

Policy Brief

From Gaps *to* Solutions: Enhancing Reporting and Documentation of CRSV in Ethiopia

November 2024

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Acknowledgment

The Ethiopian Human Rights Defenders Center (EHRDC) wishes to acknowledge the United States Agency for International Development (USAID) and Freedom House–for their support. This Policy brief on CRSV titled "From Gaps to Solutions; Enhancing Reporting and Documentation of Conflict Related Sexual Violence (CRSV) in Ethiopia" publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents do_not necessarily reflect the views of USAID or the United States Government.

Furthermore, we would like to acknowledge the valuable contributions of our consultant and participants whose insights were crucial to the success of this project.

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Introduction

Conflict-related sexual violence (CRSV) against women and children became widespread in Ethiopia following the escalation of the Tigray conflict in November 2020, which spread into neighboring Afar and Amhara regions. This violence is perpetrated by all parties to the conflict, leaving women and children, including boys, in increasingly insecure situations. CRSV continues to be a threat to the security and dignity of women in conflict affected locations in Ethiopia, including ongoing conflicts in Oromia and Amhara.

This policy brief is prepared based on the critical challenges surrounding the reporting, documentation, and investigation of CRSV in Ethiopia. This brief is based on evidence from qualitative data gathered through in-depth interviews with CRSV service providers, as well as focus group discussions with stakeholders and government agencies actively involved in CRSV-related processes. These data were collected between July 12 and August 2, 2023, in the *Woredas* of *Horo* (Oromia), *Chifra* (Afar), and *Woldia* zone (Amhara). These regions were selected based on a comprehensive review of existing human rights monitoring and humanitarian assessment reports, which highlighted the prevalence of CRSV and the challenges faced by affected populations, including Internally Displaced Persons (IDPs).

Understanding CRSV

The World Health Organization (WHO) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the survivor, in any setting." The UN's analytical and conceptual definition of CRSV, which refers to incidents or patterns of sexual violence against women, men, girls, or boys that occur in a conflict or post-conflict setting, either directly or indirectly related to the conflict. It also includes situations

of political repression and trafficking for sexual violence or exploitation in conflict zones.

What is Special about CRSV?

- Usually the profile of the *perpetrator*, often affiliated with a state or non-state armed group (including those designated as terrorist organizations);
- The *victims* and *survivors*, frequently from a persecuted political, ethnic, or religious minority, reveal the conflict's specific dynamics; and
- The climate of impunity, generally associated with chaos, State

The term "conflict-related sexual violence" is used in the UN Secretary-General's report to encompass crimes such as rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and other forms of sexual violence of comparable gravity.

collapse; cross-border consequences, such as displacement or trafficking; and/or violations of the provisions of a ceasefire agreement also differs CRSV from other sexual violence.

What Laws and Policies are Pertinent to Address CRSV?

Ethiopia is bound by several international and regional human rights instruments addressing violence against women, including CRSV, gender discrimination, and structural inequality. These include the African Charter on Human and Peoples' Rights, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Optional Protocol to CEDAW, as well as the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. UNSC resolutions 1325 and 1820, which Ethiopia has adopted, call upon all parties to armed conflict to take special measures to protect women and girls from gender-based violence (GBV), particularly sexual violence in situations of armed

conflict. These resolutions emphasize the duty of all member states to end impunity for genocide, crimes against humanity, and war crimes related to sexual violence. Resolution 1820 specifically urges states to prosecute perpetrators of sexual violence and ensure that victims and survivors, particularly women and girls, receive equal protection under the law and access to justice. It stresses that ending impunity for these crimes is essential to achieving sustainable peace, justice, truth, and national reconciliation.

On the national level, the FDRE Constitution guarantees principles of equality, non-discrimination, and for all women to equally enjoy the human rights enshrined in the constitution and international instruments ratified by Ethiopia. Guarantees of the right to security of the person, and protection from torture, provides a constitutional basis for preventing and protecting women from CRSV. The Constitution also guarantees access to justice under Article 37(1). Additionally, the Criminal Code and the Criminal Procedure Code further lay out the legal framework for prosecuting and punishing acts of sexual violence, including CRSV.i Furthermore, Ethiopia's legal system also upholds the right to an effective remedy, as stipulated in international human rights law and humanitarian law, through instruments like Article 8 of the Universal Declaration of Human Rights (UDHR), Article 2 of the International Covenant on Civil and Political Rights (ICCPR), Article 6 of CEDAW, Article 14 of the Convention Against Torture (CAT), and Articles 39 of the Convention on the Rights of the Child (CRC). The African Charter on Human and Peoples' Rights also contains relevant provisions, such as Article 7, supporting these rights. Ethiopia has ratified all of these international instruments, which are legally binding within the country as per Article 9 (4) of the Constitution, ensuring the obligation to investigate, prosecute, and provide redress for CRSV.

