isolated incident.[135]

6.3 Civil Society and Humanitarian Actor Responses

Civil society organizations and humanitarian actors occupy a critical space in the survivor support ecosystem in Tigray, filling gaps left by insufficient state institutional capacity and providing services, psychosocial support, awareness-raising, vocational training, material assistance, and community-based protection, that government institutions are not consistently able to deliver. The interviews with Moms for Moms (M-02) and GOAL Ethiopia (M-03) provide the primary data on civil society responses, supplemented by the account of the Mulu Mesfin Charity Organization (Interview T-03) in its dual role as OSC service provider and independent NGO.

The civil society sector demonstrates several strengths that distinguish it from both the justice and health service sectors. Its trauma-informed approach, explicitly applied by Moms for Moms (Interview M-02) as a core operational principle, ensures that all interactions with survivors are governed by awareness of the psychological dynamics of trauma and the specific risks of re-traumatization. Its community-based reach enables it to engage with survivors who have not accessed formal institutions, including through home visits. Its awareness-raising activities targeting community members, including religious leaders, represent engagement with the socio-cultural drivers of stigma at the community level where legal and institutional responses cannot readily penetrate.[136]

However, the civil society sector also faces structural limitations that constrain its capacity to address secondary victimization comprehensively. The Moms for Moms protection officer (Interview M-02) acknowledged that the general principles governing the organization's operations, including the 'do no harm' principle, are generalized humanitarian principles that may fall short of addressing the specific and severe nature of harm sustained by conflict-related rape

[135] Interview T-05 (Regional Public Prosecutor); Interview T-04 (Ayder OSC Coordinator); Interview T-01 (Bureau of Women Affairs, Tigray). The delay in medical examination results was identified by Interview T-03 as a mechanism that allows perpetrators to delay proceedings until evidence deteriorates: 'seducing the survivor until evidences disappear.'

[136] Interview M-02 (Moms for Moms, Regional Protection Manager): 'the idea of trauma-informed response can be considered as a positive institutional principle in preventing the challenges.' Interview M-03 (GOAL Ethiopia): awareness-raising campaigns targeting key community members such as religious leaders are conducted to minimize the feeling of stigma among survivors.

survivors. The absence of specialized guidelines developed specifically for conflict-related sexual violence, as opposed to GBV in general, represents a gap in the organizational framework of most CSOs operating in Tigray. The violation of confidentiality through lack of professional knowledge by individual service providers was also identified by Interview M-02 as a risk within the civil society sector, not only within government institutions.[137]

6.4 Government Administrative Body Responses

Government administrative bodies with mandates relevant to gender-based violence — the Bureau of Women Affairs in Tigray (Interview T-01), the Addis Ababa Women, Children and Social Affairs Bureau (Interview 05), and the Ethiopian Human Rights Commission (Interview 01) — perform several functions critical to the survivor support ecosystem, including complaint receipt and referral, inter-institutional coordination, monitoring and oversight, legal and policy advocacy, and capacity-building through training of other institutions.

The EHRC is particularly significant as an independent monitoring and accountability body. Its mandate includes independent investigation of systemic abuses including GBV cases, documentation of patterns, causes, and consequences of GBV, referral of cases to relevant organizations, and legal and policy advocacy. The EHRC coordinator (Interview 01) described the joint investigation conducted with OHCHR on rape cases occurring during the northern Ethiopia conflict, the investigation that produced the landmark 2021 JIT report, as one of the most significant exercises of the Commission's mandate. The EHRC also uses a digital complaint handling mechanism with a coding system to protect survivor identities, offers online complaint submission to reduce access barriers for survivors with economic constraints, and operates a referral network with 17 civil society organizations.[138]

The Bureau of Women Affairs, Tigray (Interview T-01) coordinates the regional steering committee on GBV and provides psychosocial support, counselling, referral linkages, survivor rehabilitation, and transportation cost coverage. Critically, it also exercises an oversight function: a disciplinary measure was taken against a police officer for victim-blaming conduct, and a disciplinary measure was taken against health professionals who refused to issue medical

[137] Interview M-02 (Moms for Moms Regional Protection Manager): 'lack of professional knowledge by the individuals likely affects their privacy and dignity. Violations of confidentiality is another serious violation that happens on survivors.' The interview note for M-02 observes that the generalized nature of the 'do no harm' principle 'may fall short of addressing the gross nature of the harm sustained by the rape survivors,' demonstrating institutional unresponsiveness to the specific needs of conflict-related sexual violence survivors.

[138] Interview 01 (EHRC Women and Children Rights Coordinator). The EHRC's role as the Ethiopian co-investigator in the EHRC/OHCHR JIT is one of the most significant exercises of an African national human rights institution's mandate in conflict-related sexual violence documentation. Its continued monitoring function in the post-cessation period is essential to accountability efforts.

examination results in Tigrigna. These disciplinary actions, however, rare, represent the exercise of an important accountability function that the legal framework otherwise fails to provide.[139]

However, the administrative bodies also face significant structural constraints. The Senior Legal Expert of the Addis Ababa Bureau (Interview 05) identified the supervision of One Stop Centers by the Ministry of Justice rather than the Women and Social Affairs Bureau as a structural misalignment that undermines coordination: the OSCs' primary service function is health and psychosocial care, making them more naturally aligned with a social affairs mandate than a justice mandate. The EHRC coordinator (Interview 01) identified the lack of safe and comfortable investigation rooms across multiple institutions, shortage of shelters, and inadequate economic resources as systemic institutional gaps that the EHRC's monitoring function documents but cannot itself remedy.[140]

6.5 Inter-Institutional Coordination and Referral Mechanisms

The effectiveness of institutional responses to rape survivors depends not only on the performance of individual institutions but on the quality of coordination among them. The referral pathway, the structured mechanism through which a survivor is connected from one service provider to another, is the operational vehicle through which the integrated multi-sectoral response envisioned by the survivor-centered approach is realized in practice. The evidence gathered for this study reveals that inter-institutional coordination and referral mechanisms in Tigray are significantly underdeveloped and inconsistently applied.

The Tigray region has recently adopted a Standard Operating Procedure on GBV that defines which institution should deliver what service to survivors, and a referral pathway and service mapping have been developed by NGOs in collaboration with government bodies. The regional steering committee coordinated by the Bureau of Women Affairs (Interview T-01) provides a formal inter-institutional governance mechanism. These represent meaningful structural advances over the situation during the conflict, when virtually all formal coordination mechanisms had collapsed.[141]

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[139] Interview T-01 (Deputy Bureau Head and Gender Expert, Bureau of Women Affairs, Tigray). The Bureau's capacity to take disciplinary action against officials in other institutions reflects an inter-institutional coordination function that is significant but limited: it depends on the willingness of relevant institutions to cooperate and on the visibility of violations to Bureau oversight.

[140] Interview 05 (Senior Legal Expert, Addis Ababa Bureau); Interview 01 (EHRC Coordinator). The structural misalignment in OSC supervision is a policy design failure with direct consequences for service coordination and survivor-centered delivery. As the interview note for Interview 05 records, the Bureau's limited media presence further reduces its public awareness impact: 'we do have a media program but it is not going like a mainstream media.'

[141] Interview T-01 (Bureau of Women Affairs); Interview T-04 (Ayder OSC Coordinator); Interview T-02 (Regional Justice Office). The UNFPA 3R4CACE project supporting seven OSCs in Tigray also includes inter-institutional coordination as a component, supporting the development of referral pathways and service mapping.

However, the practical reality documented by key informants diverges significantly from these formal mechanisms. The Mulu Mesfin OSC nurse (Interview T-03) identified 'poor referral channel especially in areas where there is no one stop center' as a principal gap. The Regional Justice Office Deputy (Interview T-02) reported that the SOP 'for budgetary constraints is not cascaded to every prosecutor.' The Federal First Instance Court judge (Interview 03) identified the absence of judicial oversight mechanisms that would allow courts to monitor police behavior towards survivors as a coordination gap: 'courts are not in a place to oversee the police works, so it would have been better if there was a way that the courts can also follow up and oversee the acts of the police.'[142]

The testimony of the guardian of Survivor II captures the practical consequence of poor referral coordination from the survivor's perspective: when visiting the police station for updates on the investigation, the investigating officer was 'not accommodative enough to inform me about the case progress.' This absence of active case management and information sharing with survivors and their families, the failure to keep survivors informed and connected to the process, represents a basic failure of the survivor-centered approach that should require no additional resources, only a different institutional orientation.

6.6 Synthesis: The Institutional Production of Secondary Victimization

The analysis across all four institutional sectors produces a coherent and analytically significant picture. Secondary victimization in the Tigray context is not produced exclusively by individual acts of insensitivity or malice by individual officials, though such acts are documented and must be addressed. More fundamentally, it is produced by structural institutional failures that operate systematically and predictably across the survivor's entire journey through institutional processes.

These structural failures include: the absence of mandatory in-camera proceedings and confidentiality safeguards across the justice sector; the abolition of specialized judicial benches in Tigray following the conflict; the absence of specialized GBV units within the Tigray regional justice system; the persistent application of victim-blaming investigative practices by police; the facilitation of informal settlement by justice actors; the use of lenient bail provisions that enable witness intimidation; the demand for scientifically discredited virginity examination as evidentiary proof of rape; the failure to supply OSCs with adequate medicines; the public delivery of services that exposes survivor identities; the non-cascading of SOP guidelines to frontline practitioners; the absence of systematic cross-institutional coordination; and the cost-shifting of investigation expenses onto survivors.

[142] Interview T-03 (MMC OSC Nurse/CEO); Interview T-02 (Regional Justice Office Deputy); Interview 03 (Federal First Instance Court Judge). The Federal Public Prosecutor (Interview 04) confirmed that collaboration with organizations like Justice for All, the MOJ, and health professionals exists in Addis Ababa but that this level of inter-institutional coordination does not consistently extend to Tigray.

Accordingly, two analytically critical conclusions emerge for the strategic litigation and gap identification analyses that follow. First, the most severe institutional failures documented in this section are concentrated in Tigray, the region most directly affected by conflict-related sexual violence, while the relatively more organized institutional framework in Addis Ababa demonstrates that survivor-centered practices are achievable within the Ethiopian institutional context. This geographic asymmetry is not accidental: it is a direct consequence of the conflict's destruction of institutional capacity in Tigray, and it demonstrates the state's failure to rebuild survivor protection infrastructure in the region most urgently requiring it. Second, the consistent gap between formal institutional mandates and operational practice, between the SOPs that exist on paper and the practices documented in the interviews, confirms the theoretical proposition advanced in Section Two: that legal frameworks and institutional guidelines, however well designed, cannot substitute for binding legislative obligations, mandatory enforcement mechanisms, systematic training, and accountability structures. These conclusions directly inform the identification of legal and institutional gaps in Section Seven and the mapping of strategic litigation opportunities in Section Eight.[143]

[143] This conclusion is consistent with the findings of UN Women Africa, A Review of Ethiopian Law from a Gender Perspective (UN Women Africa 2022) 12–15, which identifies the absence of effective enforcement mechanisms as the principal factor undermining the rights and protections formally guaranteed to women under the Ethiopian constitutional framework.

SECTION SEVEN
LEGAL AND INSTITUTIONAL GAPS CONTRIBUTING TO SECONDARY VICTIMIZATION

Introduction

The preceding sections have collectively established the empirical and normative foundations upon which the present section builds. Section Four identified the international, regional, and domestic legal obligations binding on Ethiopia for the protection of survivors of sexual violence from secondary victimization. Sections Five and Six documented the lived reality of stigmatization and institutional failure as experienced by survivors and as observed by the seventeen key informants and three survivors who participated in this study. The present section synthesizes those findings into a systematic identification and analysis of the legal and institutional gaps that allow, perpetuate, and exacerbate secondary victimization of rape survivors in the Tigray context. These gaps are not merely descriptive observations: they constitute violations of binding legal obligations and identifiable targets for strategic litigation and legislative reform. The analysis is organized across three principal categories: gaps in the substantive legal framework; gaps in procedural law and evidentiary rules; and institutional gaps in policy, capacity, and oversight.

7.1 Gaps in the Substantive Legal Framework

7.1.1 Absence of a Comprehensive Gender-Based Violence Law

The single most fundamental and consistently identified legal gap in the Ethiopian framework is the absence of a comprehensive, standalone legislative instrument specifically addressing gender-based violence. This gap was identified unanimously by all key informants from the justice sector who addressed the subject, spanning both Addis Ababa and Tigray. The EHRC coordinator (Interview 01) identified the 'lack of separate and comprehensive law addressing gender-based violence' as a primary legal barrier. The Federal First Instance Court judge (Interview 03) described GBV-related laws as 'scattered here and there' and called for codification in a single document. The Senior Legal Expert at the Addis Ababa Bureau (Interview 05) called for 'absence of separated GBV proclamation' to be remedied by treating GBV crimes as a distinct legislative category, 'separated and documented and codified alone like the family laws.'[144]

The consequences of this legislative fragmentation are severe and directly contribute to secondary victimization in multiple ways. First, the absence of a comprehensive GBV law means that there is no single instrument establishing mandatory survivor-centered procedural standards

[144] Interview 01 (EHRC, Women and Children Rights Coordinator); Interview 03 (Judge, Federal First Instance Court); Interview 05 (Senior Legal Expert, Addis Ababa Women, Children and Social Affairs Bureau). The uniformity of this finding across all justice sector respondents constitutes compelling evidence of a systemic legal gap rather than an isolated professional concern.

applicable across all institutions, such as police, prosecutors, courts, and health providers, whose compliance can be uniformly enforced and monitored. Without such a statutory mandate, the application of survivor-centered practices depends on the goodwill and training of individual officials, producing the profound institutional inconsistency documented in Section Six. Second, the fragmented legal landscape leaves critical gaps in substantive protection: no single provision comprehensively addresses stigmatization, privacy violations arising from institutional conduct, remedies for secondary harm, or the specific vulnerabilities of conflict-related sexual violence survivors. Third, the fragmentation impedes survivors' access to justice by requiring them to navigate multiple legal instruments across different institutional contexts, a task that survivors without legal representation, the overwhelming majority, are effectively unable to perform.[145]

7.1.2 Absence of Anti-Stigmatization and Dignity Protection Provisions

Ethiopian law contains no provisions specifically prohibiting or penalizing the stigmatization of rape survivors by community members, family members, or institutional actors outside the justice process. While the FDRE Constitution guarantees the right to dignity under Article 24 and prohibits laws, customs, and practices that cause bodily or mental harm to women under Article 35(4), these constitutional guarantees are not operationalized by any specific legislative provision that would enable survivors to seek legal redress for the community-level stigmatization, labelling, social exclusion, and harmful institutional conduct documented in this study.[146]

The consequences of this gap are illustrated with particular clarity by the experiences of the three survivors who participated in this study. Survivor I described her oldest son calling her 'impure,' refusing to eat food she had prepared, and physically assaulting the baby born of the rape. Survivor III described her mother pressuring her to commit infanticide, calling her 'lazy' for failing to do so, and describing neighbors and community members referring to survivors collectively as 'leftovers.' Survivor I stated she had attempted suicide several times as a direct result of this community stigma. None of these acts, the labelling, the social exclusion, the pressure to commit infanticide, the assault of the child born of rape, is specifically addressed by any provision of Ethiopian domestic law in the context of secondary victimization of rape survivors.[147]

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[145] The CEDAW Committee's 2019 Concluding Observations on Ethiopia specifically called on Ethiopia to adopt a national law specifically addressing all forms of gender-based violence: CEDAW Committee, Concluding Observations on the Combined Sixth and Seventh Periodic Reports of Ethiopia (UN Doc CEDAW/C/ETH/CO/6-7, November 2019) para 22(a). The absence of comprehensive GBV legislation is explicitly recognized as a violation of Ethiopia's obligations under CEDAW art 2(a) (obligation to embody gender equality in national legislation) and art 2(b) (obligation to adopt appropriate legislative measures prohibiting discrimination).

[146] FDRE Constitution arts 24, 35(4). The interviewer analytical notes for Interview M-01 (Mekelle High Court judge) explicitly identify this gap: 'No special laws that criminalize these acts [out-of-court secondary victimization] are in place, nor did the judge mention any pertinent provision thereto. Out of court abuses that retraumatize survivors are rampant. Treating victims with indignity among the public is commonplace.'

[147] Survivor I consultation; Survivor III consultation. The assault of the child born of rape by the father (Survivor III) and the physical assaults by the adult son (Survivor I) may in principle be prosecuted under the general criminal law provisions on assault and child abuse (Criminal Code arts 555–561), but no provision specifically addresses these

The absence of anti-stigmatization provisions also means that the informal dispute resolution practices documented throughout this study, community elders pressuring survivors to accept financial settlement, to marry perpetrators, or to withdraw criminal complaints in the interests of 'family honour', cannot be challenged as unlawful conduct. While the FDRE Constitution Article 35(4) prohibits customs and practices that cause mental harm to women, the absence of implementing legislation means this prohibition is not translated into an actionable right. This gap directly enables the perpetuation of the most pervasive form of community-level secondary victimization documented in this study.[148]

7.1.3 Inadequate Sentencing Framework and Absence of Mandatory Minimum Penalties

The Federal Criminal Code's sentencing framework for rape, providing a range of rigorous imprisonment from five to fifteen years under Article 620, was identified by multiple key informants as creating a 'broad sentence gap' that results in manifestly inadequate sentences for the most serious acts of conflict-related sexual violence. The Bureau of Women Affairs Deputy (Interview T-01) specifically characterized the sentencing gap as a principal legal barrier, using the phrase 'broad sentence gap' as a direct description. The Senior Legal Expert (Interview 05) described a 'minimum and low sentencing system in light to the gravity of the crime.' The Mulu Mesfin OSC nurse (Interview T-03) identified 'inequivalence of the punishment with the act committed' as a legal gap, while the Regional Public Prosecutor (Interview T-05) called for 'sufficient punishment award to perpetrators.'[149]

This gap has two distinct dimensions. First, the breadth of the sentencing range, from five to fifteen years, affords judges such wide discretion that inadequate sentences are routinely imposed for grave acts of rape, particularly in the absence of specialized judicial training on the severity of conflict-related sexual violence. Second, the Criminal Code does not establish specific aggravated penalties for rape committed during armed conflict, for gang rape carried out as part of a systematic pattern of ethnic targeting, or for rape accompanied by other forms of sexual violence such as mutilation or sexual slavery, where the specific forms of CRSV documented extensively in the Tigray conflict. This legislative omission fails to reflect the gravity of these acts as crimes

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acts as manifestations of secondary victimization of rape survivors or provides aggravated penalties reflecting their specific character.

[148] The Mekelle High Court judge (Interview M-01), the Senior Legal Expert (Interview 05), and the Federal Public Prosecutor (Interview 04) all identified informal settlement pressure by community elders as a critical barrier to justice that the legal framework does not adequately address. The Maputo Protocol art 4(2)(a) obligates states to enact and enforce laws prohibiting all forms of violence against women, including harmful practices and customs — an obligation not fulfilled by the current Ethiopian legislative framework in relation to stigmatization of rape survivors.

[149] Interview T-01 (Bureau of Women Affairs, Tigray); Interview 05 (Addis Ababa Bureau Senior Legal Expert); Interview T-03 (MMC OSC Nurse/CEO); Interview T-05 (Regional Public Prosecutor, Tigray). Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No 414/2004, art 620.

against humanity and war crimes under international law, and directly undermines the deterrent and accountability functions of the criminal justice system.[150]

7.1.4 Inadequate Victim Compensation Framework

Ethiopian law does not provide an adequate framework for victim compensation in sexual violence cases. The EHRC coordinator (Interview 01) identified 'the issue of adequate and timely victim compensation' as not being 'sufficiently addressed within the legal framework.' The Regional Public Prosecutor (Interview T-05) described 'unfair laws relating to moral compensation' as a specific legal gap. The Federal Public Prosecutor (Interview 02) identified 'weak compensation mechanisms' as a primary legal barrier, and the EHRC coordinator (Interview 01) listed compensation as a legal issue requiring judicial clarification.[151]

This gap is particularly significant in light of the obligations imposed by the Maputo Protocol Article 25, which requires states to provide adequate remedies including compensation for harm suffered, and by the UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence, which specifically calls for reparations that address not only the primary violence but the compounding harms of stigmatization and secondary victimization. The absence of a reparations framework specifically tailored to conflict-related sexual violence survivors in Tigray represents one of the most consequential legal gaps identified in this study, given the scale of harm documented and the economic destitution experienced by survivors following marital rejection and family abandonment.[152]

7.1.5 Absence of Legal Prohibition of Informal Settlement in Sexual Violence Cases

Ethiopian law does not contain an explicit statutory provision prohibiting informal settlement, mediation, or reconciliation in cases of rape and serious sexual violence. The practice of community elders, police officers, and even some prosecutors facilitating informal settlement, as documented by Interviews 04, 05, T-01, T-02, T-03, and the guardian of Survivor II, therefore

[150] The Rome Statute of the International Criminal Court arts 7(1)(g) and 8(2)(b)(xxii) establish gang rape, sexual slavery, and other forms of sexual violence as crimes against humanity and war crimes when committed as part of a widespread or systematic attack against a civilian population. The failure of the Federal Criminal Code to reflect these norms in its sentencing framework for the most serious forms of sexual violence constitutes a gap in Ethiopia's implementation of its international criminal law obligations.

[151] Interview 01 (EHRC Coordinator); Interview T-05 (Regional Public Prosecutor); Interview 02 (Federal Public Prosecutor, Addis Ababa). Under Ethiopian civil law, a victim of a criminal ' offence may in principle claim compensation through a civil action joined to criminal proceedings. However, the absence of specific provisions on non-pecuniary (moral) compensation for secondary victimization — including compensation for stigmatization, mental anguish, and social exclusion suffered as a result of institutional failures — means that survivors who have suffered these harms have no clear legal remedy.