Practical Gaps in the Reporting, Documenting and Investigation of CRSV

a. Barriers to Reporting and Under Reporting and

A common challenge across all three regions is the significant barrier to reporting CRSV due to fear of retaliation, stigma, and a lack of awareness available services compounded by displacement-related about vulnerabilities. For example, in Shambu Town, reporting is minimal, with only one case of rape reported involving a 14-year-old girl. Similarly, in Chifra Woreda, IDPs face physical, financial, and linguistic barriers that discourage reporting, with only 35 CRSV cases reported during 2021-2023 despite significant vulnerabilities, including the prevalence of harmful traditional practices like child marriage and female genital mutilation. The geographical distance of IDPs camps, such as the 50 IDPs camp in Chifra, from service providers also exacerbates the situation, as survivors often cannot afford to travel for medical or legal services. In North Wollo zone, while there is higher reporting, logistical barriers, such as distance from service providers, and lack of awareness still limit the effectiveness of reporting mechanisms. Due to this, the reported CRSV figures do not accurately reflect the true extent of the violations.

b. Inconsistent and Fragmented Documentation Practices

Another widespread issue is the inconsistent documentation of CRSV cases, which weakens the ability to track incidents, provide support to survivors, and pursue investigations. In *Shambu* Town, documentation is fragmented, and there are no standardized protocols for collecting evidence or ensuring survivor's privacy. While some organizations, such as NGOs and the WSAO, maintain more thorough records, police and public prosecutors have been criticized for poor documentation practices. Whereas police and health centers collect data, they lack organized systems or protocols specific to CRSV, leading to unreliable records. For instance, in *Chifra Woreda*, documentation is inconsistent, with cases often

lacking proper follow up, particularly when community leaders intervene before and or after formal reporting occurs. CRSV reports are not frequently disaggregated or properly stored, leading to inaccurate data and difficulty tracking cases. North *Wollo* zone faces gaps in documentation, with cases stored alongside other criminal records, raising concerns about accuracy, privacy and security. These fragmented documentation practices undermine efforts to monitor and respond to CRSV effectively.

c. Challenges in Investigation and Prosecution

The investigation and prosecution of CRSV cases are critically impeded by various logistical, cultural, and institutional challenges. In Shambu Town, despite having trained law enforcement staff, no successful prosecution have occurred, and the case remain unresolved due to the absence of a clear procedure and resources for investigations. The ongoing conflict and displacement complicate investigations, as local law enforcement struggles to cooperate with neighboring regions, especially for CRSV cases in IDPs settings. Similarly, in *Chifra Woreda*, investigations are hindered by reliance on traditional dispute resolution mechanisms, with clan leaders often handling CRSV cases outside the formal justice system. Moreover, even when the police initiate investigations, delays and inefficiencies hinder progress, and with a significant number of cases not pursued due to survivors preferring traditional resolutions. A large proportion of reported CRSV cases do not result in investigations or prosecutions. For instance, in Woldia Town and surrounding Jara IDPs camp, despite 518 reported CRSV cases, only 16.5% were investigated and prosecuted. Specifically, 11% of the cases reached the court, and 9.1% resulted in convictions, while 0.8% were acquitted, and another 0.8% had their criminal charges discontinued. Similarly, in *Chifra*, only **8.6%** of the 35 reported cases resulted in final court judgments, with 88.6% remaining uninvestigated and unresolved. This highlights the significant gap between reporting and the actual legal outcomes for survivors, often leaving them without justice. Additionally, the identification of cases as CRSV is a concern, even for

those that have reached the court stage, further complicating data accuracy and the response process. Many investigations remain stalled due to lack of specialized training, resources, and unclear protocols for handling CRSV cases. Many cases are also undermined by the absence of sufficient evidence, and challenges to identify perpetrators leaving prosecution efforts ineffective.

d. Limited Access to Services and Support for Survivors

Access to essential services for CRSV survivors is limited, especially at the Woreda and Kebele levels, where formal support systems are either inadequate or non-existent. In Shambu Town, there are no dedicated services for survivors at local health centers or police stations, and the absence of formal and effective referral pathways leaves survivors without adequate support. Although entities such as Wollega University and NGOs like Gurumu Development Association (GDA) provide legal aid and counseling, these services are insufficient to meet the IDPs community demand. Similarly, in Chifra Woreda, IDPs lack access to integrated support services. The distance of the IDPs camp from advanced services, such as medical care in Jara camp and Dubti one stop center, further exacerbates challenges, leaving many survivors without timely care. Additionally, the absence of safe houses or protection services in these camps leaves survivors vulnerable to retaliation. In North Wollo zone, while there are one-stop centers, such as in Woldia, providing some support, challenges like transportation, resource constraints, and privacy concerns limit access to services. The lack of safe relocation programs for survivors, along with limited resources for comprehensive support, further compounds the issue.