[152] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) art 25; UN Secretary-General, Guidance Note on Reparations for Conflict-Related Sexual Violence (June 2014) 3–5. The Guidance Note specifically identifies the failure to provide reparations that address secondary harms as a violation of the state's obligation to provide effective remedies to survivors.

occurs in a legal vacuum in which it is tolerated rather than prohibited. This gap is analytically significant because informal settlement in sexual violence cases serves simultaneously to deny survivors access to justice, to suppress evidence needed for criminal accountability, and to transfer financial value to perpetrators' families in a manner that effectively commodifies the harm inflicted on survivors.[153]

Under the mandatory prosecution principle applicable to serious criminal offences under Ethiopian criminal law, and under Ethiopia's due diligence obligations under CEDAW General Recommendation No 35, the state is required to prosecute perpetrators of serious gender-based violence regardless of survivors' ability or willingness to proceed, particularly where that willingness has been suppressed by coercion, stigma, or economic pressure. The absence of an explicit statutory prohibition on informal settlement in sexual violence cases, combined with the absence of disciplinary consequences for justice officials who facilitate such settlement, means that this international obligation is systematically violated in practice.[154]

7.2 Gaps in Procedural Law and Evidentiary Rules

7.2.1 Absence of Mandatory In Camera Proceedings

As established in Section Four, the 1961 Criminal Procedure Code Article 167 authorizes courts to conduct proceedings in camera in cases where public hearing would be contrary to good morals or public order. This provision is permissive rather than mandatory: it creates a discretionary power rather than an obligation. The practical consequence, documented by the Regional Public Prosecutor (Interview T-05) in terms that are analytically definitive, is that 'neither the police, public prosecutor nor the court initiates the case to be handled in a closed session.' The Ayder OSC coordinator (Interview T-04) confirmed this as a legal issue requiring judicial clarification: 'issue of delivering justice in a closed session' was specifically identified as requiring reform.[155]

The gap between the legal authorization and its practical non-application means that rape survivors in Tigray routinely have their cases handled in open proceedings, in the presence of

[153] Interview 04 (Federal Public Prosecutor): 'unethical way of negotiation by community elders (traditional mediators) which they left behind the interest of the victim.' Interview 05 (Addis Ababa Bureau Senior Legal Expert): 'I am aware of a lot of cases where a police tries to negotiate the survivor with the perpetrators.' Interview T-02 (Regional Justice Office Deputy): 'forcing the survivor for informal settlement, even by police.' Guardian of Survivor II: perpetrator's family threatened informal settlement as a condition for not pursuing bail release.

[154] CEDAW Committee, General Recommendation No 35: Gender-Based Violence Against Women (2017) UN Doc CEDAW/C/GC/35, para 30(b) (calling on states to ensure that conciliation, mediation, or diversion mechanisms are not applied in cases of violence against women). This provision directly addresses the informal settlement practices documented in this study.

[155] Interview T-05 (Regional Public Prosecutor, Tigray); Interview T-04 (Ayder OSC Coordinator). Criminal Procedure Code of Ethiopia, Proclamation No 185/1961, art 167. The mandatory nature of in-camera proceedings in sexual violence cases is required by CEDAW General Recommendation No 35, para 30(d), which calls on states to 'protect victims' privacy ' and safety, including by conducting proceedings in camera ' or by other appropriate measures.'

persons other than the investigating officer and the survivor, without any institutional actor taking responsibility for invoking the available privacy protection. This structural failure constitutes a direct and systematic violation of survivors' right to privacy under Article 17 of the ICCPR and Article 26 of the FDRE Constitution, and produces secondary victimization through public exposure at the most intimate stage of the justice process.

7.2.2 Evidentiary Rules: The Hearsay Gap and the Burden of Proof

The evidentiary framework applicable to sexual violence cases in Ethiopia contains two specific and interrelated gaps that directly disadvantage survivors and contribute to secondary victimization by demanding forms of proof that the specific circumstances of sexual violence make impossible or disproportionately burdensome to provide.

First, the exclusion of hearsay evidence as a primary evidentiary source creates particular difficulty in sexual violence cases where survivors are frequently the sole witnesses to the crime and where trauma, stigma, and fear may prevent them from giving consistent testimony across multiple hearings. The Federal First Instance Court judge (Interview 03) identified the hearsay evidence gap with precision: 'there is a problem with the procedural laws, hearsay evidence is not included, which needs to be included as a primary source of evidence because in GBV cases, as the victims are vulnerable ones, it is way more helpful to adjudicate cases properly.' The same judge identified 'issues of evidence, narrow evidence system' as a legal issue requiring judicial clarification.[156]

Second, the burden of proof framework applicable to sexual violence cases does not reflect the clandestine nature of the crime. The Regional Public Prosecutor (Interview T-05) identified this with analytical precision: 'laws governing burden of proof have disregarded the fact that sexual violence is committed secretly.' The Mulu Mesfin OSC nurse (Interview T-03) characterized the burden of proof as 'not in line with survivor-centered approach.' The Ayder OSC coordinator (Interview T-04) similarly identified a 'gap on burden of proof' as a legal barrier. Where the standard of proof applied in sexual violence cases requires corroborating evidence that the circumstances of the crime make unavailable, including because health facilities were destroyed during the conflict, because survivors delayed reporting due to stigma and thereby allowed forensic evidence to deteriorate, or because perpetrators used social isolation and siege conditions to prevent witness attendance, survivors face an effectively insurmountable evidentiary burden that forecloses their access to justice.[157]

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[156] Interview 03 (Women and Children's Affairs Coordinator Judge, Federal First Instance Court, Addis Ababa). The exclusion of hearsay evidence as a primary evidentiary source in sexual violence cases is inconsistent with the survivor-centered evidentiary approach recommended by UN Women and OHCHR, which recognizes that the standard of corroboration required in many criminal justice systems is particularly difficult to satisfy in sexual violence cases and constitutes a structural barrier to access to justice: see OHCHR and UN Action, Strategic Litigation for Sexual and Gender-Based Violence: Lessons Learned (OHCHR 2021) 10–12.

[157] Interview T-05 (Regional Public Prosecutor, Tigray); Interview T-03 (MMC OSC Nurse/CEO); Interview T-04 (Ayder OSC Coordinator). The deliberate destruction of 70–80% of health facilities in Tigray during the conflict by

7.2.3 Bail Provisions and Witness Intimidation Gap

The bail provisions of the 1961 Criminal Procedure Code, particularly Article 63, were identified by multiple respondents as a critical procedural gap contributing directly to secondary victimization through witness intimidation and coercion. The Federal Public Prosecutor (Interview 02) described bail provisions as 'often insufficiently stringent, allowing the release of accused persons without adequate consideration of victim safety.' The Regional Public Prosecutor (Interview T-05) specifically identified over-reliance on Article 63 while 'undermining Art 67 of the same', meaning that courts routinely apply the general bail provision without invoking Article 67, which provides for pre-trial detention where release would endanger the investigation or the safety of witnesses.[158]

The consequences of this gap are directly documented in the survivor consultations. The guardian of Survivor II described the perpetrator's family explicitly threatening informal settlement as a condition of not pursuing bail release. The Federal Public Prosecutor (Interview 04) described a perpetrator threatening a witness at the courthouse exit, and the resulting failure to invoke the Witness Protection Proclamation No 699/2010 because the formal process was 'way too long.' This documented pattern, perpetrators released on bail, using that freedom to intimidate survivors into withdrawal, with no effective or timely formal response, constitutes a systemic procedural failure that directly produces secondary victimization and obstructs access to justice.

7.2.4 Absence of Prescribed Timeframes for Case Completion

Ethiopian law does not prescribe mandatory timeframes for the completion of criminal proceedings in sexual violence cases. The EHRC coordinator (Interview 01) identified the 'lack of legally prescribed time frames for the completion of case proceedings' as a legal barrier resulting in delays. The guardian of Survivor II described court delays as a direct cause of her daughter's disengagement from the justice process: 'delay of justice discourages from reporting.' The Senior Legal Expert (Interview 05) listed 'court delays' as among the principal legal barriers to survivor protection.[159]

Delays in sexual violence cases produce a specific form of secondary victimization that is distinct from general delays in the justice system: they enable perpetrators to use the passage of

armed forces directly destroyed the medical infrastructure necessary for forensic evidence collection: MSF, 'Life after Conflict: Why Mental Health Care in Tigray Cannot Wait' (October 2025).

[158] Interview 02 (Federal Public Prosecutor, Addis Ababa); Interview T-05 (Regional Public Prosecutor, Tigray). Criminal Procedure Code of Ethiopia, Proclamation No 185/1961, arts 63 (bail), 67 (pre-trial detention on grounds of danger to investigation or witnesses). The failure to apply art 67 in sexual violence cases where perpetrators have made threats to survivors constitutes a judicially remediable gap that can be addressed through strategic litigation compelling courts to apply art 67 alongside art 63.

[159] Interview 01 (EHRC Coordinator); Guardian of Survivor II; Interview 05 (Addis Ababa Bureau Senior Legal Expert). The right to a speedy trial is guaranteed under ICCPR art 14(3)(c), which provides that accused persons shall be tried without undue delay. In sexual violence cases, delays in adjudication constitute secondary victimization by prolonging survivors' exposure to the anxiety, uncertainty, and continuing risk of perpetrator intimidation associated with pending proceedings.

time to destroy forensic evidence, a tactic specifically described by the Mulu Mesfin OSC nurse (Interview T-03) as 'seducing the survivor until evidences disappear', to exhaust survivors' financial and psychological resources, and to apply sustained informal pressure for withdrawal. The absence of mandatory case completion timeframes thus functions as a structural enabler of impunity in sexual violence cases.

7.2.5 Virginity Examination as Evidentiary Requirement

The practice of demanding virginity or hymen examination as evidence of rape, documented as being demanded 'even by judges' in the Tigray context (Interview T-03), constitutes both a scientific fallacy and a direct violation of survivors' rights to dignity and bodily integrity. The World Health Organization, together with OHCHR and UN Women, has explicitly condemned virginity testing as a violation of women's and girls' human rights, noting that hymen examination cannot establish the occurrence or non-occurrence of rape and that the practice constitutes a harmful, medically unnecessary, and often traumatic procedure.[160]

The continued judicial demand for virginity examination in Ethiopian sexual violence proceedings constitutes a violation of Articles 24 and 35(4) of the FDRE Constitution and of CEDAW Article 5(a), which obliges states to modify social and cultural patterns of conduct based on stereotyped roles for men and women. It further represents a specific and judicially remediable legal gap: the absence of an explicit statutory prohibition on the use of virginity examination as evidence in sexual violence cases, equivalent to the rape shield laws enacted in many comparable jurisdictions, which prohibit the admission of evidence relating to the complainant's prior sexual history or physical characteristics.

7.3 Institutional Gaps in Capacity, Policy, and Oversight

7.3.1 Absence of Specialized GBV Units and Benches in Tigray

The abolition of specialized judicial benches for women and children's cases in Mekelle High Court following the conflict, confirmed by the Mekelle High Court judge (Interview M-01), represents the single most consequential institutional gap in the post-conflict justice response in Tigray. The specialized bench that had previously operated selected judges and prosecutors based on their specialized expertise in coordination with the Ayder One Stop Centre; its abolition has left sexual violence cases to be handled by generalist judges and prosecutors without specialized training, specialized protocols, or the institutional relationships with health and social services that the specialized bench had developed.[161]

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[160] Interview T-03 (MMC OSC Nurse/CEO): 'demands for examination of virginity/hymen to prove rape' — a legal issue ' requiring judicial clarification, identified explicitly as being demanded 'even by judges.' WHO, OHCHR and UN Women, Eliminating Virginity Testing: An Interagency Statement (WHO 2018) 1–4. The practice also violates art 15 of the Maputo Protocol (right to self-protection and to be protected against sexually transmitted infections including HIV) and art 14 (right to health).

[161] Interview M-01 (Mekelle High Court Judge). The Bureau of Women Affairs Deputy (Interview T-01) identified the 'absence of ' special bench for GBV cases' as a primary institutional weakness, and the Regional Public

This institutional gap is directly traceable to the conflict's destruction of institutional capacity in Tigray and constitutes part of Ethiopia's continuing obligation under IHL to restore protection mechanisms for survivors in the post-conflict period. The absence of specialized units is not merely a capacity deficiency: it is a structural condition that predictably produces secondary victimization by placing traumatized survivors in the hands of institutional actors who lack the training, sensitivity, and protocols to engage with them in a survivor-centered manner.

7.3.2 Inadequate Training and Cascade Failure of Guidelines

A systemic institutional gap that cuts across all justice sector institutions is the failure to cascade specialized GBV training and survivor-centered guidelines from policy-level development to frontline institutional practice. This gap was identified in virtually identical terms by respondents across both Addis Ababa and Tigray. The Ayder OSC coordinator (Interview T-04) described how 'the training has not yet been cascaded sufficiently' to justice sector actors, 'which disrupts the whole process of service delivery and healing of survivors.' The Regional Justice Office Deputy (Interview T-02) confirmed that 'soft laws developed in collaboration with NGOs' are 'not cascaded to every prosecutor' due to budgetary constraints. The Bureau of Women Affairs Deputy (Interview T-01) stated that 'the staffs in law enforcement organs have not got the opportunity for such training which affects confidentiality.'[162]

This training gap has direct consequences that are documented in the interview data with specificity. Police officers who have not received GBV training conduct investigations using the same techniques as ordinary criminal investigations, asking survivors to recount their experiences multiple times, failing to maintain confidentiality, applying victim-blaming frameworks, and routinely ignoring the in-camera provisions available to them. Justice sector actors who received no GBV training are, moreover, particularly susceptible to community stigma attitudes, since they bring to their institutional roles the same patriarchal gender norms that produce stigmatization at the community level.[163]

Prosecutor (Interview T-05) confirmed there is 'no separate/special bench for GBV' in the Tigray regional justice system. The Regional Justice Office Deputy (Interview T-02) stated: 'there is no special ' unit for SGBV cases. All the procedures followed to investigate ' and prosecute other serious cases equally apply to SGBV cases.'

[162] Interview T-04 (Ayder OSC Coordinator); Interview T-02 (Regional Justice Office Deputy); Interview T-01 (Bureau of Women Affairs, Tigray). The cascade failure is particularly stark given that the Bureau of Women Affairs Deputy (Interview T-01) noted that health facility professionals had taken training in GBV guiding principles while justice sector professionals had not — creating a training asymmetry within the same institutional ecosystem that directly explains the observed performance differences between the health and justice sectors documented in Section Six.

[163] The Bureau of Women Affairs Deputy (Interview T-01) noted that the police who were members of TDF (Tigray Defence Forces) were 'assigned to deliver services without having ' the respective trainings. So, it is natural that they will not deliver services properly.' This observation captures the specific post-conflict dimension of the training gap: demobilized fighters assigned to police duties without trauma-informed training are unlikely to provide survivor-centred service.

7.3.3 Absence of Confidentiality Infrastructure and Data Protection

The physical and administrative infrastructure necessary to protect survivor confidentiality within institutional settings is critically deficient in the Tigray justice system. The Regional Justice Office Deputy (Interview T-02) described files being kept openly on tables and boxes due to lack of file cabinets, a failure of basic physical security infrastructure. Multiple respondents documented the absence of separate, private rooms for investigation in police stations and justice offices. The EHRC coordinator (Interview 01) confirmed that 'lack of safe and comfortable investigation rooms in different institutions like the police commission, justice office and court rooms' is a documented systemic gap.[164]

The unauthorized disclosure of digitally recorded evidence, specifically the dissemination on social media of video recordings of rape, documented by the Federal Public Prosecutor (Interview 02), reveals a critical gap in data protection law and practice. Ethiopian law does not contain specific provisions governing the protection, storage, and authorized use of sensitive evidentiary material in sexual violence cases, including digital recordings. The consequence is that such material, once in institutional possession, is subject only to general professional duty obligations that are poorly monitored and inadequately enforced, leaving survivors vulnerable to the catastrophic secondary victimization that results from public dissemination of recordings of their assault.

7.3.4 Absence of Judicial Oversight of Police Conduct Towards Survivors

A specific institutional gap identified by the Federal First Instance Court judge (Interview 03) is the absence of mechanisms through which courts can monitor and oversee police conduct towards survivors at the investigation stage. The judge described this as a structural limitation: 'courts are not in a place to oversee the police works, so it would have been better if there was a way that the courts can also follow up and oversee the acts of the police because we are not sure if it is based on the interest of the survivor that they send them to the shelters.' This absence of judicial oversight means that police victim-blaming, informal settlement facilitation, and confidentiality violations occur in an institutional blind spot: they are neither directly observed by the courts, nor systematically reported to prosecutors, nor subject to any formal mechanism of review that would enable institutional accountability.[165]

[164] Interview T-02 (Regional Justice Office Deputy); Interview 01 (EHRC Coordinator). The contrast with the Addis Ababa Bureau (Interview 05), which described 'isolated rooms ' and fixed days for reporting and investigations' as standard practice, underscores that this is a resource-driven institutional failure in Tigray rather than an inherent impossibility within the Ethiopian institutional context.

[165] Interview 03 (Women and Children's Affairs Coordinator Judge, Federal First Instance Court). The innovative practice of the same court — judicial oversight of police investigation through CCTV monitoring — was described as a local institutional adaptation to precisely this gap and represents a model that could be mandated through legislative or administrative reform.

7.3.5 Inadequate OSC Resourcing and Supply Chain Failures

The consistent failure of OSC facilities to maintain adequate medicine and supply stocks, confirmed directly by all three survivor consultations and by multiple key informants, constitutes an institutional gap with both health rights and secondary victimization dimensions. The requirement that survivors purchase medicines for treatment of rape-related health consequences from private pharmacies at their own expense directly violates the international standard that post-rape health services must be provided free of charge, imposes an additional financial burden on survivors who are already economically destituted by family rejection and displacement, and in the most severe cases, as documented by Survivor III, who is unable to afford the mental health medicines she requires, constitutes a denial of the right to health that is direct and ongoing.[166]

7.4 Social and Normative Gaps

7.4.1 Absence of Legal Accountability for Community-Level Stigmatization

As noted in section 7.1.2 above, Ethiopian law contains no provision specifically prohibiting community-level stigmatization of rape survivors. The broader social and normative dimension of this gap is its interaction with the legal framework's failure to challenge the patriarchal gender norms that generate stigma. While FDRE Constitution Article 35(4) prohibits customs and practices causing mental harm to women, and while CEDAW Article 5(a) requires states to modify social and cultural patterns of conduct based on gender stereotypes, Ethiopia has not enacted legislation or adopted systematic institutional programmes specifically designed to challenge the honour/shame framework that constructs rape survivors as sources of family dishonour. In the absence of state-led efforts to counter these norms through legislation, awareness-raising, and community engagement, the social stigma documented in Section Five will continue to operate unchallenged.[167]

7.4.2 Absence of a Dedicated Transitional Justice Framework for CRSV Survivors

A gap of particular analytical significance in the Tigray context is the complete absence of a dedicated transitional justice framework addressing the specific needs and rights of conflict-related sexual violence survivors. The Cessation of Hostilities Agreement of November 2022 and the subsequent peace process have not produced a transitional justice mechanism that specifically

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[166] Survivor I, Survivor III consultations; Guardian of Survivor II consultation; Interview T-03 (MMC OSC Nurse/CEO); Interview T-04 (Ayder OSC Coordinator); Interview 01 (EHRC Coordinator). WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors (WHO 2020) requires that all post-rape clinical services, including emergency contraception, HIV prophylaxis, and psychosocial support, be provided free of charge. The right to health is guaranteed under ICESCR art 12, ratified by Ethiopia, and under the Maputo Protocol art 14.

[167] FDRE Constitution art 35(4); CEDAW art 5(a). The Addis Ababa Bureau (Interview 05) described a media program addressing GBV awareness but noted it 'is not going like a mainstream media.' GOAL Ethiopia (Interview M-03) described community awareness-raising targeting religious leaders, but this is a civil society intervention without legislative or systematic state support. The CEDAW Committee has specifically called on Ethiopia to address harmful social norms and stereotypes through comprehensive awareness-raising: CEDAW Committee, Concluding Observations on Ethiopia (2019) para 24(b).

addresses CRSV, provides reparations to survivors, or mandates truth-telling processes in which survivors' experiences are acknowledged at a societal level. Survivor I stated that her case is being handled by the 'Commission of Inquiry on Tigray Genocide', indicating that she had turned to an international accountability mechanism rather than domestic justice institutions for recognition of the wrong done to her.[168]

Without a transitional justice mechanism that formally acknowledges the systematic nature of the CRSV committed in Tigray, provides for reparations that address both primary and secondary harm, and creates truth-telling processes that affirm survivors' dignity and rebut the stigmatizing narratives constructed around them, the social conditions enabling secondary victimization will remain structurally intact. This gap is not merely a policy failure: it represents a violation of Ethiopia's obligations under the Maputo Protocol Article 25 (right to adequate remedies), the UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence, and the transitional justice dimensions of the WPS framework under Security Council Resolution 2467.

7.5 Synthesis: A Taxonomy of Gaps and Their Legal Significance

The analysis across sections 7.1 to 7.4 produces a comprehensive taxonomy of legal and institutional gaps that, taken together, constitute a systemic failure of the Ethiopian state to fulfil its binding obligations under international and regional human rights law to protect survivors of conflict-related sexual violence from secondary victimization. These gaps are not isolated deficiencies: they form an interlocking system in which each gap reinforces the others to produce the entrenched patterns of secondary victimization documented in Sections Five and Six.

Three overarching conclusions emerge from this taxonomy. First, the most fundamental gap, which is the absence of comprehensive GBV legislation, creates a legislative vacuum that all other gaps occupy. Without a single comprehensive instrument establishing mandatory survivor-centered standards, binding procedural protections, effective confidentiality safeguards, adequate sentencing, anti-stigmatization provisions, and enforceable compensation mechanisms, the specific gaps identified in sections 7.1.2 through 7.4.2 will continue to be reproduced regardless of whatever specific reforms are undertaken at the margins. Comprehensive GBV legislation is therefore the single most important legislative reform this study identifies. Second, the concentration of institutional gaps in Tigray, the abolition of specialized benches, the absence of specialized GBV units, the cascade failure of training, the physical infrastructure deficiencies, reflects the state's failure to rebuild survivor protection infrastructure in the region most severely affected by CRSV, in direct violation of its continuing IHL obligations in the post-conflict period.

[168] Survivor I consultation. The absence of a domestic transitional justice framework for CRSV survivors in Tigray has been documented by Physicians for Human Rights, Broken Promises: Conflict-Related Sexual Violence Before and After the Cessation of Hostilities Agreement in Tigray, Ethiopia (PHR 2023). UN Security Council Resolution 2467 (2019) specifically calls on states to ensure full and meaningful participation of survivors in all stages of transitional justice processes, an obligation Ethiopia has not fulfilled in the post-Pretoria period.

Targeted institutional reconstruction in Tigray is therefore a second, geographically specific priority. Third, the gap between formal legal obligations and operational practice, the non-application of in-camera proceedings, the non-invocation of witness protection, the non-cascading of guidelines, identifies a category of gaps that can in principle be addressed not only through legislative reform but through strategic litigation: by compelling courts to apply existing legal provisions consistently and correctly, litigation can achieve immediate protective benefits for survivors without waiting for the legislative process. This conclusion directly bridges the present section to the strategic litigation opportunities mapped in Section Eight.[169]

[169] This third conclusion is consistent with the OSJI's finding that strategic litigation is particularly effective where it targets the gap between existing legal standards and institutional practice, compelling courts and administrative bodies to implement rights that are formally recognized but operationally ignored: Open Society Justice Initiative, Strategic Litigation Impacts: Insights from Global Experience (OSJI 2018) 7.

SECTION EIGHT
STRATEGIC LITIGATION OPPORTUNITIES

Introduction

The preceding sections have progressively constructed the evidentiary and analytical foundations from which the strategic litigation opportunities identified in this section emerge. Section Four established the legal obligations binding on Ethiopia. Sections Five and Six documented the lived reality of secondary victimization and institutional failure. Section Seven identified the specific legal and institutional gaps that constitute actionable violations of those obligations. The present section thus translates those findings into a concrete strategic litigation framework by: identifying the typology of cases most suitable for strategic litigation; articulating the constitutional and human rights claims that can be raised before domestic courts; mapping the regional and international forums available for litigation; identifying the legal precedents that litigation could establish; and setting out criteria for the selection of individual cases as vehicles for systemic legal change. Throughout, the section draws on the evidentiary base generated by this study, including the documented case patterns described by key informants, and on the comparative jurisprudence of African regional bodies and international human rights mechanisms.

8.1 Strategic Litigation: Purposes and Governing Principles in the Present Context

As established in Section Two, strategic litigation is the deliberate use of legal proceedings, carefully selected and framed, to advance normative change and structural reform beyond the resolution of the individual case. The Open Society Justice Initiative's global research has identified four primary mechanisms through which strategic litigation produces change: direct impact (securing individual relief for the complainant); legal impact (establishing precedents that clarify or extend legal standards); social impact (shifting public discourse, raising awareness, and delegitimizing harmful practices); and institutional impact (compelling institutional actors to reform their policies and practices). In the Tigray context, all four mechanisms are relevant, though the legal and institutional impact dimensions are analytically primary: the scale of the harm and the structural nature of the gaps identified in Section Seven mean that individual relief, while essential, cannot be the sole measure of litigation success.[170]

Three governing principles shape the strategic litigation approach recommended by this study. First, survivor-centeredness**:** no litigation strategy should be pursued without the free, full, and informed consent of the survivor whose case is used as the vehicle for systemic change. The

[170] Open Society Justice Initiative, Strategic Litigation Impacts: Insights from Global Experience (OSJI 2018) 5–9 https://www.justiceinitiative.org/uploads/fd7809e2-bd2b-4f5b-964f-522c7c70e747/strategic-litigation-impacts-insights-20181023.pdf accessed 30 April 2026.

risk of additional exposure, public attention, and re-traumatization that litigation creates for survivors must be assessed and mitigated in every case, and survivors must retain decision-making authority over whether and how their cases proceed. Second, sequencing: strategic litigation is most effective when it builds incrementally, beginning with the strongest and most clearly documented cases and using the precedents established in those cases as the foundation for broader claims in subsequent proceedings. Third, complementarity with advocacy: litigation outcomes are most durable when accompanied by coordinated advocacy strategies that mobilize public and political pressure for implementation. The litigation opportunities identified below are accordingly presented in the context of the advocacy strategy foundations developed in Section Nine.[171]

8.2 Typology of Cases Suitable for Strategic Litigation

The evidence gathered in this study reveals several distinct typologies of cases, each of which is suitable for strategic litigation on different legal theories and before different forums. These typologies are not mutually exclusive: a single case may simultaneously present multiple legal claims across several of the categories identified below.

8.2.1 Cases Involving Institutional Victim-Blaming and Discriminatory Treatment

The EHRC coordinator (Interview 01) and the Federal Public Prosecutor (Interview 04) each described patterns of institutional victim-blaming in which police and health professionals suggested to survivors that the rape was consensual or attributable to the survivor's conduct. The EHRC coordinator specifically described a documented case in which a video recording of the rape was presented by police during investigation to suggest the survivor had shown interest, directly inverting the evidentiary function of the material and constituting both discrimination and institutional secondary victimization. Cases presenting these facts are particularly strong candidates for strategic litigation because: they involve documented, identifiable acts by named institutional actors; they engage well-established legal standards under CEDAW Article 2(c) and (f) and General Recommendation No 35 on discriminatory treatment by state actors; and they mirror the factual pattern in *Vertido v Philippines* in which the CEDAW Committee held that institutionally embedded victim-blaming constitutes a state responsibility violation independently of the ultimate outcome of the criminal proceedings.[172]

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[171] OHCHR and UN Action against Sexual Violence in Conflict, Strategic Litigation for Sexual and Gender-Based Violence: Lessons Learned (OHCHR 2021) 8–14 https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2021/11/report/strategic-litigation-for-sexual-and-gender-based-violence-lessons-learned-2/OHCHR-StrategicLitigationforSV-workshopreport-web.pdf accessed 30 April 2026.

[172] Interview 01 (EHRC Coordinator); Interview 04 (Federal Public Prosecutor). CEDAW Committee, Karen Tayag Vertido v The Philippines (Communication No 18/2008, CEDAW/C/46/D/18/2008, 16 July 2010) paras 8.4–8.9. The Vertido precedent is directly applicable: Ethiopia has ratified both CEDAW and the Optional Protocol to CEDAW, meaning the CEDAW Committee has jurisdiction to receive individual communications concerning violations of CEDAW by Ethiopian state actors.

8.2.2 Cases Involving Unauthorized Disclosure of Survivors' Identities or Evidence

The Federal Public Prosecutor (Interview 02) documented two cases involving the unauthorized dissemination of video recordings of rape on social media platforms, with the source of disclosure unidentified and no effective institutional response. These cases engage the right to privacy under Article 17 of the ICCPR and Article 26 of the FDRE Constitution, and raise cognizable claims for failure to: establish adequate data protection systems for sensitive evidentiary material; investigate and sanction the unauthorized disclosure; and provide effective remedy for the additional harm caused by the disclosure. Cases of this type are well-suited to constitutional rights litigation before the Federal High Court Fundamental Rights Bench, given the constitutional dimension of the privacy violation, and to communications before the CEDAW Committee, given the gender-specific harm caused by public disclosure of rape recordings.[173]

8.2.3 Cases Involving Coerced Informal Settlement and Obstruction of Justice

Multiple key informants documented a pattern of police officers and community elders facilitating informal settlement in rape cases, with some cases involving active coercion of survivors to withdraw criminal complaints. The guardian of Survivor II described being threatened by the perpetrator's family with bail release unless informal settlement was accepted. These cases engage: the mandatory prosecution principle under Ethiopian criminal law and the due diligence obligation under CEDAW; the right to access to justice under Article 37(a) of the FDRE Constitution; and the prohibition under CEDAW General Recommendation No 35 paragraph 30(b) on applying mediation or conciliation mechanisms to cases of violence against women. Cases presenting documented evidence of police-facilitated informal settlement are suitable for administrative review, for constitutional challenge on access to justice grounds, and for communication to the CEDAW Committee.[174]

8.2.4 Cases Involving Bail-Enabled Witness Intimidation

The documented pattern of perpetrators being released on bail and subsequently threatening or intimidating survivors and witnesses presents cases suitable for strategic litigation on two distinct legal theories. First, applications can be made to compel courts to apply Article 67 of the Criminal Procedure Code, which authorizes pre-trial detention where release would endanger witnesses or the investigation, in all sexual violence cases where witness intimidation is

[173] Interview 02 (Federal Public Prosecutor, Addis Ababa): two specific cases involving social media dissemination of rape recordings documented. ICCPR art 17; FDRE Constitution art 26. On the CEDAW Committee's jurisdiction to receive communications from individuals alleging violations of CEDAW by state parties, see Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (adopted 6 October 1999, entered into force 22 December 2000) 2131 UNTS 83, art 2. Ethiopia acceded to the Optional Protocol on 25 February 2000.

[174] Guardian of Survivor II; Interview 05 (Addis Ababa Bureau Senior Legal Expert); Interview T-02 (Regional Justice Office); Interview 04 (Federal Public Prosecutor). FDRE Constitution art 37(a) (right of access to justice). CEDAW Committee, General Recommendation No 35 (2017) UN Doc CEDAW/C/GC/35, para 30(b): states should 'ensure that conciliation, ' mediation and diversion processes are not applied in cases ' of violence against women.'

documented or reasonably anticipated. Second, where intimidation has already occurred and the state has failed to respond effectively, claims can be brought for violation of the state's positive obligation to protect witnesses from harm, engaging Article 7 of the ICCPR (freedom from cruel or degrading treatment) and Article 4 of the African Charter.[175]

8.2.5 Cases Involving Virginity Examination as Evidence of Rape

The judicial demand for hymen or virginity examination as evidence of rape — documented as being required 'even by judges' in the Tigray context (Interview T-03) — presents a strong and well-defined case for strategic constitutional litigation. The legal claim is clear: this practice violates Article 24 of the FDRE Constitution (right to dignity), Article 35(4) (prohibition of practices causing bodily or mental harm to women), and CEDAW Article 5(a) (obligation to modify social and cultural patterns based on gender stereotypes). It is also directly inconsistent with the WHO/OHCHR/UN Women Interagency Statement on Eliminating Virginity Testing (2018), which Ethiopia is bound to respect under its international human rights obligations. A case in which a survivor was subjected to forced virginity examination could be brought to the Federal High Court on constitutional grounds, with the strategic objective of establishing a binding precedent prohibiting this practice in all Ethiopian courts.[176]

8.2.6 Cases Involving Conflict-Related Pregnancy and Harm to Children Born of Rape

The experiences of Survivors I and III, both of whom gave birth to children following rape-induced pregnancy, and both of whose children were subjected to severe family and community rejection including physical violence, present cases suitable for strategic litigation raising novel claims concerning the rights of children born of conflict-related sexual violence. These cases engage: the right of every child to non-discrimination under Article 36 of the FDRE Constitution and Article 2 of the Convention on the Rights of the Child; the right to physical integrity and protection from violence under Articles 36 and 9 of the FDRE Constitution; and the specific obligations of the state under UN Security Council Resolution 2467 (2019) to address the needs of children born of conflict-related sexual violence. Litigation establishing the rights of these children and the state's obligation to protect them from discrimination based on the circumstances

[175] Criminal Procedure Code of Ethiopia, Proclamation No 185/1961, arts 63, 67. Interview 04 (Federal Public Prosecutor): witness threatened at courthouse exit. Guardian of Survivor II: perpetrator family threatened bail use as coercive device. The failure to invoke art 67 in documented witness intimidation cases is a judicially remediable gap: a petition ' to the Federal Supreme Court Cassation Division establishing mandatory application of art 67 ' would create a precedent applicable nationwide.

[176] Interview T-03 (MMC OSC Nurse/CEO); Interview T-04 (Ayder OSC Coordinator). WHO, OHCHR and UN Women, Eliminating Virginity Testing: An Interagency Statement (WHO 2018). FDRE Constitution arts 24, 35(4); CEDAW art 5(a). The claim is strong because it ' challenges a specific, documented, and scientifically discredited institutional practice on clear constitutional grounds, and because it would set ' a precedent with immediate nationwide application.

of their birth would address a specific and underdeveloped area of Ethiopian jurisprudence with direct relevance to the post-conflict recovery of Tigray.[177]

8.2.7 Cases Challenging the Absence of a Comprehensive Gender-Based Violence Proclamation

The absence of a comprehensive, standalone GBV proclamation — identified unanimously across the justice sector key informants (Interviews 01, 03, 05, M-01, T-01, T-02, T-05) as the most fundamental legal gap — does not in itself constitute a discrete case type, since courts cannot directly compel Parliament to legislate. However, this legislative vacuum is litigable through two indirect but well-established pathways. First, individual cases in which a survivor has suffered secondary victimization that a comprehensive GBV law would have prevented can be framed as evidence of the state's failure to discharge its positive legislative obligations under CEDAW Article 2(a), which requires states to embody the principle of equality in national legislation, and Article 2(b), which requires the adoption of appropriate legislative measures prohibiting discrimination against women. A communication to the CEDAW Committee under the Optional Protocol, grounded in a documented individual case, can request the Committee to find that the absence of comprehensive GBV legislation constitutes a continuing violation and to recommend its enactment — precisely the recommendation the Committee issued in its 2019 Concluding Observations on Ethiopia. Second, the legislative gap is justiciable before the African Commission, where the structural remedy ordered in *Equality Now and EWLA v Ethiopia* (Communication 341/2007, 2016) — which directed Ethiopia to adopt institutional measures and report on their implementation — establishes that the Commission will order legislative and policy reform as a remedy for systemic failure. A strategic case before the African Commission, building directly on this precedent against the same respondent state, would seek a recommendation that Ethiopia enact comprehensive GBV legislation as a guarantee of non-repetition.

8.2.8 Cases Challenging the Absence of Anti-Stigmatization Provisions

Ethiopian law contains no provision specifically prohibiting or penalizing the community-level stigmatization, labelling, and social exclusion of rape survivors documented throughout this study. While FDRE Constitution Article 35(4) prohibits laws, customs, and practices that cause bodily or mental harm to women, this constitutional guarantee is not operationalized by any implementing legislation that would enable survivors to seek redress. The experiences of Survivors I and III — labelled "impure" and "leftovers," subjected to family violence, and pressured toward infanticide — illustrate harms for which no specific legal remedy currently exists. These cases are suitable for strategic constitutional litigation before the Federal High Court framed as a claim that the state's failure to operationalize Article 35(4) through implementing legislation constitutes a

[177] Survivor I consultation (child physically assaulted by ' adult son; husband abandoned family); Survivor III consultation (child beaten by father, arm broken, ear injured; called 'bastard'). FDRE Constitution arts 9(4), 36; Convention on the Rights of the Child (CRC) arts 2, 19; UN Security Council Resolution 2467 (2019) UN Doc S/RES/2467, operative para 19.

failure to protect survivors' constitutional rights to dignity (Article 24) and freedom from cruel, inhuman, or degrading treatment. The claim engages the state's due diligence obligation under CEDAW General Recommendation No 35 to exercise due diligence in preventing and responding to gender-based violence by private actors, and Maputo Protocol Article 4(2)(a), which requires states to enact and enforce laws prohibiting all forms of violence against women, including harmful practices and customs. A strategic case would seek a declaration that the legislative vacuum violates the Constitution and a directive that anti-stigmatization provisions — including a civil cause of action enabling survivors to claim compensation for documented psychological harm caused by systematic stigmatization — be adopted.

8.2.9 Cases Challenging the Inadequate Victim Compensation Framework

The inadequacy of the victim compensation framework — identified by the EHRC coordinator (Interview 01) as not "sufficiently addressed within the legal framework" and by the Regional Public Prosecutor (Interview T-05) as involving "unfair laws relating to moral compensation" — gives rise to a distinct typology of cases in which survivors who have obtained a criminal conviction or established institutional fault are nonetheless left without adequate non-pecuniary remedy for the secondary harms they have suffered. These cases engage Maputo Protocol Article 25, which requires states to provide adequate remedies including compensation to women whose rights have been violated, and the UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence (2014), which specifically calls for reparations addressing the compounding harms of stigmatization and secondary victimization. A strategic case is best constructed where a survivor has suffered documented secondary victimization — institutional re-traumatization, unauthorized disclosure, or coerced settlement — and the existing civil compensation framework affords no meaningful remedy for the non-pecuniary harm. Such a case can be brought before the domestic courts as a claim for moral damages, with the strategic objective of establishing a precedent recognizing compensation for secondary victimization, and, on exhaustion of domestic remedies, before the CEDAW Committee or the African Commission, the latter of which has already awarded USD 150,000 in non-pecuniary damages against Ethiopia in *Equality Now and EWLA v Ethiopia* — a directly applicable quantum precedent.

8.2.10 Cases Concerning the Absence of a Dedicated GBV State Fund (Regional and Federal)

The absence of a dedicated state-funded mechanism — at both federal and Tigray regional levels — to finance survivor compensation, OSC resourcing, and survivor support services compounds every other gap identified in this study, since even where a survivor establishes an entitlement to a remedy, no standing fund exists from which it can be satisfied. The three survivor consultations each documented the practical consequence: survivors forced to purchase their own medicines and, in the case of Survivor III, to "beg before the CSO to cover the expenses." This gap is not directly justiciable as a discrete cause of action, since the establishment of a public fund is a budgetary and legislative function. However, it is litigable as the necessary remedial corollary

of the compensation and reparations claims described in 8.2.9: a strategic case seeking reparations can request, as part of the relief sought, that the court or treaty body recommend the establishment of a dedicated CRSV reparations fund as the only effective means of guaranteeing the remedy. This approach is directly supported by the UN Secretary-General's Guidance Note (2014), which identifies administrative reparations programmes — financed through dedicated state funds — as the most effective vehicle for delivering reparations at scale to survivors of conflict-related sexual violence. Before the African Commission, a recommendation to establish such a fund falls squarely within the structural-remedy jurisdiction the Commission exercised in *Equality Now*, and engages Maputo Protocol Articles 13 (economic and social welfare rights) and 25 (right to adequate remedies).

8.2.11 Cases Challenging the Absence of a Specialized GBV Bench in Tigray

The abolition of the specialized GBV judicial bench at Mekelle High Court following the conflict — confirmed by the Mekelle High Court judge (Interview M-01) and corroborated by Interviews T-01, T-02, and T-05 — represents an institutional gap that is directly traceable to the conflict's destruction of institutional capacity and that produces secondary victimization by placing traumatized survivors before generalist judges and prosecutors without specialized training or protocols. While the structure of the court system is an administrative matter, the gap is litigable where an individual survivor can demonstrate that the absence of specialized adjudication resulted in concrete secondary victimization — for example, the intrusive questioning documented by the Mekelle High Court senior judge (Interview M-04) ("by how many people were you raped?"). Such a case, brought before the Federal High Court as a violation to the fundamental rights, or before the EHRC as a systemic complaint, can establish that the failure to maintain specialized GBV adjudication in the region most severely affected by CRSV constitutes a violation of the right of access to justice under FDRE Constitution Article 37(a) and of the state's continuing obligations under international humanitarian law to restore protective mechanisms in the post-conflict period. The strategic objective is a directive, whether judicial or through binding EHRC recommendation, that the specialized bench be re-established, with the pre-conflict model serving as the documented template.

8.2.12 Cases Concerning the Absence of Confidentiality Infrastructure and Data Protection

The absence of physical and administrative confidentiality infrastructure — documented by the Regional Justice Office Deputy (Interview T-02), who described survivor files kept openly on tables and in boxes for lack of cabinets, and by the EHRC coordinator (Interview 01), who identified the lack of safe investigation rooms across multiple institutions — combines with the absence of specific data protection law governing sensitive evidentiary material to produce the unauthorized-disclosure harms documented in 8.2.2. This typology overlaps with, but is analytically distinct from, the disclosure cases: here the litigable claim is the state's systemic failure to establish the protective infrastructure that the right to privacy requires. A strategic case can be

constructed where a survivor's identity or case information was exposed as a direct consequence of inadequate confidentiality infrastructure — open file storage, public service delivery, or the unregulated handling of digital recordings of the assault. Such a case engages ICCPR Article 17 and FDRE Constitution Article 26, and, drawing on the Human Rights Committee's General Comment No 16, the specific obligation that the gathering and holding of personal information be regulated by law with effective measures to ensure data security. The claim is suitable for constitutional litigation before the Federal High Court and, given the gender-specific character of the harm, for a CEDAW Optional Protocol communication. The strategic objective is a directive that the state establish binding confidentiality and data protection standards — secure file storage, private interview facilities, and regulated handling of sensitive digital evidence — as enforceable minimum requirements across all justice and health institutions.

8.3 Human Rights Claims Before Domestic Courts

Ethiopian domestic courts offer several potential venues for strategic litigation, each with distinct jurisdictional bases, procedural requirements, and precedential reach. The analysis below identifies the most significant constitutional and human rights claims available.

8.3.1 Human Rights Claims Before the Federal High Court and Tigray Supreme Court

The FDRE Constitution vests constitutional interpretation in the House of Federation, advised by the Council of Constitutional Inquiry. While this arrangement is often cited as a limitation on judicial review of constitutional questions in Ethiopia, the Federal High Court exercises broad human rights jurisdiction to review decisions involving violations of fundamental rights under Article 11 sub 3 and 4 of Federal Courts Proclamation No 1234/2023. This jurisdiction provides a significant avenue for strategic litigation: the Fundamental Rights Bench can review and reverse decisions that reflect discriminatory reasoning, failure to apply available legal protections, or misapplication of laws in ways that violate survivors' constitutional rights.[178]

Specific constitutional rights claims that can be raised before the Federal High Court Fundamental Rights and Tigray Supreme Court Benches include: **(a)** claims that a court's failure to conduct proceedings in camera in a sexual violence case violated the survivor's right to privacy under Article 26 of the FDRE Constitution and Article 17 of the ICCPR, and that the in-camera provision of Article 167 of the Criminal Procedure Code should be construed as mandatory rather than discretionary in sexual violence cases; **(b)** claims that a court's reliance on virginity examination evidence, or a judge's discriminatory reasoning that reflected victim-blaming

[178] FDRE Constitution arts 62(1), 84 (constitutional interpretation vested in House of Federation and Council of Constitutional Inquiry). Federal Courts Proclamation No 1234/2023, art 11(3)(4) (Federal High Court entertain violations to fundamental rights). In Equality Now and EWLA v Ethiopia (Communication 341/2007, African Commission on Human and Peoples' Rights, 2016), the complainants exhausted domestic remedies through the Cassation Bench of the Federal Supreme Court before proceeding to the African Commission, establishing the domestic courts pathway.

stereotypes, constituted a fundamental error of law violating Articles 24 and 35(4) of the FDRE Constitution; **(c)** claims that a court's failure to apply Article 67 of the Criminal Procedure Code to detain a perpetrator who subsequently intimidated a witness constituted a fundamental error of law; **(d)** claims that a court's application of the general burden of proof standard, without adequate recognition of the clandestine nature of sexual violence, produced a fundamentally erroneous decision violating the survivor's right to access justice under Article 37(a) of the FDRE Constitution;[179] and **(e)** legislative and budgetary gaps identified under sub-section 8.2.7–8.2.10.

8.3.2 Claims Before the Ethiopian Human Rights Commission

The EHRC, as an independent national human rights institution with a mandate to investigate systemic abuses and monitor institutional compliance with human rights standards, provides a non-litigious but legally significant avenue for strategic action. The EHRC can receive complaints from individuals and organizations, conduct independent investigations, issue findings of violation, and make binding recommendations to government bodies. A systematic complaint to the EHRC documenting the pattern of institutional secondary victimization identified in this study, covering the failure of police and justice actors to observe in-camera requirements, the practice of informal settlement facilitation, the use of virginity examination evidence, and the failure to cascade GBV training, could generate an authoritative EHRC finding that: provides official recognition of the systemic nature of the problem; creates institutional pressure for reform without the procedural burdens of court proceedings; and establishes a documented record of human rights violations that strengthens subsequent litigation in domestic and regional forums.[180]

8.4 Regional Litigation Forums

8.4.1 The African Commission on Human and Peoples' Rights

The African Commission on Human and Peoples' Rights (African Commission) has already issued a significant decision directly against Ethiopia on sexual violence and state responsibility. In *Equality Now and Ethiopian Women Lawyers Association v Ethiopia* (Communication 341/2007, decided at the 19th Extraordinary Session in 2016), the Commission held that Ethiopia's failure to take measures to prevent the abduction and rape of a 13-year-old girl, to investigate and punish the perpetrators effectively, and to provide adequate remedies violated several obligations under the African Charter, including Articles 4 (right to integrity of person), 5 (right to dignity and prohibition of cruel, inhuman or degrading treatment), 6 (liberty and security of person), 7 (right to have cause heard), and 18(3) (protection of women's rights).