e. Weak Referral Pathways and Coordination among Stakeholders

Referral pathways and coordination mechanisms for CRSV cases are also weak, further complicating the response to sexual violence. In *Shambu* Town, there are no formal referral pathways or coordination among key

stakeholders, which hinders the effective delivery of services to survivors. In *Chifra Woreda*, despite some coordination efforts by the Camp Management and Coordination Committee (CMCC), the lack of trained personnel, especially women, and inadequate facilities limit the effectiveness of referral systems. In North *Wollo* zone, while there is some coordination between the police and partners at the *Woldia* one-stop center, there are no formal monitoring mechanisms to assess the effectiveness of these referrals, particularly the legal processes. The fragmented coordination and weak infrastructure further hinder effective service delivery, leaving survivors without the integrated support they need.

f. Data Discrepancies and Lack of Comprehensive Management Systems

Significant discrepancies in data reported by different organizations and institutions create confusion and hinder effective case management. For example, in *Woldia* Town, police documented 518 CRSV cases, but the WSAO failed to provide disaggregated data. In *Chifra Woreda*, 19 cases of CRSV are reported and documented by the WSAO; whereas the justice bureau received and documented 16 CRSV cases. These discrepancies are attributed to differences in operational methods, lack of standardization, and weak coordination between referral agencies. Furthermore, the absence of technology-supported data management systems worsens the challenge of maintaining and sharing accurate and up-to-date records, which are critical for effective response and survivor protection.

g. Redundancy in Reporting

The lack of effective communication and coordination between organizations has led to redundancy in the reporting of CRSV and SGBV cases. Victims and survivors often approach multiple organizations for support, resulting in the same incident being documented across different platforms. This redundancy not only affects the reliability of the data but also complicates case management. For example, multiple institutions may

collect data on the same cases without coordinating efforts, leading to overlapping reports

Recommendations

Based on the above evidence gathered and analysis, several overarching recommendations for policymakers are identified below.

Policy and Legislative Reform

- Adopt laws that clearly define CRSV as punishable crimes in alignment to international laws; and strengthen institutions to ensure comprehensive documentation, investigation, and prosecution of CRSV;
- Ensure inclusion of procedures for reporting, documenting and investigating CRSV in the standardized guidelines such as the Standard Operations Procedures (SoP) for Sexual and Gender Based Violence (SGBV) and one-stop centers;
- Promote such SoPs and ensure implementation among all relevant government agencies and SGBV partners for consist and reliable outcome;
- Reform the criminal system to include gender-sensitive and survivor's centered approach and practices, establish/strengthen the specialized SGBV/CRSV units, improving investigation and prosecution procedures for fast-tracking CRSV cases, and enhancing access to justice and survivor protection measures;
- Develop and implement action plans to meet international commitmentsⁱⁱ to prevent CRSV and the multiple compounding forms of violence that women and girls experience during conflict; ensure that national action plans on women, peace and security include budgeted operational provisions to prevent CRSV and that these plans link to the work of national action plans on genderbased violence.

Resource Allocation and Coordination

- Increase funding to scale up CRSV services, including medical, psychosocial, and legal support; ensure the availability of safe shelters and protection mechanisms for survivors.
- Allocate resources to establish one-stop centers that provide integrated services in conflict-affected areas; and ensure culturally appropriate care for diverse communities.
- Foster better collaboration and advocate for improved coordination between government agencies, CSOs, and international partners; establish/strengthen formal referral pathways with designated personnel, resources, responsibility, and protocols to ensure timely and coordinated response to CRSV.
- International actors should prioritize in strengthening coordination mechanisms, increasing funding for essential services, and providing targeted technical assistance for local actors and government agencies.
- Promote sustainable multi-sectoral approaches that integrate health, legal, and psychosocial support for survivors in conflict and post conflict context.

Supporting longer-term Prevention and Response Initiatives

- Provide specialized capacity building/training for law enforcement, healthcare providers, and social workers on CRSV; enhance the capacity of local authorities and CSOs to deliver survivor-centered services through technical assistance and resource allocation.
- Develop standardized framework for data collection and reporting on CRSV cases across all agencies to ensure consistency and accuracy including investment on integrated technology-supported data management systems, centralized database, data security and privacy measures;

- Invest and ensure access to trauma-informed care, mental health services, and social reintegration programs tailored to CRSV survivors.
- Conduct public education and awareness campaigns to change cultural attitudes towards CRSV. Increase awareness about the availability of CRSV services and encourage reporting through community engagement and outreach programs.
- Conduct survivor-centered, ethical data collection and monitoring to track the effectiveness of these initiatives and document trends on sexual violence in emergencies beyond verified cases of CRSV to build a more holistic understanding of violence against women and girls in conflict.
- Support and invest in the careful adaptation of promising evidenceinformed, survivor-centered programmes that seek to prevent CRSV and other increasing forms of violence against women and girls in conflict.
- Invest and conduct ethical and applied research to address the gaps in the evidence base on what works best; and the synthesis and communication of this evolving evidence to shape more effective action and policy intervention; Collaborate with partners to avoid duplication of effort and over assessment that creates fatigue among survivors and SGBV response partners.

See Criminal Code of the Federal Democratic Republic of Ethiopia, Proclamation No. 414/2004, Art. 269-280.

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