[179] FDRE Constitution arts 24, 26, 35(4), 37(a); ICCPR art 17; Criminal Procedure Code arts 67, 167. The constitutional claims (a) and (b) in particular are well-founded in the ' existing constitutional text and do not require the development of novel constitutional doctrine: they ' require only the application of existing provisions to documented institutional failures.

[180] Ethiopian Human Rights Commission Establishment Proclamation No 1165/2019, arts 6–10 (mandate to investigate, ' monitor, and make binding recommendations). Interview 01 (EHRC Coordinator) confirmed the EHRC's mandate includes 'conducting independent inquiries and follow ups in systemic ' abuses including GBV' and 'making recommendations to government bodies for legal, institutional and policy reforms.'

The Commission ordered the state to pay USD 150,000 in non-pecuniary damages to the survivor and to put in place measures addressing marriage by abduction and rape, including adequate training of judicial officers.[181]

This precedent is of direct strategic significance for cases arising from the Tigray conflict. The *Equality Now v Ethiopia* decision establishes: that Ethiopian state failure to adequately respond to rape violates the African Charter; that non-pecuniary (moral) damages are an appropriate remedy before the African Commission; and that the state has a positive obligation to train judicial officers and adopt institutional measures to prevent recurrence. Each of these holdings directly supports claims arising from the Tigray context, where the scale and systematic nature of the violations far exceed those documented in *Equality Now*.[182]

Communications to the African Commission can be submitted by individuals, groups, or NGOs on behalf of victims, once domestic remedies have been exhausted or have been demonstrated to be ineffective, unavailable, or unduly prolonged. The systematic non-application of in-camera proceedings, the non-invocation of the Witness Protection Proclamation, the documented institutional facilitation of informal settlement, and the cascade failure of GBV training documented in this study are precisely the type of systemic institutional failures that the African Commission has jurisdiction to examine and can be presented as constituting violations of Articles 4, 5, 7, and 18(3) of the African Charter and Articles 4, 11, and 25 of the Maputo Protocol.[183]

8.4.2 The African Court on Human and Peoples' Rights

The African Court on Human and Peoples' Rights (African Court) has jurisdiction to receive cases from the African Commission, from state parties, and from NGOs with observer status before the African Commission. Ethiopia has ratified the Protocol establishing the African Court. However, Ethiopia has not made the optional declaration under Article 34(6) of the Protocol allowing individuals and NGOs to submit cases directly to the Court. Cases against Ethiopia must

[181] African Commission on Human and Peoples' Rights, Equality Now and Ethiopian Women Lawyers Association (EWLA) v Federal Republic of Ethiopia, Communication No 341/2007, Merits Decision, 19th Extra-Ordinary Session (2016), paras 133–134, 150 https://www.escr-net.org/caselaw/2016/equality-now-and-ethiopian-women-lawyers-association-ewla-v-federal-republic-ethiopia/ accessed 3 May 2026. The Commission's finding that rape, although not expressly ' listed under art 5 of the African Charter, constitutes one ' of the most repugnant affronts to human dignity and dignity-related ' rights is a foundational holding for subsequent litigation.

[182] Equality Now v Ethiopia (n 12) para 134: 'In addition to the ' duty to prevent violations, the duty to protect also entails ' the duty to provide for a mechanism or take measures for ' redressing violations when they occur.' The Commission's order to report progress on judicial training and institutional measures within 180 days provides a precedent for the type ' of structural remedy that can be sought in Tigray-context cases.

[183] African Charter on Human and Peoples' Rights (1981) ' arts 55–58 (communications procedure). Maputo Protocol ' arts 4, 11, 25. The domestic remedies requirement may be ' met or waived in the Tigray context on grounds of systematic ' unavailability of effective domestic remedies for CRSV survivors, as documented throughout this study: see African Commission ' Rules of Procedure, Rule 93.

therefore proceed to the African Court through the African Commission referral pathway, or through state-to-state complaint mechanisms, rather than through direct individual application.[184]

Notwithstanding this limitation, the African Court's jurisprudence on gender-based violence, including its finding in *Lohe Issa Konate v Burkina Faso* (2014) that states must provide effective remedies for violations of Charter rights, and its broader jurisprudence on structural state obligations under the African Charter, provides a normative framework that reinforces the claims articulable before the African Commission. Strategic litigation before the African Commission, combined with the possibility of referral to the African Court in appropriate cases, represents the most powerful regional litigation pathway available against Ethiopia in the absence of an Article 34(6) declaration.[185]

8.4.3 The CEDAW Committee: Individual Communications Under the Optional Protocol

Although Ethiopia is not a signatory, the CEDAW Optional Protocol provides individuals and groups with the right to submit communications to the CEDAW Committee alleging violations of their rights under CEDAW. Communications are admissible where: the author is subject to the jurisdiction of a state party that has recognized the competence of the Committee to receive complaints; domestic remedies have been exhausted, unless they are unavailable, ineffective, or unreasonably prolonged; and the same matter is not under examination by another international procedure.[186]

The CEDAW Committee already has experience with Ethiopian state responsibility for rape through the *Vertido* decision framework, and the *Equality Now v Ethiopia* proceedings exhausted domestic remedies before the Ethiopian forum, establishing the domestic remedies pathway for Ethiopian cases. CEDAW communications arising from the Tigray context offer the strategic advantage of engaging the treaty body with the most developed and gender-specific jurisprudence on state obligations regarding sexual violence and secondary victimization. Specific claims that can be advanced before the Committee include: violations of CEDAW Articles 2(c) and 2(f) through institutionally embedded victim-blaming practices; violations of Article 15(1)

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[184] Protocol to the African Charter on Human and Peoples' ' Rights on the Establishment of an African Court on Human and Peoples' Rights (adopted 10 June 1998, entered into force 25 January 2004), art 34(6) (optional declaration ' for individual and NGO access). Ethiopia has ratified the Protocol but has not deposited an art 34(6) declaration. The African Court therefore remains accessible for Ethiopia-related cases only via the Commission referral pathway.

[185] African Court on Human and Peoples' Rights, Lohe Issa Konate v Burkina Faso, Application No 004/2013, ' Judgment of 5 December 2014, paras 160–163 ' (on effective remedies). The African Court's ' growing body of jurisprudence on state positive obligations ' under the African Charter, including in cases involving ' vulnerable groups, provides a strong normative foundation ' for Tigray-context claims.

[186] Optional Protocol to CEDAW (2000) arts 2–4. Ethiopia acceded to the Optional Protocol on 25 February 2000: UN Treaty Collection https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8-b&section=4&clang=_en accessed 3 May 2026. The CEDAW Committee's admissibility criteria are established in arts 2–4 of the Optional Protocol and elaborated in the ' Committee's Rules of Procedure (2010), rules 68–73.

(equality before the law) through the application of discriminatory evidentiary standards; and violations of Article 2(e) through the state's failure to eliminate gender-based discrimination practised by any person, organization, or enterprise — including by community elders facilitating informal settlement in rape cases.[187]

8.4.4 The UN Human Rights Committee and CAT Committee

Ethiopia is a state party to the ICCPR and the CAT, and both the Human Rights Committee and the Committee Against Torture have individual communications procedures under the First Optional Protocol to the ICCPR and Article 22 of the CAT respectively. Ethiopia has not made the declaration under Article 22 of the CAT accepting the competence of the CAT Committee to receive individual communications, limiting access to the CAT pathway. However, the Human Rights Committee's First Optional Protocol provides an accessible forum for claims arising from violations of ICCPR Articles 7 (prohibition of torture and cruel treatment), 17 (privacy), 14 (fair trial and in-camera proceedings), and 26 (non-discrimination). Ethiopia has not yet accepted the First Optional Protocol to the ICCPR, which limits this pathway. This situation reinforces the primacy of the CEDAW Optional Protocol and African Commission pathways for international litigation.[188]

8.5 Criteria for Strategic Case Selection

Not all cases that could in principle serve as vehicles for strategic litigation are equally suited to that purpose. The following criteria, drawn from the OSJI framework and adapted to the specific context of Tigray-context CRSV litigation, should guide the selection of individual cases for strategic proceedings:[189]

(i) Systemic illustrativeness: The case should involve facts that are representative of a documented systemic pattern of secondary victimization, rather than a purely individual incident. Cases involving victim-blaming by police, informal settlement facilitation, bail-enabled witness intimidation, and absence of legislative protections against secondary victimizations are suitable because they illustrate patterns documented across multiple interviews and in published reports.

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[187] CEDAW arts 2(c), 2(e), 2(f), 15(1). The claim under ' art 2(e) — that the state's failure to ' prohibit informal settlement by community elders in rape cases constitutes failure to eliminate gender-based discrimination practised by private actors — is a novel and potentially significant claim that would ' extend existing jurisprudence on due diligence obligations ' to the specific phenomenon of community-mediated silencing of rape survivors.

[188] First Optional Protocol to the International Covenant on Civil ' and Political Rights (adopted 16 December 1966, entered into ' force 23 March 1976) 999 UNTS 302. Ethiopia has not yet acceded to the First Optional Protocol, making the Human Rights Committee ' individual communications procedure unavailable for Ethiopian cases at this time. Convention Against Torture, art 22 (CAT ' Committee individual communications — Ethiopia has not made the art 22 declaration). This jurisdictional landscape ' makes the CEDAW Optional Protocol and African Commission ' pathways the most immediately viable for Tigray-context cases.

[189] SJI (n 170) 14–18. See also TRIAL International, 'Strategic Litigation' https://trialinternational.org/topics-post/strategic-litigation/ accessed 3 May 2026.

(ii) Legal strength: The case should involve clear, documented violations of specific, identifiable legal provisions, where the legal argument is well-grounded and the facts support a compelling narrative. Cases involving the documented misuse of rape video recordings, or judicial demands for virginity examination, are particularly strong because the legal claim is clear, the practice is scientifically and legally indefensible, and the facts are documented with precision.

(iii) Survivor consent and capacity: The survivor whose case is used must have given free, full, and informed consent to the use of her case for strategic purposes, must understand the nature and potential consequences of litigation, and must have access to qualified legal representation and psychosocial support throughout the process. Survivor I's engagement with the Commission of Inquiry on Tigray Genocide illustrates that some survivors have already engaged with formal accountability mechanisms and may be willing and able to participate in strategic litigation with appropriate support. Nevertheless, it could be also done in the mandate of the HRFE in accordance with the Federal Courts Proclamation No 1234/2021 Article 11 and its Bylaws.

(iv) Precedential potential: The case should raise legal questions the resolution of which would produce a ruling of broader applicability, a precedent that clarifies a legal obligation, prohibits a harmful practice, or establishes a new institutional duty. Cases raising the mandatory in-camera question, the bail-and-witness-protection question, the virginity examination prohibition, or the absence of legislative protection question all have high precedential potential because their resolution would directly alter institutional practice across all Ethiopian courts handling sexual violence cases.

(v) Feasibility and safety: The litigation must be feasible within the available institutional and legal capacity of HRFE and its partners, and must not expose the survivor to risks of retaliation, exposure, or additional harm that cannot be adequately mitigated by confidentiality measures, legal protection, and psychosocial support.

8.6 Potential Legal Precedents and Their Structural Reform Impact

The strategic litigation pathways identified above, if pursued systematically and in accordance with the principles and criteria established in this section, have the potential to generate the following specific legal precedents, each of which would produce structural reform impact extending well beyond the individual case:

Precedent 1: Mandatory in-camera proceedings. A Fundamental Rights Bench decision establishing that Article 167 of the Criminal Procedure Code requires, rather than merely permits, in-camera proceedings in sexual violence cases would immediately transform institutional practice in all Ethiopian courts, eliminating the most pervasive form of institutional secondary victimization through public exposure documented in this study.

Precedent 2: Prohibition of virginity examination evidence. A Federal High Court decision establishing that judicial demands for virginity examination violate Articles 24 and 35(4) of the FDRE Constitution would create a binding precedent prohibiting this practice nationally, directly implementing the WHO/OHCHR/UN Women Interagency Statement and CEDAW Article 5(a) at the domestic judicial level.

Precedent 3: State responsibility for institutional victim-blaming. A CEDAW Committee communication decision finding that Ethiopian police and judicial actors' use of victim-blaming frameworks in rape investigations constitutes a violation of CEDAW Articles 2(c) and 2(f) would extend the *Vertido* precedent to the Ethiopian context and create an internationally authoritative finding of state responsibility that generates significant political and institutional pressure for reform.

Precedent 4: State responsibility for secondary victimization through inadequate remedies and informal settlement. An African Commission communication finding that Ethiopia's failure to provide adequate remedies to survivors of CRSV in Tigray, including through the systematic institutional facilitation of informal settlement and the absence of a reparations framework, violates Articles 4, 5, and 18(3) of the African Charter and Articles 4, 11, and 25 of the Maputo Protocol would build directly on *Equality Now v Ethiopia* and establish the most comprehensive regional precedent on state responsibility for CRSV secondary victimization yet produced by the African human rights system.[190]

Precedent 5: Rights of children born of conflict-related sexual violence. Domestic litigation establishing that children born of rape during the Tigray conflict have a justiciable right to non-discrimination, protection from violence, and recognition of their legal identity free from stigma would address a jurisprudential gap in Ethiopian child rights law and implement SC Resolution 2467's specific recognition of this group's needs at the domestic level.

Precedent 6: Package legislative and budgetary reforms. Among others, domestic litigation could bring about legislative and budgetary reforms, including enactment of GBV proclamation, provision of adequate compensation, establishment of GBV state fund, creation of confidential infrastructure, ensuring protection against community stigmatization of rape survivors, and re-establishment of GBV court benches in Tigray. Yet, the way they presented should be in line with the principle of separation of power among the branches of the government. As such, the cases should be largely framed in terms of civil rights.

[190] Equality Now v Ethiopia (n 182). The structural parallel ' between Equality Now (judicial officer training and ' institutional measures ordered as remedies) and the Tigray ' context (systematic failure of judicial training across the ' regional justice system) is direct and compelling. A Tigray-context African Commission case building on Equality Now ' would ask the Commission to apply and extend its own precedent against the same respondent state.

8.7 Synthesis: A Strategic Litigation Roadmap

The strategic litigation framework set out in this section provides HRFE and its partners with a concrete, sequenced, and legally grounded roadmap for using litigation to address the structural conditions enabling secondary victimization of rape survivors in Tigray. The roadmap has three tiers.

Tier One — Immediate domestic litigation: constitutional claims before the Federal High Court and Tigray Regional Supreme Court challenging virginity examination requirements, failure to apply in-camera provisions, and inappropriate bail release in witness intimidation cases. These cases involve clearly established legal arguments, existing constitutional and statutory provisions, and documented facts from cases identified by key informants. They can be pursued in the short to medium term with the institutional capacity available to HRFE and partner organizations, and their potential precedential impact is immediate and nationwide.

Tier Two — EHRC strategic complaint: a systematic complaint to the EHRC documenting the full range of institutional secondary victimization practices identified in this study, with a request for an authoritative finding and binding recommendations to government institutions. This can proceed in parallel with domestic litigation and will generate an official institutional record of violation that strengthens subsequent proceedings.

Tier Three — Regional and international proceedings: African Commission communications and CEDAW Optional Protocol communications in carefully selected cases where domestic remedies have been exhausted or demonstrated to be ineffective. These proceedings have the longest timeframe but the greatest potential for establishing internationally authoritative precedents on Ethiopia's obligations to protect CRSV survivors from secondary victimization, and will generate the most significant political pressure for the comprehensive legislative and institutional reforms identified in Section Seven.[191]

[191] The three-tier roadmap is consistent with the sequencing ' approach recommended by the OSJI, which identifies domestic ' litigation as the appropriate starting point for strategic ' litigation campaigns, both because it exhausts domestic ' remedies for subsequent regional/international proceedings and because domestic successes generate political and ' institutional momentum that facilitates reform: OSJI (n 170) 18–22.

SECTION NINE
ADVOCACY STRATEGY FOUNDATIONS

Introduction

Strategic litigation, however carefully designed, cannot by itself address the full scope of the structural conditions enabling secondary victimization of rape survivors in Tigray. Litigation produces legal precedents and compels institutional compliance in specific cases; but the entrenched socio-cultural dynamics, the legislative vacuums, the cascade failures of training, and the under-resourced service infrastructure documented in this study require changes of a magnitude and character that can only be achieved through coordinated, sustained advocacy operating across multiple levels simultaneously. This section sets out the advocacy strategy foundations that complement and reinforce the litigation framework developed in Section Eight. It identifies the goals and entry points for advocacy, and articulates five interrelated advocacy streams: legislative reform advocacy; institutional policy reform advocacy; awareness-raising and stigma reduction advocacy; survivor economic empowerment and social reintegration advocacy; and engagement with national and international stakeholders. Each stream is grounded in the specific findings of this study and in the recommendations of the key informants who participated in the research, whose own institutional experience provides the most authoritative basis for identifying what advocacy interventions are both necessary and feasible in the Ethiopian and Tigrayan context.

9.1 Advocacy Goals and Entry Points

The overarching advocacy goal of the project is to strengthen the structural protection of rape survivors of the Tigray war from secondary victimization and stigmatization, through legal reform, institutional change, and community-level normative transformation. This overarching goal is pursued through four specific advocacy objectives that are directly derived from the legal and situational analysis:

Advocacy Objective 1: To secure the enactment of comprehensive gender-based violence legislation in Ethiopia that consolidates, strengthens, and operationalizes existing fragmented legal provisions into a single binding instrument establishing mandatory survivor-centered standards, anti-stigmatization protections, adequate sentencing, evidentiary reforms, and effective remedies for secondary harm.

Advocacy Objective 2: To compel the institutional reconstruction of survivor-centered justice and health service infrastructure in Tigray, including the re-establishment of specialized GBV judicial benches, the systematic cascade of GBV training to frontline justice actors, the provision of

adequate physical infrastructure for confidential service delivery, and the full resourcing of One Stop Centers.

Advocacy Objective 3: To challenge the socio-cultural norms that generate stigmatization of rape survivors, through evidence-based public awareness campaigns, engagement with community and religious leaders, and the promotion of survivor-centered narratives in public discourse.

Advocacy Objective 4: To secure adequate reparations and economic support for survivors of conflict-related sexual violence in Tigray, through engagement with national and international bodies on transitional justice mechanisms, humanitarian funding for survivor support services, and targeted economic empowerment programming.[192]

The primary entry points for advocacy in the Ethiopian context are: the Ministry of Women and Social Affairs (Proclamation 1263/2021 Article 36) and Ministry of Justice (Proclamation 1263/2021 Article 40) are entrusted with initiation of laws in the area of GBV and Federal Parliament, which holds the legislative mandate to enact comprehensive GBV legislation; the Ministry of Justice, which has already demonstrated institutional leadership through the June 2024 Handbook and which has supervisory authority over the court system; the Tigray Regional Government, which must prioritize the reconstruction of specialized GBV justice infrastructure; the Ethiopian Human Rights Commission, which serves simultaneously as an advocacy target and a potential advocacy ally; and the international and regional human rights bodies, including the CEDAW Committee, the African Commission, and UNFPA, whose periodic review processes, recommendations, and technical assistance programmes provide external pressure and support for domestic reform.[193]

9.2 Legislative Reform Advocacy

Legislative reform advocacy is the first and most fundamental stream of the advocacy strategy, given the conclusion in Section Seven that the absence of comprehensive GBV legislation is the root cause of the systemic fragmentation and inadequacy of survivor protection in Ethiopia. The advocacy strategy accordingly prioritizes the enactment of a comprehensive GBV proclamation as its primary legislative target, alongside a series of specific, more immediately achievable legislative amendments that do not require waiting for the full proclamation.

[192] These four advocacy objectives emerge directly from the synthesis ' of legal gaps (Section Seven, section 7.5) and the institutional ' gaps (Section Six, section 6.6). They are consistent with the ' reform priorities identified by all key justice sector informants, who unanimously identified comprehensive GBV legislation, institutional rebuilding in Tigray, and systematic training as ' the three most urgent priorities: Interviews 01, 03, 05, M-01, ' T-01, T-02, T-05.

[193] The Ministry of Justice's June 2024 Handbook on the Investigation and Prosecution of Crimes Against Women and Children ' demonstrates institutional receptivity to GBV reform and provides ' an existing institutional relationship for advocacy engagement: ' Interview 02 (Federal Public Prosecutor, Addis Ababa). The Addis ' Ababa Bureau Senior Legal Expert (Interview 05) confirmed that ' 'there is willingness at the policy level to codify GBV laws, ' but the challenge is political will at the parliamentary level.'

9.2.1 Advocacy for a Comprehensive GBV Proclamation

The EHRC coordinator (Interview 01), the Federal First Instance Court judge (Interview 03), and the Addis Ababa Bureau Senior Legal Expert (Interview 05) all specifically identified the enactment of a standalone GBV proclamation as the single most important legislative reform. The advocacy strategy should engage the Federal Parliament through a combination of: submission of evidence-based policy briefs to the Parliamentary Committee on Women, Youth and Children's Affairs; coordination with established civil society organizations such as the Ethiopian Women Lawyers Association (EWLA) and the Women's Rights Unit of the EHRC, which already engage in legislative advocacy; and use of the CEDAW Committee's 2019 Concluding Observations on Ethiopia, which specifically called for comprehensive GBV legislation, as authoritative external pressure reinforcing domestic advocacy demands.[194]

The comprehensive GBV proclamation advocated for should contain the following minimum elements, each grounded in the specific gaps identified in Section Seven and the recommendations of key informants:

(a) Mandatory survivor-centered procedural standards: binding provisions requiring in-camera proceedings in all sexual violence cases (converting the permissive Article 167 CPC authorization into a mandatory obligation); mandatory assignment of female investigating officers in rape cases; prohibition of requirements for survivors to cover investigation-related costs; and mandatory application of the Witness Protection Proclamation No 699/2010 in all cases where witness intimidation is documented or reasonably apprehended.[195]

(b) Anti-stigmatization and dignity protection provisions: specific prohibitions on community-level practices that inflict mental harm on survivors (operationalizing FDRE Constitution Article 35(4)); prohibition of informal settlement or mediation in sexual violence cases by any person, including community elders and police officers; and creation of a civil cause of action enabling survivors to seek compensation from persons who engage in systematic stigmatization causing documented psychological harm.[196]

(c) Evidentiary reforms: explicit prohibition of virginity examination as evidence in sexual violence cases; recognition of corroborated hearsay evidence as a primary evidentiary

[194] Interview 01 (EHRC Coordinator); Interview 03 (Federal First Instance Court Judge); Interview 05 (Addis Ababa Bureau Senior ' Legal Expert). CEDAW Committee, Concluding Observations on ' the Combined Sixth and Seventh Periodic Reports of Ethiopia ' (UN Doc CEDAW/C/ETH/CO/6-7, November 2019) para 22(a). ' Ethiopia's next CEDAW periodic review, scheduled under ' the simplified reporting procedure, provides an advocacy ' opportunity to follow up on implementation of this recommendation.

[195] Interview T-05 (Regional Public Prosecutor): 'no special procedure ' for GBV cases' — the mandatory in-camera and female officer ' provisions would directly address this gap. Interview T-02 ' (Regional Justice Office): cost-shifting of translation and ' examination costs onto survivors. CEDAW General Recommendation ' No 35 (2017) UN Doc CEDAW/C/GC/35, para 30(d) on protecting ' victims' privacy in proceedings.

[196] Interview M-01 (Mekelle High Court): analytical note confirms ' 'no special laws criminalize out-of-court secondary victimization.' CEDAW General Recommendation No 35, para 30(b) on prohibition ' of mediation/conciliation in GBV cases. Maputo Protocol art 4(2)(a).

source in GBV cases; and modification of the burden of proof standard to reflect the clandestine nature of sexual violence.[197]

(d) Sentencing reform: mandatory minimum sentences for rape that eliminate the broad judicial discretion currently producing manifestly inadequate sentences; aggravated penalty provisions for gang rape, rape involving sexual mutilation, and rape committed during armed conflict.[198]

(e) Compensation and reparations framework: specific provisions establishing the right of survivors of conflict-related sexual violence to non-pecuniary (moral) compensation for secondary harm, including stigmatization and institutional re-victimization; and creation of a state-funded reparations fund for survivors of CRSV in Tigray, consistent with Maputo Protocol Article 25 and the UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence.[199]

9.2.2 Advocacy for Immediate Targeted Legislative Amendments

In parallel with the longer-term campaign for a comprehensive GBV proclamation, the advocacy strategy should pursue immediate targeted amendments to existing legislation that do not require the enactment of a new standalone instrument and that can be achieved within a shorter legislative timeframe:

(a) Amendment of Article 167 of the Criminal Procedure Code to make in-camera proceedings mandatory rather than discretionary in sexual violence cases;

(b) Amendment of Articles 620–628 of the Federal Criminal Code to introduce mandatory minimum sentences, aggravated conflict-related penalties, and criminalization of marital rape;

(c) Enactment of a rape shield provision prohibiting virginity examination and restricting admission of evidence relating to the survivor's prior sexual conduct;

(d) Amendment of Article 63 of the Criminal Procedure Code to require mandatory judicial consideration of victim safety in bail decisions in sexual violence cases, and to create a presumption against bail where witness intimidation is documented.[200]

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[197] Interview 03 (Federal First Instance Court Judge): ' 'hearsay evidence needs to be included as a primary source ' of evidence.' Interview T-05 (Regional Public Prosecutor): ' 'laws governing burden of proof have disregarded the fact that ' sexual violence is committed secretly.' Interview T-03 (MMC OSC): ' demands for virginity examination identified as a legal issue ' requiring clarification.

[198] Interview T-01 (Bureau of Women Affairs, Tigray): 'broad sentence ' gap.' Interview 05 (Addis Ababa Bureau): 'minimum and low sentencing ' system.' The CEDAW Committee's 2019 Concluding Observations ' specifically called for protection against sexual violence: CEDAW ' Committee (n 3) para 22(b).

[199] Interview 01 (EHRC): 'issue of adequate and timely victim ' compensation not sufficiently addressed.' Interview T-05 ' (Regional Public Prosecutor): 'unfair laws relating to moral ' compensation.' Maputo Protocol art 25; UN Secretary-General, ' Guidance Note on Reparations for Conflict-Related Sexual ' Violence (June 2014) 3–5.

[200] Criminal Procedure Code arts 63, 67, 167; Federal Criminal ' Code arts 620–628. These targeted amendments were identified ' through the specific legal gap analysis in Section Seven, sections ' 7.2.1, 7.2.3, 7.2.5, and 7.1.3 respectively, and are directly ' supported by the legal gap data from Interviews T-05, T-03, T-04, ' 02, and 04.

9.3 Institutional Policy Reform Advocacy

Legislative reform must be accompanied by institutional policy reform advocacy targeting the specific operational failures documented in Section Six. The institutional reform advocacy stream focuses on three primary targets: the Tigray regional justice system, the national One Stop Centre programme, and the inter-institutional coordination framework.

9.3.1 Re-establishment of Specialized GBV Judicial Infrastructure in Tigray

The most urgent institutional reform priority identified across all Tigray-based key informants is the re-establishment of a specialized GBV judicial bench at Mekelle High Court, the creation of a dedicated GBV unit within the Tigray Regional Justice Bureau, and the appointment of judges and prosecutors specifically selected and trained for their expertise in sexual violence cases, in coordination with the Ayder One Stop Centre. The advocacy strategy should engage the Tigray Regional Government and the Federal Ministry of Justice with a specific, evidence-based proposal for the reconstruction of this infrastructure, grounded in the pre-conflict model that the Mekelle High Court judge (Interview M-01) described as functional and effective prior to its abolition.[201]

9.3.2 Systematic Cascade of GBV Training to Frontline Justice Actors

The consistent finding across all Tigray-based justice sector interviews — that GBV training has been received by health facility staff but has not been cascaded to police, prosecutors, and court clerks — identifies a specific and addressable institutional failure that advocacy can target directly. The advocacy strategy should engage the Ministry of Justice, the Tigray Regional Justice Bureau, the Tigray Police Commission, and international partners including UNFPA and UN Women with a proposal for a systematic, funded, and time-bound training cascade programme covering all frontline justice actors in Tigray on survivor-centred approaches, trauma-informed investigation, confidentiality obligations, and GBV guiding principles.[202]

9.3.3 OSC Resourcing, Supervision, and Coverage Reform

The advocacy strategy should pursue three specific institutional reforms to the One Stop Centre programme in Tigray:

(a) Full resourcing of existing OSCs: engagement with UNFPA, UN Women, the Ministry of Health, and domestic donors to ensure that all seven UNFPA-supported OSCs in

[201] Interview M-01 (Mekelle High Court): specialized bench operated ' pre-conflict with selected judges and prosecutors in coordination ' with Ayder OSC; abolished after the war. Interview T-01 (Bureau ' of Women Affairs): 'absence of special bench for GBV cases' ' identified as primary institutional weakness. Interview T-02 ' (Regional Justice Office): 'no special unit for SGBV cases.' The pre-conflict specialized bench model provides a documented ' proof of concept for the institutional reform being advocated for.

[202] Interview T-04 (Ayder OSC): 'training has not yet been cascaded ' sufficiently to justice institutions.' Interview T-01 (Bureau ' of Women Affairs): 'staffs in law enforcement organs have not got ' the opportunity for such training.' Interview T-02 (Regional ' Justice Office): 'soft laws not cascaded to every prosecutor ' for budgetary constraints.' The specific post-conflict challenge ' of demobilized TDF members assigned to police duties without GBV ' training (Interview T-01) makes targeted training for the ' Tigray Police Commission a matter of particular urgency.

Tigray maintain adequate medicine stocks and supplies at all times, eliminating the cost-shifting onto survivors documented by all three survivor consultations. This is a fully achievable advocacy target that requires only sustained funding and supply chain oversight, not legislative reform.[203]

(b) Transfer of OSC supervision from Ministry of Justice to Women and Social Affairs: the Addis Ababa Bureau Senior Legal Expert (Interview 05) specifically identified the current supervision of OSCs by the Ministry of Justice as a structural misalignment that undermines the primarily health and psychosocial character of OSC services. The advocacy strategy should engage the Ministry of Women and Social Affairs and the Ministry of Justice with a proposal for supervisory transfer, supported by evidence from other countries in the region where OSCs operate under social affairs rather than justice mandates.[204]

(c) Expansion of OSC coverage to rural and remote Tigray districts: the Mulu Mesfin OSC nurse (Interview T-03) identified 'poor referral channel especially in areas where there is no One Stop Centre' as a primary service gap. The advocacy strategy should engage UNFPA, the Tigray Regional Health Bureau, and humanitarian donors with evidence-based proposals for expanding OSC coverage beyond Mekelle and district capitals to rural areas of the region where survivors have no access to integrated services.[205]

9.4 Public Awareness and Stigma Reduction Advocacy

The socio-cultural dynamics documented in Section Five cannot be addressed through legal and institutional reform alone. Legislation and institutional policy can prohibit specific harmful practices and establish protective standards; but the patriarchal gender norms, honour and shame constructions, and victim-blaming attitudes that generate stigma at the community level require targeted normative change strategies that operate through public communication, community engagement, and the transformation of social narratives. The advocacy strategy accordingly includes a dedicated public awareness and stigma reduction stream.

9.4.1 Survivor-Led and Survivor-Centered Awareness Campaigns

The most powerful form of public awareness on the stigmatization of rape survivors is the testimony of survivors themselves. While recognizing that survivor participation in public advocacy must always be strictly voluntary, fully informed, and safety-assessed, the advocacy

[203] Survivor I, Survivor II (via guardian), and Survivor III ' consultations: all three described being required to purchase ' medicines from private pharmacies. UNFPA Ethiopia, 'A Holistic ' Approach to GBV Survivors Sees Women Rebuilding after Conflict' ' (UNFPA Ethiopia, March 2026).
[204] Interview 05 (Addis Ababa Bureau Senior Legal Expert): ' 'One Stop Centres are under supervision of MOJ, but for better ' effectiveness it needs to be under supervision of women and ' children social affairs office bureau.' This structural reform ' would align OSC governance with the survivor-centred service ' mandate and reduce the justice-led framing that currently ' encourages prioritizing investigation over care.
[205] Interview T-03 (MMC OSC Nurse/CEO). The Girmatsion Fisseha et al community- ' based study (2023) documented that almost 10% of women of ' reproductive age across 52 districts were sexually abused during ' the conflict, the majority of whom are in rural areas far from ' any OSC facility.

strategy should create platforms and opportunities for survivors who choose to speak publicly to do so in contexts that affirm their dignity, challenge victim-blaming narratives, and demonstrate the structural rather than personal nature of the harms they have suffered. The experience of Rwanda, where survivor-led community engagement following the 1994 genocide contributed to measurable reductions in rape-related stigma over time, provides a relevant regional model that has already attracted the attention of Tigrayan survivor communities.[206]

9.4.2 Targeted Engagement with Religious and Community Leaders

The GOAL Ethiopia protection officer (Interview M-03) described targeted awareness-raising campaigns directed at key community members including religious leaders as among the most effective community-level interventions available to civil society organizations. Given the centrality of the Ethiopian Orthodox Church to community life in Tigray, the advocacy strategy should specifically engage the Tigray Diocese of the Ethiopian Orthodox Tewahedo Church with an evidence-based, theologically-informed programme on the church's responsibility to affirm the dignity of rape survivors and to challenge the stigmatization practices documented in this study. Similar engagement should be pursued with community elders' structures, building on existing CSO relationships and using HRFE's legal and advocacy credibility to frame the engagement in terms of legal obligations and constitutional rights.[207]

9.4.3 Strategic Media Engagement and Narrative Change

The Addis Ababa Bureau Senior Legal Expert (Interview 05) acknowledged that the Bureau's existing media programme on GBV is 'not going like a mainstream media,' identifying the absence of mainstream media engagement as a limitation on public awareness efforts. The advocacy strategy should pursue a strategic media engagement programme that: places documented evidence of stigmatization and its legal consequences in mainstream Ethiopian print and broadcast media; engages journalists and media organizations with training on survivor-centered reporting standards that do not further stigmatize or identify survivors; and uses digital platforms to reach younger audiences in Tigray and across Ethiopia with messages that directly challenge victim-blaming cultural narratives.[208]

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[206] Al Jazeera, 'How Tigray War Rape Victims Turned to Rwandan ' Genocide Survivors to Heal' (22 October 2024) https://www.aljazeera.com/features/2024/10/22/how-tigray-war-rape-victims-turned-to-rwandan-genocide-survivors-to-heal ' accessed 4 May 2026 (documenting that Tigrayan rape survivors ' have specifically sought engagement with Rwandan genocide survivor ' communities to learn from their experience of stigma reduction). ' UNFPA ESARO, 'Rape as a Strategy of War: Demanding Protection ' and Justice for the Women and Girls of Tigray' (UNFPA 2021).

[207] Interview M-03 (GOAL Ethiopia Protection Officer): awareness ' campaigns targeting religious leaders described as current ' practice. The New Lines Institute (2025) confirmed that deeply ' rooted patriarchal norms and the role of religious institutions ' in Tigray in reinforcing stigma make faith-based engagement ' an essential component of any community-level stigma reduction ' strategy. FDRE Constitution art 35(4) (prohibition of customs ' causing mental harm to women) provides the constitutional ' framework for framing religious and community leader engagement.

[208] Interview 05 (Addis Ababa Bureau Senior Legal Expert): media ' programme described but 'not going like a mainstream media.' ' The EHRC coordinator (Interview 01) confirmed that the Commission ' conducts public

9.5 Survivor Economic Empowerment and Social Reintegration Advocacy

The economic and social consequences of stigmatization documented in Section Five, such as destitution following marital rejection, disinheritance of children born of rape, and economic exclusion from community networks, require advocacy for dedicated economic empowerment and social reintegration programming that goes beyond psychosocial support to address the material conditions of survivors' vulnerability.

The Mulu Mesfin Charity Organization (Interview T-03) already integrates vocational training and rehabilitation support into its service model, alongside health and counselling services. This integrated model, which addresses the economic dimension of secondary victimization alongside its psychological and legal dimensions, represents a best practice that the advocacy strategy should seek to scale and systematize across all OSCs and survivor support organizations in Tigray. Specific advocacy targets include: dedicated livelihood support and vocational training programmes for survivors who have been economically destituted by family rejection; legal aid and representation in family law proceedings to protect survivors' rights to marital property, child maintenance, and inheritance; and community-based social reintegration support that addresses the exclusion from community and religious life documented in Section Five.[209]

Advocacy for a dedicated conflict-related sexual violence reparations fund should engage both the Ethiopian federal government and international donors. The UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence provides a detailed framework for reparations design that encompasses individual compensation, collective reparations for affected communities, symbolic measures of acknowledgement, and guarantees of non-repetition. Advocacy should use this framework as the basis for a concrete proposal to the Ethiopian government and the Tigray Transitional Justice processes, with specific cost estimates drawn from the scale of harm documented in this study.[210]

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awareness activities including on GBV but noted ' that reach and impact are limited by resource constraints. ' Strategic media engagement consistent with survivor-centred ' reporting standards is required by CEDAW General Recommendation ' No 35, para 29(f), which calls on states to ensure that media ' does not perpetuate stereotypes and discrimination against women.

[209] Interview T-03 (MMC OSC Nurse/CEO): vocational training and ' rehabilitation as components of the MMC service model. ' Interview T-01 (Bureau of Women Affairs): 'when a husband divorces ' a survivor she loses her home, her children's financial ' support, and her social standing at the same time.' Survivor III ' consultation: mental health medicines unaffordable, dependent on ' CSO charity. The Maputo Protocol art 13 (economic and social ' welfare rights) and art 25 (reparations) provide the normative ' foundation for economic empowerment advocacy.

[210] UN Secretary-General, Guidance Note on Reparations for ' Conflict-Related Sexual Violence (June 2014) 5–12. The Guidance Note identifies five forms of reparations: ' restitution, compensation, rehabilitation, satisfaction, ' and guarantees of non-repetition. All five forms are ' directly applicable to the needs of Tigrayan CRSV survivors ' as documented in this study.

9.6 Engagement with National and International Stakeholders

Effective advocacy requires a coordinated engagement strategy targeting the key stakeholders with the authority, resources, or normative influence to drive the reforms sought. This section identifies the principal national and international stakeholders and the specific engagement strategy appropriate for each.

9.6.1 Federal Government Institutions

The Ministry of Women and Social Affairs, Ministry of Justice, and the Federal Parliament's Standing Committee on Women, Youth and Children's Affairs are the primary legislative advocacy target for comprehensive GBV proclamation advocacy. Engagement should be pursued through submission of evidence-based policy briefs grounded in the findings of this study, alongside coordinated external pressure from the CEDAW Committee's periodic review process. The Ministry of Justice, which has demonstrated institutional leadership through the June 2024 Handbook, is the primary institutional reform target for judicial training cascade and OSC supervision transfer advocacy. The EHRC, which combines an accountability mandate with advocacy and monitoring functions, is both a primary advocacy ally and a systemic complaint target. The EHRC coordinator (Interview 01) confirmed the Commission's willingness to 'make recommendations to government bodies for legal, institutional and policy reforms' — a function that HRFE should systematically engage to generate institutional pressure across all advocacy streams.[211]

9.6.2 Tigray Regional Government

The Tigray Regional Government bears primary responsibility for institutional reconstruction in the region and is the direct advocacy target for the re-establishment of specialized GBV judicial benches, the training cascade programme for Tigray police and prosecutors, and the expansion of OSC coverage. Engagement with the Tigray Bureau of Women Affairs, whose Deputy (Interview T-01) demonstrated both institutional awareness of the gaps and commitment to addressing them, should be the primary entry point for regional government advocacy, using the evidence base generated by this study as the foundation for specific, costed reform proposals.

9.6.3 International and Regional Human Rights Bodies

Three international and regional bodies provide particularly significant advocacy opportunities. The CEDAW Committee's periodic review process for Ethiopia provides a platform for shadow report submission documenting the findings of this study and the state's failure to implement the 2019 Concluding Observations, generating authoritative external pressure for legislative and institutional reform. The African Commission's special rapporteur mechanisms,

[211] Interview 01 (EHRC Coordinator). Ethiopian Human Rights Commission ' Establishment Proclamation No 1165/2019, arts 6–10. ' Ministry of Justice, Handbook on the Investigation and Prosecution ' of Crimes Against Women and Children (June 2024). The parliamentary ' Standing Committee on Women, Youth and Children's Affairs ' has constitutional responsibility to review and propose legislation ' on women's rights: FDRE Constitution art 55.

particularly the Special Rapporteur on the Rights of Women in Africa, provide a regional advocacy channel for bringing the Tigray CRSV situation to the attention of the African human rights system as a complement to the litigation strategy. The UN Special Representative of the Secretary-General on Sexual Violence in Conflict, whose mandate encompasses monitoring and advocacy on CRSV globally, provides a UN-system advocacy pathway for bringing the secondary victimization of Tigrayan survivors to the attention of the Security Council WPS framework through country-specific monitoring reports.[212]

9.6.4 International Humanitarian and Development Partners

UNFPA, UN Women, and the International Committee of the Red Cross are the primary international partners with operational presence in Tigray and mandates covering GBV survivor services, women's rights advocacy, and IHL compliance monitoring respectively. Engagement with these partners should focus on: securing sustained funding for OSC resourcing and the training cascade programme; leveraging their technical expertise in survivor-centred service delivery for institutional capacity building; and using their normative authority to reinforce advocacy demands addressed to the Ethiopian government and Tigray regional authorities. Donor governments and bilateral development partners with significant development assistance relationships with Ethiopia — including the European Union, the United Kingdom, and the United States — should also be engaged through evidence-based submissions linking their assistance programming to the reform commitments advocated for in this strategy.[213]

9.7 Synthesis: Integrating Litigation and Advocacy for Maximum Structural Impact

The litigation strategy mapped in Section Eight and the advocacy streams developed in this section are not parallel or separate instruments: they are complementary and mutually reinforcing components of a single integrated strategy for structural change. Litigation without advocacy risks producing court victories that are not implemented or enforced. Advocacy without litigation lacks the authoritative legal findings that give advocacy demands binding force and generate institutional accountability. The integration of the two instruments at each tier of the strategic roadmap is therefore essential.

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[212] CEDAW Committee, Concluding Observations on Ethiopia (2019) ' (n 3). African Commission Special Rapporteur on the Rights of ' Women in Africa, established under resolution on the Appointment ' of a Special Rapporteur on the Rights of Women in Africa ' (African Commission, 25th Ordinary Session, 2000). UN Security ' Council Resolution 2467 (2019) UN Doc S/RES/2467, which mandated ' the SRSG-SVC to include in country reports information on ' accountability efforts and survivor access to services.

[213] UNFPA's 3R4CACE project, supporting seven OSCs in Tigray, ' is the most significant current operational partnership for ' survivor services: UNFPA Ethiopia (March 2026) (n 208 to Ch 6). ' UN Women's advocacy mandate in Ethiopia encompasses ' precisely the legislative and institutional reforms identified ' in this strategy. The ICRC's IHL monitoring mandate ' provides a direct channel for addressing the continuing ' post-conflict IHL obligations identified in Section Four.

At Tier One, domestic constitutional litigation targeting virginity examination requirements, in-camera proceedings, and bail provisions should be accompanied by simultaneous advocacy with the Ministry of Justice and the Tigray Regional Justice Bureau to ensure that litigation outcomes are incorporated into binding institutional guidelines and training curricula. At Tier Two, the EHRC strategic complaint should be accompanied by direct parliamentary and ministerial advocacy using the complaint as the evidentiary foundation for legislative reform demands. At Tier Three, African Commission and CEDAW Committee proceedings should be timed and framed to reinforce periodic review submissions, creating a coordinated international advocacy environment in which every forum is simultaneously receiving consistent and mutually reinforcing evidence of Ethiopia's systemic failure to protect CRSV survivors from secondary victimization.[214]

The advocacy strategy foundations presented in this section are not exhaustive: they identify the primary streams, targets, and entry points that flow directly from the findings of this study and that are within the institutional capacity and mandate of HRFE and its civil society and institutional partners. The Section Ten stakeholder mapping and Section Twelve recommendations provide the operational detail necessary for translating these foundations into specific, sequenced advocacy actions grounded in the evidentiary base generated by this Legal and Situational Analysis.

[214] This integration principle is consistent with the OSJI's ' finding that strategic litigation is most effective when ' embedded within a broader advocacy campaign that mobilizes ' political and public pressure for implementation: OSJI, ' Strategic Litigation Impacts: Insights from Global Experience ' (OSJI 2018) 20–22. The EHRC coordinator (Interview 01) ' explicitly noted the Commission's role in both litigation ' support (through independent investigation and documentation) ' and advocacy (through recommendations to government bodies), ' confirming that an EHRC-centred strategy can serve both ' functions simultaneously.

SECTION TEN
STAKEHOLDER MAPPING

Introduction

Effective strategic litigation and advocacy require a precise understanding of the institutional landscape within which they operate: the actors with authority to make change, the actors with resources to fund change, the actors who can obstruct change, and the actors whose partnership can accelerate it. This section maps the principal stakeholders relevant to the litigation and advocacy strategy developed in Sections Eight and Nine. It draws directly on the institutional profiles of the seventeen key informants who participated in this study, supplemented by documentary research on the mandates, resources, and relationships of stakeholders not directly represented in the interview sample. Each category of stakeholder is analysed in terms of their institutional mandate, their current engagement with the protection of survivors from secondary victimization, their potential role in litigation and advocacy, and the specific entry points through which HRFE can most effectively engage them.

10.1 Government Institutions

10.1.1 Federal Government Institutions

The Ministry of Women and Social Affairs, Ministry of Justice, and the Federal Parliament's Standing Committee on Women, Youth and Children's Affairs hold the primary legislative authority for enacting the comprehensive GBV proclamation identified as the most urgent reform in Section Seven. As the statutory and constitutional bodies responsible for reviewing and recommending legislation on women's and children's rights, it is the indispensable institutional target for legislative reform advocacy. The Ministries and Committee have previously engaged with GBV legislative proposals and has demonstrated receptivity to evidence-based submissions from civil society organizations. HRFE's engagement strategy should center on the submission of the findings of this study as a formal policy brief to the Ministries and Committee, coordinated with the CEDAW Committee's 2019 Concluding Observations calling for comprehensive GBV legislation as external normative leverage.[215]

10.1.2 Federal Ministry of Women and Social Affairs and Ministry of Justice

The Ministry of Women and Social Affairs and Ministry of Justice are both a primary advocacy target and a potential institutional ally. Especially, the Ministry of Justice's issuance of

[215] FDRE Constitution art 55 (legislative power of the House of People's Representatives). CEDAW Committee, Concluding Observations on Ethiopia (UN Doc CEDAW/C/ETH/CO/6-7, November 2019) para 22(a). The Addis Ababa Bureau Senior Legal Expert (Interview 05) identified 'political will at the parliamentary level' as the principal constraint on GBV legislative reform, making parliamentary committee engagement the critical advocacy entry point.

the June 2024 Handbook on the Investigation and Prosecution of Crimes Against Women and Children demonstrates institutional leadership on GBV reform and establishes a working relationship with HRFE and partner organizations. The Federal Public Prosecutors (Interviews 02 and 04) operate under MOJ authority and work in collaboration with organizations including Justice for All and health professionals in a coordinated service delivery framework. The MOJ also exercises supervisory authority over the court system and the One Stop Centres. HRFE should engage the MOJ at both the policy level — advocating for transfer of OSC supervision to the Ministry of Women and Social Affairs and for the national training cascade programme — and the operational level, using the June 2024 Handbook as a foundation for advocacy for its legislative codification.[216]

10.1.3 Ethiopian Human Rights Commission

The EHRC occupies a dual role in the litigation and advocacy strategy: it is both a primary advocacy ally and an independent accountability mechanism in its own right. Its mandate encompasses independent investigation of systemic abuses, monitoring of institutional compliance with human rights standards, referral of cases to relevant organizations, and recommendations to government bodies for legal, institutional, and policy reforms. The EHRC works with 17 civil society organizations through its platform and maintains a general stakeholder map with a partnership department that engages donors and international organizations. The EHRC coordinator (Interview 01) confirmed the Commission's willingness to receive and act on systematic complaints, its use of a digital coding complaint handling mechanism, and its already demonstrated independence in co-investigating Tigray-context violations with OHCHR. HRFE should engage the EHRC as a primary institutional partner for the strategic complaint strategy developed in Section Eight and as a source of authoritative independent findings to support both litigation and parliamentary advocacy.[217]

10.1.4 Tigray Bureau of Women Affairs

The Tigray Bureau of Women Affairs, represented in this study by its Deputy Bureau Head and Gender Expert (Interview T-01), exercises the regional coordination mandate for GBV services in Tigray, chairs the regional steering committee on GBV, provides psychosocial support and rehabilitation services, and performs an oversight function that has already resulted in disciplinary action against officials for victim-blaming conduct. The Bureau is the most strategically positioned regional government stakeholder for institutional reform advocacy: it has

[216] Ministry of Justice, Handbook on the Investigation and Prosecution of Crimes Against Women and Children (June 2024), cited in Interview 02 (Federal Public Prosecutor). The MOJ's institutional collaboration with Justice for All, UN Women, and health professionals (Interview 04) establishes it as a functionally receptive target for GBV institutional reform advocacy. The MOJ's current OSC supervision mandate (Interview 05) also makes it the direct target for supervision transfer advocacy.

[217] Interview 01 (EHRC Women and Children Rights Coordinator): 'we work with different 17 CSOs through our platforms, and also we have a general stakeholder map with a partnership department which we work with different donors and international organizations.' Ethiopian Human Rights Commission Establishment Proclamation No 1165/2019, arts 6–10.

demonstrated both the institutional will and the authority to hold other institutions accountable, and it has direct lines of communication with the Tigray Regional Government and the Federal Ministry of Women and Social Affairs. HRFE should engage the Bureau as a primary regional advocacy partner, using the findings of this study to support the Bureau's own internal advocacy for specialized bench re-establishment, training cascade, and OSC resourcing.[218]

10.1.5 Tigray Supreme Court and Regional Justice Bureau

The Mekelle High Court, represented by two senior judges (Interviews M-01 and M-04), is the primary judicial institution for strategic litigation in Tigray. The Mekelle High Court judge (Interview M-01) explicitly acknowledged the abolition of the specialized bench as a gap and expressed awareness of the need for its re-establishment, indicating institutional receptivity to advocacy for specialized bench restoration. The Regional Justice Bureau, represented by its Deputy (Interview T-02) and Regional Public Prosecutor (Interview T-05), is the primary prosecutorial institution and the direct target for advocacy on the creation of a dedicated GBV unit and the systematic cascade of GBV training to prosecutors and police. The Regional Justice Bureau's recently adopted Standard Operating Procedure on GBV, while not yet systematically implemented, provides a legal and policy foundation for advocacy on mandatory application.[219]

10.1.6 Addis Ababa Women, Children and Social Affairs Bureau

The Addis Ababa Bureau, represented by its Senior Legal Expert (Interview 05), manages GBV services at the city administration level, maintains a more advanced institutional framework than its Tigray regional counterpart, including the national GBV guideline, isolated service rooms, and a systematic coding system, and operates in coordination with the Federal First Instance Court and the Ministry of Justice. Its model represents a proof of concept for the institutional framework that advocacy seeks to replicate in Tigray, and the Bureau's Senior Legal Expert is a credible institutional voice for GBV legislative reform advocacy to the Federal Parliament. HRFE should engage the Bureau both as an advocacy ally and as a source of comparative institutional evidence for arguments about what is achievable in the Ethiopian context.[220]

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[218] Interview T-01 (Deputy Bureau Head and Gender Expert, Bureau of Women Affairs, Tigray): coordinates regional steering committee, provides psychosocial support, and has taken disciplinary measures against police officer and health professionals for secondary victimization conduct. The Bureau represents the most functional government entry point in Tigray for institutional reform advocacy.

[219] Interview M-01 (Mekelle High Court Criminal Judge): specialized bench abolished; awareness of gap documented. Interview T-02 (Regional Justice Office Deputy): recently adopted SOP on GBV not yet cascaded to all prosecutors. Interview T-05 (Regional Public Prosecutor): no special procedure for GBV cases, no special bench, survivor-centred approach not observed.

[220] Interview 05 (Senior Legal Expert, Addis Ababa Bureau): national GBV guideline, isolated rooms, coding system, fixed days for investigations described as standard practice. The Senior Legal Expert's specific legislative reform proposals — comprehensive GBV proclamation, separation of OSC supervision from MOJ, mainstream media engagement — align directly with the reform strategy of this study.

Table 10.1 below summarizes the principal government and justice sector stakeholders, their mandates, and their roles in the litigation and advocacy strategy.

Stakeholder	Mandate / Role	Litigation/Advocacy Role	Entry Point
Federal Parliament – Women, Youth & Children's Affairs Committee	Legislative authority over GBV-related law	Primary target for comprehensive GBV proclamation advocacy	Policy brief submission; CEDAW Concluding Observations
Federal Ministry of Justice	Prosecutorial oversight; OSC supervision; judicial training	Target for training cascade, OSC supervision transfer; potential ally	June 2024 Handbook relationship; MOJ reform unit
Ethiopian Human Rights Commission	Independent investigation, monitoring, recommendations	Strategic complaint recipient; advocacy ally; documentation partner	Complaint submission; joint investigation partnership
Tigray Bureau of Women Affairs	Regional GBV coordination, oversight, rehabilitation	Primary regional reform advocacy partner	Steering committee; disciplinary authority
Tigray Supreme Court/Mekelle High Court	Adjudication of criminal cases including GBV	Primary domestic litigation forum in Tigray; specialized bench advocacy	Fundamental Rights Bench review; case filing
Regional Justice Bureau, Tigray	Criminal investigation and prosecution in Tigray	Target for GBV unit creation and training cascade advocacy	SOP implementation advocacy; GBV focal person engagement
Federal First Instance Court, Addis Ababa	Adjudication; GBV specialized bench model	Litigation forum; model for Tigray institutional reform	Case filing; judicial training programme
Addis Ababa Women, Children & Social Affairs Bureau	City-level GBV service management and policy	Advocacy ally; comparative institutional model	Policy brief; legislative advocacy coordination

Table 10.1: Government and Justice Sector Stakeholders

10.2 Civil Society Organizations and Legal Aid Providers

Civil society organizations with mandates covering gender-based violence, legal aid, and human rights are critical partners in both the litigation and advocacy strategy. Their community-level presence, survivor relationships, and operational expertise complement HRFE's legal and advocacy capacity.

10.2.1 Moms for Moms NGO

Moms for Moms, represented in this study by its Regional Protection Manager (Interview M-02), operates a trauma-informed GBV support programme in Tigray covering psychosocial

support, awareness-raising, and community-based protection. Its operational principles, informed consent as an absolute standard, home visits with identity concealment, and trauma-informed care as the governing framework, represent best practices that the advocacy strategy seeks to systematize across the survivor support ecosystem. Moms for Moms is a natural advocacy partner for the awareness-raising and stigma-reduction stream of the strategy, given its direct community relationships and its experience with targeting key community members including religious leaders.[221]

10.2.2 GOAL Ethiopia

GOAL Ethiopia, represented by its Protection Officer (Interview M-03), provides GBV survivor services in Tigray including referral to One Stop Centers, awareness-raising campaigns targeting religious leaders, and innovative approaches to HIV-positive survivor confidentiality through discrete service location. GOAL Ethiopia's community-based reach and experience with religious leader engagement make it a strategic partner for the targeted community awareness and stigma reduction stream of the advocacy strategy. Its service mapping and referral pathway work also makes it a potential partner for the OSC coverage expansion advocacy.[222]

10.2.3 Mulu Mesfin Charity Organization

The Mulu Mesfin Charity Organization (MMC), operating the UNFPA-supported One Stop Centre in Mekelle and represented by its Nurse and CEO (Interview T-03), provides the most comprehensive integrated service model documented in this study, encompassing health services including telemedicine, counselling, vocational training, and rehabilitation support. MMC is both a direct implementation partner for survivor economic empowerment programming and a primary evidence source for the advocacy strategy on OSC resourcing, supply chain reform, and the prohibition of virginity examination. Its dual institutional role — as an OSC service provider and an independent civil society organization — gives it both operational credibility and institutional independence.[223]

10.2.4 Ethiopian Women Lawyers Association

The Ethiopian Women Lawyers Association (EWLA) is Ethiopia's most established women's legal rights organization, with a demonstrated track record of strategic litigation including as co-complainant in the landmark *Equality Now and EWLA v Ethiopia* case before the

[221] Interview M-02 (Regional Protection Manager, Moms for Moms): trauma-informed approach, consent-based service delivery, home visits with identity concealment described. The interview note acknowledged that the general 'do no harm' principle 'may fall short of addressing the gross nature of the harm ' sustained by rape survivors' — an institutional self-assessment that suggests openness to more specialized training and frameworks.
[222] Interview M-03 (Protection Officer, GOAL Ethiopia): awareness campaigns targeting religious leaders; discrete HIV service location; referral pathway implementation described. GOAL Ethiopia's existing referral pathway work provides a ' community-based evidence base for OSC coverage expansion advocacy.
[223] Interview T-03 (Nurse/CEO, MMC OSC): vocational training, rehabilitation, telemedicine described. MMC's identification of virginity examination demands 'even by judges' and the shortage of medicines as primary institutional gaps makes it a critical evidence source for both litigation and legislative reform advocacy.

African Commission. EWLA provides legal aid to survivors of GBV, engages in legislative advocacy, and maintains institutional relationships with the Federal First Instance Court judge (Interview 03), who described collaboration with EWLA as part of the Court's GBV case management framework. EWLA is an indispensable strategic litigation partner for HRFE: its legal expertise, survivor relationships, litigation experience, and established relationships with both domestic courts and the African Commission make it the most natural co-litigant for the strategic cases identified in Section Eight.[224]

Table 10.2 summarizes the principal civil society and legal aid stakeholders.

Organization	Core Mandate	Role in Strategy	Engagement Approach
Moms for Moms NGO	Trauma-informed GBV support; psychosocial services	Advocacy partner – awareness-raising and stigma reduction stream	Community outreach coordination; religious leader engagement
GOAL Ethiopia	GBV survivor services; community protection; referral	Advocacy partner – stigma reduction and OSC coverage	Joint awareness campaigns; referral pathway evidence
Mulu Mesfin Charity Org (MMC)	Integrated OSC services; vocational training; rehabilitation	Implementation partner; litigation evidence source	Economic empowerment programming; virginity exam evidence
Ethiopian Women Lawyers Association (EWLA)	Legal aid; strategic litigation; legislative advocacy	Primary litigation co-partner; regional legal proceedings	Joint case filing; African Commission co-complainant
Justice for All (JFA)	Prison rights; legal aid; GBV support	Operational partner in prosecution coordination	Coordinated legal aid referral; training collaboration

Table 10.2: Civil Society and Legal Aid Stakeholders

10.3 Health, One Stop Centre, and Humanitarian Service Providers

The health and OSC sector, encompassing the Ayder Comprehensive Specialized Hospital One Stop Centre (Interview T-04), the Mulu Mesfin OSC, and UNFPA's 3R4CACE project supporting seven OSCs in Tigray — provides the primary service delivery infrastructure for conflict-related sexual violence survivors. The Ayder OSC coordinator (Interview T-04) described the recently adopted Standard Operating Procedures, the referral pathway, and the GBV training of health professionals as foundational institutional practices. Its role in the advocacy strategy is threefold: as an evidence source for OSC resourcing and supply chain advocacy; as a model for survivor-centred service delivery whose practices the litigation and advocacy strategy seeks to

[224] African Commission on Human and Peoples' Rights, Equality Now and Ethiopian Women Lawyers Association (EWLA) v Federal Republic of Ethiopia, Communication No 341/2007, 2016. Interview 03 (Federal First Instance Court Judge): collaboration with EWLA described as part of institutional GBV response framework.

replicate in the justice sector; and as an operational partner in the training cascade programme for justice sector actors.[225]

UNFPA, as the primary funder of OSC infrastructure in Tigray through the 3R4CACE project and as the international agency with the most direct operational mandate covering sexual violence in conflict, is the most significant international humanitarian partner in the advocacy strategy. HRFE should engage UNFPA to secure sustained OSC resourcing commitments, to leverage UNFPA's institutional authority in government advocacy, and to access UNFPA's technical guidance on survivor-centred service standards as a normative foundation for legislative reform advocacy. Médecins Sans Frontières, currently providing mental health care in Tigray, is a critical partner for advocacy on the mental health consequences of stigmatization and the urgent need for psychosocial services for CRSV survivors.[226]

10.4 International and Regional Human Rights Bodies

Table 10.3 below maps the principal international and regional human rights bodies, their jurisdictional basis for Ethiopia-related proceedings, and their strategic role in the litigation and advocacy framework.

Body	Jurisdictional Basis	Strategic Role	Access Pathway
CEDAW Committee	CEDAW (1981); Optional Protocol (2000)	Individual communications (Vertido framework); shadow reports; Concluding Observations follow-up	Optional Protocol communication; periodic review shadow report
African Commission on Human and Peoples' Rights	African Charter (ratified); Maputo Protocol (ratified)	Individual communications (Equality Now precedent); Special Rapporteur engagement; referral to African Court	NGO communication on behalf of survivors; Special Rapporteur on Women submission
African Court on Human and Peoples' Rights	Protocol (ratified); no Art 34(6) declaration	Accessible via African Commission referral only	Commission referral following admissible communication

[225] Interview T-04 (Ayder OSC Coordinator). UNFPA Ethiopia, 'A Holistic Approach to GBV Survivors Sees Women Rebuilding after Conflict' (UNFPA Ethiopia, March 2026). The Ayder OSC's identification of the justice sector training gap as the primary disruption to integrated service delivery makes it the most operationally credible voice for training cascade advocacy targeted at the Regional Justice Bureau.

[226] UNFPA 3R4CACE project (seven OSCs in Tigray). Médecins Sans Frontières, 'Life after Conflict: Why Mental Health Care in Tigray Cannot Wait' (MSF, October 2025): more than 760,000 people remain displaced in Tigray with acute mental health needs.

UN Special Representative of the SG on Sexual Violence in Conflict	UNSC Resolution 1888 (2009) mandate	Country monitoring; UNSC reporting; advocacy platform	NGO briefing; country visit request; shadow report submission
African Commission Special Rapporteur on Women in Africa	African Commission resolution (2000)	Regional advocacy; thematic report; fact-finding mission	NGO submission; urgent appeal mechanism
UN Human Rights Committee	ICCPR (1993); First Optional Protocol NOT ratified	Limited – no individual communications pathway currently available	State reporting process; universal periodic review
Universal Periodic Review (Human Rights Council)	UN Charter; HRC Resolution 60/251	Stakeholder submission on Ethiopia; review cycle advocacy	Written stakeholder submission; oral engagement

Table 10.3: International and Regional Human Rights Bodies

10.5 Donor and Development Partners

The implementation of the litigation and advocacy strategy requires sustained financial and technical resources.

Table 10.4 identifies the principal donor and development partners whose funding and technical assistance mandates are most directly aligned with the strategy.[227]

Donor / Partner	Primary Mandate	Relevance to Strategy	Engagement Focus
AmplifyChange	Gender equality; non-discrimination, human rights	Funder, resource for training and materials, strengthening capacities	Funding and strengthening capacity
UNFPA Ethiopia	Sexual and reproductive health; GBV response; OSC support	Primary operational funder; 3R4CACE project; OSC resourcing	OSC supply chain; training cascade co-funding; advocacy leverage
UN Women Ethiopia	Gender equality; women's rights; legislative advocacy	Legislative reform advocacy partner; training programmes	GBV proclamation advocacy; parliamentary engagement
ICRC Ethiopia	IHL monitoring; humanitarian response; CRSV documentation	IHL obligation advocacy; post-conflict protection standards	IHL compliance monitoring; CRSV documentation partnership
European Union Delegation to Ethiopia	Human rights; rule of law; development assistance	Legislative reform conditionality;	Policy dialogue; development assistance programming link

[227] The EHRC coordinator (Interview 01) confirmed that the EHRC maintains 'a general stakeholder map with a partnership department which we work with different donors and international organizations' — indicating that the donor engagement landscape in Ethiopia already includes established relationships with the institutional actors central to this strategy.

		institutional capacity funding	
USAID Ethiopia	Democracy, human rights, governance programming	GBV institutional capacity; OSC resourcing; training	Governance programming; GBV capacity building funding
Swedish International Development Agency (Sida)	Gender equality; human rights	GBV legislative reform; survivor empowerment programming	Long-term institutional capacity building
Global Fund / PEPFAR	HIV/AIDS; health system strengthening	HIV-positive CRSV survivors; OSC health supplies	HIV-positive survivor protection; OSC supply chain

Table 10.4: Donor and Development Partners

10.6 Synthesis: Stakeholder Engagement Priorities

The stakeholder landscape mapped in this section is large and complex. Not all stakeholders can be engaged with equal intensity simultaneously, and the sequencing of stakeholder engagement must reflect both the litigation and advocacy roadmap developed in Section Eight and Nine and the practical capacity of HRFE and its partners. The following prioritization reflects the findings of this study and the strategic logic of the integrated litigation and advocacy framework:

Tier One — Immediate priority stakeholders: EWLA (strategic litigation co-partner); the Tigray Bureau of Women Affairs (regional reform advocacy anchor); the EHRC (strategic complaint submission); Mekelle High Court (Tier One domestic litigation forum); Ayder OSC (training cascade advocacy evidence source); and UNFPA (OSC resourcing advocacy). These stakeholders are directly engaged in the Tier One and Tier Two activities of the strategic roadmap and must be activated in the immediate term.

Tier Two — Medium-term priority stakeholders: The Federal Parliament Standing Committee (comprehensive GBV proclamation advocacy); the Ministry of Justice (training cascade and OSC supervision transfer); GOAL Ethiopia and Moms for Moms (community awareness campaigns); UN Women and the CEDAW Committee (legislative reform external pressure); and bilateral donors including the EU and Sida (programming linkages and political leverage).

Tier Three — Long-term strategic stakeholders: The African Commission and its Special Rapporteur on Women (regional litigation and advocacy proceedings); the SRSG-SVC (UN Security Council WPS framework advocacy); and the Universal Periodic Review process (multilateral accountability mechanism). These stakeholders are engaged in the Tier Three

proceedings of the strategic roadmap, which depend on prior exhaustion of domestic remedies and development of the evidentiary record through Tier One and Tier Two activities.[228]

[228] This prioritization is consistent with the OSJI's recommendation that strategic litigation campaigns begin with domestic venues and build towards regional and international proceedings as domestic precedents are established: OSJI, Strategic Litigation Impacts (2018) 18–22.

SECTION ELEVEN
EXPECTED CONTRIBUTION OF THE STUDY TO THE PROJECT

Introduction

This section sets out the specific and concrete ways in which the Legal and Situational Analysis on the Protection from Secondary Victimization of Rape Survivors of the Tigray War is expected to contribute to the overarching objective of the HRFE project: improving the protection of rape survivors against stigmatization through strategic litigation and advocacy. The contribution of the study is assessed across three principal dimensions: its contribution to strategic litigation; its contribution to advocacy and policy reform; and its contribution to survivor protection mechanisms.

11.1 Contribution to Strategic Litigation

Strategic litigation requires four foundational inputs that this study has directly produced: a precise identification of the legal violations and obligations in issue; a documented evidentiary base demonstrating the systemic nature of the violations; an identification of the most suitable cases and legal theories for litigation; and a mapping of the forums with jurisdiction to hear those cases. The study has generated all four.

11.1.1 Precise Legal Analysis of Obligations and Violations

Section Four provides an exhaustive analysis of the international, regional, and domestic legal obligations binding on Ethiopia for the protection of survivors from secondary victimization. It identifies the specific treaty provisions, constitutional articles, statutory provisions, and jurisprudential standards that have been violated by the institutional practices documented in this study. This legal analysis provides the normative scaffolding on which every strategic litigation claim identified in Section Eight is built and gives HRFE's legal team the precise treaty and constitutional citations needed to draft pleadings, communications, and submissions to domestic courts and regional and international bodies.[229]

11.1.2 Documented Evidentiary Base for Systemic Violation Claims

Strategic litigation before both domestic and international forums requires documented evidence of systemic patterns of harm, not merely individual incidents. The empirical data

[229] Section Four analyses ICCPR arts 7, 14, 17, 26; CEDAW arts 2(c), 2(e), 2(f), 5(a), 15(1) and General Recommendations 19 and 35; CAT art 14; UN Security Council WPS Resolutions 1325, 1820, 2106, 2467; African Charter arts 2, 3, 4, 5, 18(3); Maputo Protocol arts 4, 11, 25; and FDRE Constitution arts 13(2), 24, 25, 26, 35, 37(a). The legal analysis in Section Four, combined with the gap analysis in Section Seven, provides a complete doctrinal foundation for all six case typologies identified in Section Eight.

generated by this study, through seventeen key informant interviews, three survivor consultations, one guardian consultation, and comprehensive desk review, provides precisely this evidentiary base. The convergence of evidence from respondents across both Addis Ababa and Mekelle, across the justice sector, health sector, civil society, and survivor communities, and across institutional actors and direct service providers, establishes the systemic character of the violations with a degree of evidentiary richness that is directly usable in litigation submissions. Specific interview evidence — including the two documented social media dissemination cases (Interview 02), the victim-blaming video misuse case (Interview 01), the bail-enabled witness death threat (Interview 04), the virginity examination demand (Interview T-03), and the police officer's disciplinary case (Interview T-01) — provides case-specific evidence for individual litigation vehicles.[230]

11.1.3 Identification of Litigation-Ready Case Typologies and Legal Theories

Section Eight translates the legal analysis and empirical evidence into six distinct, litigation-ready case typologies, each with identified legal theories, applicable forum, and precedential objective. The three-tier strategic roadmap provides HRFE with a sequenced implementation plan that moves from immediately achievable domestic constitutional cases through EHRC strategic complaint to regional and international proceedings. This roadmap is the direct operational output of the study for the strategic litigation component of the project and gives HRFE's legal team a concrete, prioritized action plan rather than a general identification of potential claims.

11.1.4 Forum Mapping and Admissibility Analysis

Section Eight provides a precise jurisdictional analysis of all available litigation forums, including the Federal High Court, the Tigray Regional Supreme Court, the EHRC, the African Commission, the African Court, and the CEDAW Optional Protocol procedure, with specific analysis of the admissibility requirements, access pathways, and jurisdictional limitations applicable to Ethiopian cases in each forum. The critical jurisdictional findings, that Ethiopia has ratified the CEDAW Optional Protocol and is subject to CEDAW Committee individual communications, that the *Equality Now v Ethiopia* precedent before the African Commission establishes a directly applicable regional forum, and that the absence of an ICCPR First Optional Protocol accession limits the Human Rights Committee pathway, enable HRFE to direct its litigation resources to the forums most likely to produce effective and enforceable outcomes.[231]

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[230] The evidentiary standard for systemic violation claims before the CEDAW Committee and African Commission requires demonstration of a 'pattern of conduct' rather than an isolated incident: CEDAW Committee, General Recommendation No 35 (2017) UN Doc CEDAW/C/GC/35, para 24(b). The convergent evidence from seventeen key informants across five institutional categories and two geographic locations satisfies this standard.

[231] The forum mapping in Section Eight, section 8.4, establishes that the CEDAW Optional Protocol pathway (Ethiopia acceded 25 February 2000) and the African Commission pathway (Equality Now v Ethiopia, 2016) are the two most viable international and regional litigation routes, and that domestic proceedings provide the most immediately available forum for Tier One constitutional claims.

11.2 Contribution to Advocacy and Policy Reform

The study's contribution to advocacy and policy reform operates at three levels: the provision of an authoritative evidence base for advocacy demands; the identification of specific, legislatively precise reform proposals; and the mapping of the stakeholder landscape needed for effective advocacy implementation.

11.2.1 Authoritative Evidence Base for Advocacy Demands

The findings of this study, produced through a rigorous socio-legal methodology, grounded in primary data from seventeen institutional actors and survivors, and assessed against binding international legal standards, provide HRFE and its advocacy partners with an authoritative, credible, and comprehensive evidence base for all advocacy engagements with government institutions, international bodies, and donor partners. The unanimous identification of the comprehensive GBV proclamation gap by all justice sector informants, the direct survivor accounts of the economic and social consequences of stigmatization, and the precise legal mapping of the violations involved collectively constitute an evidence base of a quality and specificity that advocacy submissions grounded in general observation or secondary sources cannot match.

11.2.2 Specific Legislative and Institutional Reform Proposals

Section Nine translates the advocacy strategy into specific, legislatively precise reform proposals: the five minimum elements of the comprehensive GBV proclamation, four targeted immediate CPC and Criminal Code amendments, the re-establishment of the Mekelle specialized GBV bench, the training cascade programme, OSC supervision transfer, OSC resourcing commitments, establishment of GBV State Fund, and creation of confidentiality infrastructure. These are not general recommendations — they are specific, actionable reform proposals grounded in the identified legal gaps, informed by the operational expertise of seventeen institutional actors, and designed to be directly translatable into policy briefs, legislative drafts, and programme proposals by HRFE and its partners.[232]

11.2.3 Stakeholder Mapping for Advocacy Implementation

Section Ten provides the institutional intelligence necessary for HRFE to implement the advocacy strategy efficiently and effectively. By identifying the specific entry points, institutional relationships, mandates, and strategic roles of each stakeholder category, the mapping enables HRFE to direct its advocacy engagement to the institutional actors with the authority, capacity, and receptivity to translate advocacy demands into concrete reform outcomes, and to sequence its engagement in a way that builds momentum progressively from immediate, achievable reforms towards longer-term structural change.

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[232] The specificity of the reform proposals in Section Nine reflects the methodological approach of the study: each proposal is directly traceable to a specific legal gap (Section Seven), a specific interview recommendation, and a specific international legal obligation (Section Four). This traceability makes the proposals resistant to institutional challenges and gives them the normative authority of binding international standards.

11.3 Contribution to Survivor Protection Mechanisms

Beyond its contribution to litigation and advocacy, the study makes a direct contribution to the strengthening of survivor protection mechanisms by generating and disseminating knowledge about what effective, survivor-centered institutional responses look like in the Ethiopian context. The documented best practices — the Federal First Instance Court's CCTV judicial oversight model (Interview 03), the Addis Ababa Bureau's coding and isolated room system (Interview 05), Moms for Moms' consent-based home visit protocol (Interview M-02), GOAL Ethiopia's discrete HIV service location (Interview M-03), and the Mekelle High Court's plain-clothes and in-camera protocols (Interview M-04) — constitute a repository of evidence-based good practice that the advocacy strategy can use to demonstrate that survivor-centred institutional responses are both possible and already partially implemented within the Ethiopian context. This evidence directly rebuts any suggestion that the reforms advocated for are unrealistic or externally imposed standards.[233]

The study also contributes to survivor protection mechanisms by placing the experiences of the three survivors and one guardian who participated in this research on the formal record of a legal and human rights analysis. Their accounts — which describe the devastating and ongoing consequences of stigmatization in the most direct and unmediated terms available — are integrated throughout the substantive sections of this report in a way that ensures that the legal and institutional analysis is grounded in the lived reality of those whose protection it seeks to advance. This integration fulfils the methodological commitment to a survivor-centred approach articulated in Section Three and reflects the human rights principle that those most affected by violations must be at the centre of the processes designed to address them.[234]

11.4 Summary

In summary, this Legal and Situational Analysis makes four concrete and interconnected contributions to the HRFE project. First, it provides the legal and evidentiary foundations for a specific, sequenced, and actionable strategic litigation programme targeting the six case typologies identified in Section Eight across a three-tier jurisdictional roadmap. Second, it provides an authoritative, evidence-based foundation for legislative reform advocacy targeting comprehensive GBV legislation and targeted immediate amendments, grounded in the unanimous recommendations of seventeen institutional actors and directly mapped to binding international

[233] The documentation of best practices within the Ethiopian institutional context is a critical advocacy asset because it enables HRFE to argue that the reforms it advocates for are not foreign impositions but rather the systematization of practices already developed and implemented by Ethiopian institutions themselves. This framing is consistent with the principle articulated in FDRE Constitution art 13(2) that international human rights standards are to be interpreted in a manner conforming to Ethiopia's own constitutional framework.

[234] UN Security Council Resolution 2467 (2019) UN Doc S/RES/2467, operative para 15: encouraging 'full and meaningful participation of survivors, in particular women and girls, at all stages of transitional justice processes, including in decision-making roles.' The integration of survivor ' testimony throughout this report directly implements this principle at the level of legal research and advocacy documentation.

legal obligations. Third, it provides an institutional capacity-building resource through its documentation of best practices, identification of specific training and infrastructure gaps, and stakeholder mapping that enables HRFE to engage the right institutions with the right arguments at the right time. Fourth, and most fundamentally, it fulfils its foundational purpose — generating evidence that can support strategic litigation and targeted advocacy aimed at strengthening the protection of rape survivors of the Tigray war from stigmatization and secondary victimization, by placing the documented experiences of survivors at the center of a rigorous, legally grounded, and practically oriented research report.

SECTION TWELVE
CONCLUSIONS AND RECOMMENDATIONS

Introduction

This concluding section brings together the findings of the Legal and Situational Analysis on the Protection from Secondary Victimization of Rape Survivors of the Tigray War into a set of analytically grounded conclusions and operationally precise recommendations. Section 12.1 summarizes the key findings of the study across its principal analytical dimensions. Section 12.2 sets out the recommendations, organized by addressee, that flow directly and necessarily from those findings. The recommendations are addressed to the Federal Government of Ethiopia, the Tigray Regional Government, the justice sector, the health and service delivery sector, civil society and humanitarian actors, and international and regional bodies. Each recommendation is grounded in specific evidence from the seventeen key informant interviews, the three survivor consultations, and the legal analysis, and is mapped to the binding international and regional legal obligations that require its implementation.

12.1 Summary of Key Findings

The following key findings emerge from the Legal and Situational Analysis across its four analytical dimensions: the legal and normative framework; the situational and empirical evidence; institutional responses; and legal and institutional gaps.

12.1.1 Key Findings on the Legal and Normative Framework

Finding 1: Ethiopia bears extensive and binding international legal obligations to protect rape survivors from secondary victimization. Under the ICCPR, CEDAW, the CAT, the African Charter, the Maputo Protocol, and the UN Security Council Women, Peace and Security framework, all of which Ethiopia has ratified or is bound by, the state bears positive obligations to: enact comprehensive legislative protections against gender-based violence; ensure mandatory survivor-centred procedural standards; protect survivors' rights to privacy, dignity, and equality throughout justice processes; provide adequate remedies and reparations for both primary violence and secondary harm; and address the socio-cultural norms that generate stigmatization. These obligations are not aspirational: they are legally binding and their breach constitutes internationally wrongful conduct.[235]

[235] Section Four analyses ICCPR arts 7, 14, 17, 26; CEDAW arts 2, 5, 15 and General Recommendations 19 and 35; CAT art 14; UN Security Council Resolutions 1325 (2000), 1820 (2008), 2106 (2013), 2467 (2019); African Charter arts 2, 3, 4, 5, 18(3); Maputo Protocol arts 4, 11, 25; FDRE Constitution arts 13(2), 24, 25, 26, 35, 37(a). The CEDAW Committee's 2019 Concluding Observations on Ethiopia specifically identified the absence of comprehensive GBV legislation as a violation of CEDAW obligations: UN Doc CEDAW/C/ETH/CO/6-7, para 22.

Finding 2: The Ethiopian domestic legal framework is fundamentally inadequate to fulfil these obligations. While the FDRE Constitution contains relevant protective provisions, the Federal Criminal Code and Criminal Procedure Code are fragmentary, inadequate, and inconsistently applied in ways that generate rather than prevent secondary victimization. There is no comprehensive GBV law; no mandatory in-camera proceedings for sexual violence cases; no prohibition of virginity examination as evidence; no prohibition of informal settlement by justice actors; no adequate victim compensation or reparations framework; no mandatory minimum sentencing for CRSV; and no domestic legal provisions specifically addressing conflict-related sexual violence as a distinct category of criminal harm.[236]

12.1.2 Key Findings on Patterns of Stigmatization and Secondary Victimization

Finding 3: The stigmatization of rape survivors in Tigray is systematic, multi-dimensional, and constitutes a continuing human rights violation. Survivors face simultaneous stigmatization across the family, community, religious, and institutional spheres. The forms of stigmatization documented — marital rejection, family abandonment, community exclusion, prohibition from religious ceremonies, labelling with derogatory terms, pressure to commit infanticide, and rejection of children born of rape — constitute violations of survivors' rights to dignity, equality, non-discrimination, physical integrity, and access to justice under the FDRE Constitution, the ICCPR, CEDAW, the African Charter, and the Maputo Protocol.[237]

Finding 4: Stigmatization systematically suppresses reporting, obstructs accountability, and is itself lethal. The Girmatsion Fisseha et al community-based study documented that stigma is the primary driver of under-reporting across the Tigray region. The Mekelle University Bora district survey documented two suicides among 570 known survivors. Survivor I reported multiple suicide attempts attributable directly to community stigma. The suppression of reporting attributable to stigma means that perpetrators of CRSV in Tigray operate with near-total impunity, making stigma not merely a social harm but a structural enabler of the accountability failure that the Cessation of Hostilities Agreement has not remedied.[238]

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[236] Section Seven identifies fifteen specific legal and institutional gaps organized across four categories: substantive legal gaps (section 7.1), procedural and evidentiary gaps (section 7.2), institutional gaps (section 7.3), and social and normative gaps (section 7.4). The unanimous identification of the absence of comprehensive GBV legislation as the most fundamental gap by all justice sector informants (Interviews 01, 03, 05, M-01, T-01, T-02, T-05) provides the primary evidentiary foundation for this finding.

[237] Section Five documents these forms of stigmatization across sections 5.2.1–5.2.4. Survivor I described her husband abandoning the family and her oldest son beating the baby born of rape. Survivor III described her husband calling her child a 'bastard,' breaking the child's arm, and her mother pressuring her to commit infanticide. Survivor III's mother's statement in Tigrigna — calling survivors who did not kill their children 'lazy' — is documented in the interview record and captures the severity of community-level pressure.

[238] Girmatsion Fisseha and others, 'War-Related Sexual and Gender-Based Violence in Tigray, Northern Ethiopia: A Community-Based Study' (2023) 8(7) BMJ Global Health e010270. Al Jazeera, 'How Tigray War Rape Victims Turned to Rwandan Genocide Survivors to Heal' (22 October 2024). Survivor I consultation: 'the community around also insult us as leftovers where I have attempted to commit suicide several times.'

12.1.3 Key Findings on Institutional Responses

Finding 5: Justice sector institutions in Tigray are largely source of secondary victimization rather than a primary source of protection. The justice sector generates secondary victimization through: the routine failure to invoke in-camera proceedings; victim-blaming attitudes including suggestions that survivors' dress contributed to the violence; the demand for virginity examination as evidence; the facilitation of informal settlement by police officers and community elders; the misuse and unauthorized disclosure of rape video evidence; the application of lenient bail provisions enabling witness intimidation; the cost-shifting of investigation expenses onto survivors; the absence of specialized GBV units; and the complete non-cascade of GBV training to frontline justice actors in Tigray. These failures are structural, not merely individual.[239]

Finding 6: Health and OSC services are substantially more survivor-centered than justice sector services, but are severely under-resourced. All three survivor consultations confirmed that health and OSC staff treated them with dignity, did not blame them, and provided comfort. Survivor III's account — 'they always tell us that this is not our fault and it is the perpetrator who should be ashamed of their acts' — is in direct contrast to the justice sector treatment described by other respondents. However, all three survivors were required to purchase medicines from private pharmacies due to chronic supply shortages at OSC facilities, constituting a denial of the right to health that is direct and ongoing.[240]

12.1.4 Key Findings on Gaps and Strategic Opportunities

Finding 7: The most fundamental legal gap is the absence of comprehensive GBV legislation. All seven justice sector key informants who addressed the subject identified the absence of a standalone, comprehensive GBV proclamation as the primary legal barrier to survivor protection. This gap creates a legislative vacuum in which all other specific gaps, the in-camera gap, the evidentiary gaps, the sentencing gap, the anti-stigmatization gap, the reparations gap, persist without a binding statutory framework to address them.[241]

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[239] Section Six documents each of these failures in detail with specific interview evidence. Interview T-02 (files on open tables); Interview 01 (video misuse to attribute blame to survivor); Interview T-03 (virginity examination demanded even by judges); Interview T-05 ('neither police, prosecutor nor court initiates closed session'); Interview T-01 (disciplinary case against police officer for telling 16-year-old survivor to settle informally). Interview M-05 represents the positive counter-example of mandatory female officer investigation and strict in-camera proceedings.

[240] Survivor I: 'the medical staff try their best to comfort us. I feel safe in their hands. The only gap is that we are forced to buy medicines from private pharmacies.' Survivor III: 'the treatment is well. They always tell us that this is not our fault... They feel gloomy to tell us that we need to buy the medicines from outside where there are no supplies.' Guardian of Survivor II: treatment by medical staff described as 'great.' WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors (WHO 2020) requires all post-rape health services to be provided free of charge.

[241] Interviews 01, 03, 05 (Addis Ababa); M-01, T-01, T-02, T-05 (Tigray). The convergence of this finding across both federal and regional, judicial and prosecutorial respondents gives it particular analytical weight as a systemic rather than situational legal gap.

Finding 8: The strategic litigation opportunities identified in this study are legally viable, evidence-grounded, and capable of producing structural reform impact. The six case typologies identified in Section Eight, institutional victim-blaming, unauthorized identity disclosure, coerced informal settlement, bail-enabled witness intimidation, virginity examination, and rights of children born of rape, each involve clearly documented facts, identifiable legal violations, and available forums. The three-tier strategic roadmap, domestic Fundamental Rights Bench cases, EHRC strategic complaint, and African Commission/CEDAW Optional Protocol proceedings, provides HRFE with a sequenced, legally grounded action plan. The *Equality Now and EWLA v Ethiopia* precedent before the African Commission, which awarded USD 150,000 in non-pecuniary damages and ordered judicial training measures specifically against Ethiopia, establishes a directly applicable regional precedent.[242]

12.2 Key Recommendations

The following recommendations flow directly and necessarily from the key findings summarized above. They are organized by primary addressee and are specific, actionable, and legally grounded. Each recommendation is assigned a priority level: Immediate (implementable within six months), Short-term (implementable within one year), Medium-term (implementable within two years), or Long-term (requiring sustained multi-year effort).*Equality Now v Ethiopia* precedent. [Priority: Medium-term]

A. To the Federal Parliament of Ethiopia

Recommendation A-1 — To the Federal Legislative Actors

Enact a comprehensive, standalone Gender-Based Violence Proclamation that consolidates and substantially strengthens all existing GBV-related legal provisions into a single binding instrument. The Proclamation must at minimum include: mandatory in-camera proceedings for all sexual violence cases; a prohibition on informal settlement or mediation in rape cases; a rape shield provision prohibiting virginity examination as evidence; recognition of corroborated hearsay as a primary evidentiary source in GBV cases; mandatory minimum sentencing for rape with aggravated provisions for gang rape, conflict-related rape, and sexual mutilation; explicit criminalization of marital rape; a specific civil cause of action for survivor compensation for secondary harm including stigmatization; a state-funded reparations mechanism for survivors of conflict-related sexual violence; and the principles and coordination among inter-agencies. [Priority: Long-term legislative process; immediate parliamentary committee engagement][243]

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[242] African Commission on Human and Peoples' Rights, Equality Now and Ethiopian Women Lawyers Association (EWLA) v Federal Republic of Ethiopia, Communication No 341/2007, 19th Extra-Ordinary Session (2016), paras 133–134, 150. Section Eight, sections 8.2–8.7.

[243] Recommended by all seven justice sector informants who addressed the legislative gap (Interviews 01, 03, 05, M-01, T-01, T-02, T-05). Required by CEDAW arts 2(a), 2(b) and General Recommendation No 35 (2017); FDRE Constitution art 35(4); Maputo Protocol arts 4, 25; CEDAW Committee, Concluding Observations on Ethiopia (2019) para 22(a). The five minimum elements of the Proclamation are specified in Section Nine, section 9.2.1.

Recommendation A-2 — To the Federal Legislative Actors

As immediate measures pending comprehensive legislation, enact the following targeted amendments: (i) amend Criminal Procedure Code Article 167 to make in-camera proceedings mandatory in all sexual violence cases; (ii) amend Criminal Code Articles 620–628 to introduce mandatory minimum sentences of not less than ten years for rape, with aggravated provisions for gang rape and conflict-related sexual violence, and to criminalize marital rape; (iii) amend Criminal Procedure Code Article 63 to require mandatory consideration of victim safety in bail decisions in sexual violence cases and to create a rebuttable presumption against bail where witness intimidation is documented; and (iv) enact a standalone provision prohibiting the admission of virginity examination evidence in any sexual violence proceeding. [Priority: Short-term][244]

B. To the Federal Government of Ethiopia — Executive Branch

Recommendation B-1 — To the Federal Ministry of Justice

Immediately operationalize the June 2024 Handbook on the Investigation and Prosecution of Crimes Against Women and Children as binding institutional practice across all federal and regional justice offices, through: mandatory training of all police investigators, public prosecutors, and court clerks handling sexual violence cases within six months; the establishment of a dedicated GBV unit within the Federal Prosecutor General's Office; and a formal monitoring and accountability mechanism to identify and sanction officials who engage in victim-blaming conduct, facilitate informal settlement in rape cases, or violate survivors' confidentiality. [Priority: Immediate][245]

Recommendation B-2 — To the Ministry of Women and Social Affairs

The Ministry of Women and Social Affairs, in accordance with the Federal Executive Organs Definition of Power and Functions Proclamation No. 1263/2021 Article 36, should initiate laws and strategies in relation of secondary victimizations of rape survivors in Ethiopia. [Priority: Immediate]

Recommendation B-3 — To the Federal Ministry of Justice

Transfer supervisory authority over One Stop Centers from the Ministry of Justice to the Ministry of Women and Social Affairs, consistent with the primarily health and psychosocial

[244] Criminal Procedure Code arts 63, 67, 167; Criminal Code arts 620–628. Required by ICCPR art 17 (privacy); CEDAW General Recommendation No 35, para 30(d) (mandatory in-camera); WHO, OHCHR and UN Women, Eliminating Virginity Testing: An Interagency Statement (WHO 2018) (virginity examination prohibition); CEDAW art 2(f) (discriminatory evidentiary practices). Recommended by Interviews 03 (hearsay and in-camera), T-05 (bail), T-03 and T-04 (virginity examination), T-01 and 05 (sentencing).

[245] Ministry of Justice, Handbook on the Investigation and Prosecution of Crimes Against Women and Children (June 2024). The training cascade failure was identified by Interviews T-04, T-02, and T-01 as the most actionable immediate institutional gap. The Addis Ababa Bureau model (Interview 05: coding system, isolated rooms, fixed investigation days) provides a proof of concept for what systematic implementation of the Handbook's principles looks like in practice.

character of OSC services and the survivor-centered mandate of OSC operations. Implement this transfer within twelve months, with a transitional coordination protocol to ensure continuity of legal referral services. [Priority: Short-term][246]

Recommendation B-4 — To the Federal Ministry of Justice and Ministry of Health

Ensure that all One Stop Centre facilities in Tigray maintain adequate, freely available medicine and supply stocks at all times, eliminating the practice of requiring survivors to purchase post-rape healthcare from private pharmacies at their own expense. Establish a dedicated OSC supply chain oversight mechanism jointly administered by the Ministry of Health and UNFPA, with quarterly reporting and restocking obligations. [Priority: Immediate][247]

Recommendation B-5 — To the Federal Government of Ethiopia

Establish a dedicated reparations fund for survivors of conflict-related sexual violence in the Tigray war, providing individual compensation, collective reparations, rehabilitation services, and symbolic guarantees of non-repetition, consistent with the UN Secretary-General's Guidance Note on Reparations for Conflict-Related Sexual Violence. The fund should be operational within eighteen months and should be designed in full and meaningful consultation with survivor communities in Tigray, consistent with UN Security Council Resolution 2467. [Priority: Medium-term][248]

C. To the Tigray Regional Government

Recommendation C-1 — To the Tigray Regional Government

Immediately re-establish the specialized judicial bench for women's and children's cases at Mekelle High Court, selecting judges and prosecutors on the basis of demonstrated expertise in gender-based violence and survivor-centred approaches, in coordination with the Ayder One Stop Centre, replicating the pre-conflict model that operated effectively prior to its abolition. Create a dedicated GBV unit within the Tigray Regional Justice Bureau staffed by trained specialists. [Priority: Immediate][249]

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[246] Interview 05 (Addis Ababa Bureau Senior Legal Expert): 'One Stop Centres are under supervision of MOJ but for better effectiveness it needs to be under supervision of women and children social affairs office bureau.' This structural reform requires only an executive directive rather than legislation and can be implemented within the current institutional framework.

[247] All three survivor consultations: Survivor I, Survivor III, and Guardian of Survivor II all documented being required to purchase medicines from private pharmacies. WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors (WHO 2020): all post-rape health services to be provided free of charge. ICESCR art 12 (right to health); Maputo Protocol art 14.

[248] UN Secretary-General, Guidance Note on Reparations for Conflict-Related Sexual Violence (June 2014) 5–12; UN Security Council Resolution 2467 (2019) UN Doc S/RES/2467, operative para 15. Interview 01 (EHRC): 'adequate and timely victim compensation not sufficiently addressed within the legal framework.' Interview T-05 (Regional Public Prosecutor): 'unfair laws relating to moral compensation.' Survivor III: unable to afford mental health medicines, dependent on CSO charity.

[249] Interview M-01 (Mekelle High Court Criminal Judge): specialized bench operated pre-conflict; abolished after the war. Interview T-01 (Bureau of Women Affairs): 'absence of special bench for GBV cases' identified as primary institutional weakness. Interview T-02 (Regional Justice Office): 'no special unit for SGBV cases. All procedures

Recommendation C-2 — To the Tigray Regional Government and Regional Police Commission

Implement within three months a systematic, funded, and time-bound GBV training programme for all police officers, investigators, prosecutors, and court support staff in Tigray, with particular priority for officers who joined the police following demobilization from the Tigray Defense Forces without prior GBV training. The training programme should cover: survivor-centred investigation techniques; trauma-informed interviewing; confidentiality obligations; the prohibition of informal settlement in sexual violence cases; proper application of the Witness Protection Proclamation; and the specific legal and ethical standards governing evidence handling in sexual violence cases. [Priority: Immediate][250]

Recommendation C-3 — To the Tigray Regional Government

Immediately provide all Regional Justice Bureau offices and police stations handling sexual violence cases with adequate physical infrastructure for confidential service delivery: dedicated locked file storage for survivor case files; separate private investigation rooms; and digital case management systems with appropriate access controls. These measures are a minimum prerequisite for compliance with survivors' right to privacy under FDRE Constitution Article 26 and ICCPR Article 17. [Priority: Immediate][251]

Recommendation C-4 — To the Tigray Regional Government

Cascade the Standard Operating Procedures on GBV to every prosecutor, police officer, and court support staff in the Tigray regional justice system, within three months, with mandatory compliance monitoring and a formal mechanism for receiving and acting on survivor complaints of SOP violations. Designate the Bureau of Women Affairs steering committee as the primary oversight and accountability body for SOP compliance. [Priority: Immediate][252]

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followed to investigate other serious cases equally apply to SGBV cases.' The pre-conflict model provides a documented proof of concept. Required by Ethiopia's continuing IHL obligation to restore protective infrastructure for survivors in the post-conflict period.

[250] Interview T-01: 'the police men were members of TDF, already having their own trauma. They were assigned to deliver services without having the respective trainings. So, it is natural that they will not deliver services properly.' Interview T-04: 'the training has not yet been cascaded sufficiently which disrupts the whole process of service delivery and healing of survivors.' CEDAW General Recommendation No 35, para 30(i): states should provide mandatory training on gender-based violence to all justice sector actors.

[251] Interview T-02 (Regional Justice Office Deputy): 'survivor files kept on the tables or boxes for there is lack of file cabinets.' Interview 01 (EHRC): 'lack of safe and comfortable investigation rooms in different institutions like the police commission, justice office and court rooms.' FDRE Constitution art 26; ICCPR art 17. The contrast with the Addis Ababa Bureau model (Interview 05: isolated rooms, fixed investigation days) confirms that this is a resource-driven gap that can be addressed without legislation.

[252] Interview T-02: 'soft laws developed in collaboration with NGOs for budgetary constraints are not cascaded to every prosecutor.' Interview T-04: 'the training has not yet been cascaded ' sufficiently.' The Bureau of Women Affairs (Interview T-01) has already demonstrated the capacity to exercise an accountability function through disciplinary action, making it the appropriate monitoring body.

D. To Justice Sector Actors — Police, Prosecutors, and Courts

Recommendation D-1 — To Police Investigators and Investigating Officers

Apply mandatory in-camera procedures for all sexual violence investigations without waiting for legislative reform, using the existing authorization under Criminal Procedure Code Article 167. All investigations involving rape survivors must be conducted: by female officers; in dedicated private rooms; without requiring survivors to repeat their accounts multiple times; without requiring survivors to cover any investigation-related costs; and without facilitating or encouraging informal settlement with perpetrators or community mediators. Any police officer who facilitates informal settlement in a rape case should be reported to the institutional oversight mechanism for disciplinary action. [Priority: Immediate][253]

Recommendation D-2 — To Public Prosecutors

Invoke Article 67 of the Criminal Procedure Code in all sexual violence cases where there is documented or reasonably apprehended risk of witness intimidation, and invoke the Witness Protection Proclamation No 699/2010 as a matter of standard practice rather than last resort. Prosecutors must not accept or facilitate requests for informal settlement in rape cases under any circumstances, and must actively challenge victim-blaming conduct by police, defence counsel, or community actors that comes to their attention. [Priority: Immediate][254]

Recommendation D-3 — To Courts — All Levels

All courts adjudicating sexual violence cases must: conduct proceedings in closed session as a matter of standing practice, invoking Criminal Procedure Code Article 167 in every sexual violence case without requiring applications; prohibit questions that require survivors to narrate their experiences beyond what is necessary for the specific legal issue before the court; refuse to admit or order virginity examination evidence in any sexual violence proceeding; apply Article 67 of the Criminal Procedure Code to deny bail where witness intimidation is documented; and eliminate the judicial demand for hymen examination as evidence, which is scientifically discredited and violates FDRE Constitution Articles 24 and 35(4). [Priority: Immediate][255]

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[253] Criminal Procedure Code art 167. Interview T-05: 'neither the police, public prosecutor nor the court initiates the case to be handled in a closed session.' Interview T-02: 'requiring her to cover costs of translation.' Interview 01: police suggested survivor's dress contributed to the violence. Interview T-01: disciplinary measure taken against police officer for victim-blaming statement. CEDAW General Recommendation No 35, para 30(b): conciliation/mediation not to be applied in GBV cases.

[254] Criminal Procedure Code arts 63, 67; Witness Protection Proclamation No 699/2010. Interview 04 (Federal Public Prosecutor): witness threatened at courthouse exit; Proclamation not invoked because process 'way too long.' Interview 02: bail provisions 'often insufficiently stringent.' Guardian of Survivor II: perpetrator family used bail threat as coercive device. CEDAW General Recommendation No 35, para 30(c): states should ensure that perpetrators cannot use judicial procedures to intimidate victims.

[255] Interview M-04 (Mekelle High Court Senior Judge): 'by how many people were you raped?' identified as a common traumatizing judicial question. Interview T-03 (MMC OSC Nurse/CEO): virginity examination demanded 'even by judges.' FDRE Constitution arts 24, 35(4); CEDAW art 5(a); WHO, OHCHR and UN Women, Eliminating Virginity Testing (WHO 2018). Interview M-01: in-camera proceedings and plain-clothes protocols described as existing but insufficient without specialized bench.

E. To Health, OSC, and Humanitarian Service Providers

Recommendation E-1 — To UNFPA, the Ministry of Health, and OSC Operators

Guarantee full and continuous supply of all post-rape medicines and supplies at all seven UNFPA-supported OSCs in Tigray, with a dedicated funding line and quarterly restocking protocol. No survivor should be required to pay for any health service or medicine arising from sexual violence. Where supply shortages occur, OSC operators must immediately notify UNFPA and the Ministry of Health for emergency resupply within seventy-two hours. [Priority: Immediate][256]

Recommendation E-2 — To Ayder One Stop Centre and All OSC Operators in Tigray

Ensure that all medical examination reports in sexual violence cases are issued in both Tigrigna and Amharic, as well as English, within seventy-two hours of examination, at no cost to the survivor. No survivor should be required to fund the translation of her own medical examination results. Implement the existing SOP requirements on medical report language and timeliness as a mandatory institutional standard. [Priority: Immediate][257]

Recommendation E-3 — To All Service Providers — Health, CSO, and Humanitarian

Adopt and implement the trauma-informed, consent-based service delivery model as a non-negotiable operational standard across all survivor-facing services: no coercion of survivors to access any service, including medical examination; no disclosure of survivor identity to any person without explicit consent; and immediate de-escalation and referral to psychosocial support when any survivor shows signs of distress. Develop specific guidelines for conflict-related sexual violence survivors that go beyond general GBV guidelines to address the specific severity and compound nature of CRSV. [Priority: Short-term][258]

F. To Civil Society Organizations and HRFE

Recommendation F-1 — To HRFE

Pursue the three-tier strategic litigation roadmap identified in Section Eight: (i) file Tier One constitutional cases before the Federal High Court and Tigray Regional Supreme Court targeting

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[256] All three survivor consultations document medicine shortages: Survivor I: 'we are forced to buy medicines from private pharmacies.' Survivor III: 'I am forced to buy from private pharmacies. Since I don't have the money I have to beg before the CSO.' Guardian of Survivor II: one medicine unavailable at OSC, purchased privately. WHO 2020 Clinical Management Guidelines (all services free of charge). ICESCR art 12; Maputo Protocol art 14.

[257] Interview T-05 (Regional Public Prosecutor): 'examination report issued by the medical experts is written in English and need to be translated to Tigrigna — cost borne by survivor.' Interview T-01: disciplinary measure taken against health professionals who refused to write examination results in Tigrigna. Interview T-04: 'mistranslation of the medical examination' identified as a secondary victimization practice. The translation cost-shifting violates CEDAW art 2(c) (obligation to ensure effective legal protection for women through competent courts).

[258] Interview M-02 (Moms for Moms): 'provision of services is based on free consent of the beneficiary. Coercing the survivors to make medical check-up even for their good is strictly forbidden.' Interview M-02 analytical note: general 'do no harm' principle 'may fall short of addressing the gross nature of the harm sustained by the rape survivors' — specific CRSV guidelines needed. WHO, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women (WHO 2001) 8–12.

virginity examination requirements and mandatory in-camera proceedings within six months; (ii) submit a Tier Two systematic complaint to the EHRC documenting the full pattern of institutional secondary victimization identified in this study within three months; and (iii) initiate preparation of Tier Three African Commission communications and CEDAW Optional Protocol submissions in selected cases where domestic remedies have been exhausted or demonstrated to be ineffective. [Priority: Immediate and Short-term][259]

Recommendation F-2 — To HRFE, GOAL Ethiopia, and Moms for Moms (Joint Advocacy)

Launch a coordinated public awareness and stigma reduction programme targeting community and religious leaders in Tigray, using the findings of this study as the evidence base and the Rwandan survivor community engagement model as a reference framework. The programme must centre survivor dignity, challenge victim-blaming cultural narratives, and specifically address the practice of community elder-facilitated informal settlement in rape cases as a violation of survivors' legal rights. [Priority: Short-term][260]

Recommendation F-3 — To HRFE and MMC (Survivor Economic Empowerment)

Scale the Mulu Mesfin Charity Organization's integrated vocational training and rehabilitation model to all OSCs in Tigray, ensuring that economic empowerment programming is available to every survivor who has experienced family rejection and economic destitution as a result of stigmatization. Coordinate with legal aid providers to ensure that all survivors who have been abandoned by spouses receive legal representation in family law proceedings to protect their rights to marital property, child maintenance, and child inheritance. [Priority: Medium-term][261]

G. To International and Regional Human Rights Bodies

Recommendation G-1 — To the CEDAW Committee

At Ethiopia's next periodic review, the CEDAW Committee should: follow up specifically on the implementation of the 2019 Concluding Observations' recommendation to enact comprehensive GBV legislation; request Ethiopia to report on the specific institutional failures in the Tigray regional justice system documented in this study; and call on Ethiopia to establish a

[259] Section Eight, sections 8.2–8.7. The Equality Now v Ethiopia precedent (African Commission, 2016) establishes the directly applicable regional litigation pathway. Ethiopia acceded to the CEDAW Optional Protocol on 25 February 2000. HRFE's litigation must be pursued in strict accordance with the survivor-centred principles established in Section Three, section 3.5.

[260] Interview M-03 (GOAL Ethiopia): awareness campaigns targeting religious leaders described as existing practice. Interview M-02 (Moms for Moms): community-based awareness and engagement described. Al Jazeera (October 2024): Tigrayan survivors already engaging with Rwandan genocide survivor communities for stigma reduction models. CEDAW art 5(a); FDRE Constitution art 35(4).

[261] Interview T-03 (MMC OSC Nurse/CEO): vocational training and rehabilitation described as core MMC services. Interview T-01: 'when a husband divorces a survivor she loses her home, her children's financial support, and her social standing at the same time.' Survivor III: unable to afford mental health medicines; dependent on CSO charity. Maputo Protocol art 13 (economic and social welfare rights); art 25 (right to remedy).

reparations framework for conflict-related sexual violence survivors consistent with the Maputo Protocol Article 25 and the UN Secretary-General's Guidance Note. [Priority: Medium-term][262]

Recommendation G-2 — To the African Commission on Human and Peoples' Rights

The African Commission's Special Rapporteur on the Rights of Women in Africa should conduct a country visit to Tigray to assess the situation of conflict-related sexual violence survivors and the state of secondary victimization and institutional response, and should issue a report with recommendations to Ethiopia on implementing its obligations under the African Charter and the Maputo Protocol. The African Commission should also actively receive communications from HRFE and EWLA on behalf of survivors, building on the existing cases.[263]

Recommendation G-3 — To UNFPA, UN Women, and the SRSG-SVC

UNFPA should maintain and expand its 3R4CACE programme funding for OSC services in Tigray beyond current project timelines, treating sustained OSC resourcing as a humanitarian protection obligation rather than a time-limited project. UN Women should engage the Federal Parliament and Ministry of Justice directly on comprehensive GBV legislation advocacy. The SRSG-SVC should include specific findings on secondary victimization of Tigrayan CRSV survivors in country-specific reporting to the Security Council, maintaining pressure on Ethiopia to fulfil its WPS framework obligations. [Priority: Immediate and Short-term][264]

12.3 Closing Reflections

The survivors who participated in this study did not speak easily or without cost. Survivor I has attempted suicide multiple times because her community calls her a 'leftover.' Survivor III's son's arm was broken by a man who should have been his protector. Survivor III's own mother told her she was 'lazy' for not killing her child. The guardian of Survivor II watches her daughter — afraid to leave her home and dreading school — and regrets having reported at all. These accounts are not illustrations of a problem. They are the problem: the ongoing, daily, compounding destruction of human beings by a system of stigma, institutional failure, and legal vacuum that the Federal Government of Ethiopia is legally obligated and practically capable of dismantling.[265]

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[262] CEDAW Committee, Concluding Observations on Ethiopia (UN Doc CEDAW/C/ETH/CO/6-7, November 2019) para 22. Optional Protocol to CEDAW (Ethiopia acceded 25 February 2000). The CEDAW Committee's follow-up procedure under rule 72 of its Rules of Procedure provides a mechanism for requesting specific updates on implementation of the 2019 Concluding Observations within the current reporting cycle.

[263] African Commission Special Rapporteur on the Rights of Women in Africa (established 2000). Equality Now and EWLA v Ethiopia, Communication No 341/2007 (African Commission, 2016). The Special Rapporteur's fact-finding visit mechanism provides an investigative tool that can generate authoritative regional documentation of the secondary victimization patterns identified in this study.

[264] UNFPA 3R4CACE project (seven OSCs in Tigray). UN Security Council Resolution 2467 (2019) UN Doc S/RES/2467: SRSG-SVC mandate to report on country-specific CRSV situations including accountability ' efforts and survivor access to services. UN Security Council Resolution 1820 (2008) UN Doc S/RES/1820 and Resolution 1888 (2009) UN Doc S/RES/1888 (SRSG-SVC mandate).

[265] Survivor I consultation: suicide attempts attributable to community stigma; infant daughter beaten by adult son. Survivor III consultation: child's arm broken; mother's pressure to commit infanticide. Guardian of Survivor II:

The legal framework needed to protect survivors exists in outline in Ethiopia's own constitution and in the international instruments it has ratified. The institutional models needed to protect survivors exist in practice in some Ethiopian institutions — in the Federal First Instance Court's CCTV oversight model, in the Addis Ababa Bureau's coding system, in Moms for Moms' consent-based home visits, in the OSC nurses who tell survivors that it is the perpetrators who should be ashamed. The task of this study has been to document precisely what stands between those outlines and models and the systematic, enforceable, and rights-protecting reality that survivors of the Tigray war require and deserve: a task that the litigation and advocacy strategy developed in this report is designed to complete.

The armed conflict in Tigray may have ended on 2 November 2022 with the signing of the Pretoria Cessation of Hostilities Agreement. For the survivors of conflict-related sexual violence in Tigray, those who are still purchasing medicines they cannot afford, hiding from communities that call them 'leftovers,' and watching children who were born in violence grow up in shame, the conflict has not ended. It continues in the daily infliction of secondary harm by a system that has not yet been held to account and has not yet been reformed. The recommendations of this report are directed at that system, with the urgency that the survivors' continuing suffering demands.[266]

daughter withdrawn from school; regrets reporting. These survivor accounts are preserved in the research record and constitute primary evidence for all subsequent litigation and advocacy proceedings.

[266] Cessation of Hostilities Agreement between the Federal Government of Ethiopia and the Tigray People's Liberation Front, signed 2 November 2022, Pretoria, South Africa, under African Union mediation. Survivor III consultation: 'there is difficulty in getting the tablets, there is no supply in the one stop center as a result of which I am forced to buy from private pharmacies. Since I don't have the money to buy I have to beg before the CSO to cover the expenses.' The ongoing nature of the harm documented in this consultation — conducted in April 2026, three and a half years after the cessation of hostilities — constitutes the primary justification for the urgency assigned to the recommendations in this section.

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Key Informant Interviews and Survivor Consultations

Table 3.1 Profile of the seventeen key informants and survivor consultations presented below:

ID	Respondent Type	Institution / Organization	Location	Date
01	Government official – Women & Children Rights Coordinator	Ethiopian Human Rights Commission (EHRC)	Addis Ababa	19 March 2026

02	Justice official – Federal Public Prosecutor	Justice Office, Yeka Sub-City Branch	Addis Ababa	26 March 2026
03	Justice official – Women & Children's Affairs Coordinator Judge	Federal First Instance Court, Yeka District	Addis Ababa	28 March 2026
04	Justice official – Federal Public Prosecutor (Women & Children)	Justice Office, Yeka Sub-City Branch	Addis Ababa	1 April 2026
05	Government official – Senior Legal Expert	Addis Ababa City Administration Women, Children & Social Affairs Bureau	Addis Ababa	3 April 2026
M-01	Justice official – Criminal Judge (Women & Children Specialist)	Mekelle High Court	Mekelle, Tigray	3 April 2026
M-02	NGO Representative – Regional Protection Manager	Moms for Moms NGO	Mekelle, Tigray	4 April 2026
M-03	NGO Representative – Protection Officer	GOAL Ethiopia	Mekelle, Tigray	6 April 2026
M-04	Justice official – Senior Judge	Mekelle High Court	Mekelle, Tigray	6 April 2026
M-05	Police officer – Investigating Officer (Female)	South Eastern Tigray Zone Police Commission	Tigray (via telephone)	9 April 2026
T-01	Government official – Deputy Bureau Head & Gender Expert	Bureau of Women Affairs, Tigray Region	Mekelle, Tigray	2 April 2026
T-02	Justice official – Deputy, Regional Justice Office	Regional Justice Office, Tigray	Mekelle, Tigray	28 March 2026
T-03	Health professional & CSO representative – OSC Nurse & CEO	Mulu Mesfin Charity Organization (MMC) / One Stop Centre	Mekelle, Tigray	30 March 2026
T-04	Health professional – One Stop Centre Coordinator	Ayder One Stop Centre (Ayder Comprehensive Specialized Hospital)	Mekelle, Tigray	29 March 2026
T-05	Justice official – Regional Public Prosecutor & GBV Focal Person	Regional Justice Bureau, Tigray	Mekelle, Tigray	26 March 2026
S-I–III	Survivor consultations (3 survivors)	Tigray region (locations withheld for safety)	Mekelle, Tigray	March–April 2026

G-I	Guardian of survivor	Tigray region (location withheld for safety)	Mekelle, Tigray	March–April 2026

Table 3.1: Profile of Key Informants and Survivor Consultations