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Ethiopia Humanitarian Violence Against Children and Youth Survey, 2024: Summary report

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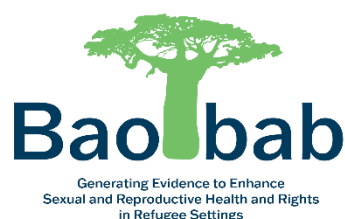
Generating Evidence to Enhance
Sexual and Reproductive Health and Rights
in Refugee Settings



Ethiopia Humanitarian Violence Against Children and Youth Survey 2024

Summary Report
March 2025





The Population Council leads the Baobab Research Program Consortium in close partnership with the Population Council Kenya and the African Population and Health Research Center. Situated in the East and Horn of Africa, this Africa-based and African-led consortium is filling critical evidence gaps to reduce inequities in sexual reproductive health and rights among vulnerable populations in humanitarian settings.

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FDRE Refugees & Returnees Service



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During the data collection process, we were generously supported by UNHCR implementing partners in Ethiopia, which provided psychosocial care to survey participants in need of it. We deeply appreciate the organisations that played this important role, including International Rescue Committee (IRC), Ethiopian Orthodox Church, Development and Inter Church Aid Commission (EOC-DICAC), and Rehabilitation and Development Organisation (RaDO). The Violence Against Children and Youth Survey and its humanitarian version are products of the Together for Girls partnership, which comprises the U.S. Centers for Disease Control and Prevention (CDC) and other partners. We are fortunate to have had Together for Girls and CDC walk with us throughout this journey, providing pre- and post-survey technical guidance and input in a wide-ranging sense. We are also deeply thankful for the data collection teams – composed of refugees and host community members – and for the study participants, whose participation led to the generation of evidence shared in this report

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List of Abbreviations

CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
EOC-DICAC	Ethiopian Orthodox Church – Development and Inter-Church Aid Commission
FGM/C	Female Genital Mutilation/Cutting
HVACS	Humanitarian Violence Against Children and Youth Survey
IRC	International Rescue Committee
PSU	Primary Sampling Unit
RaDO	Rehabilitation and Development Organisation
RRS	Refugees and Returnees Service
STI	Sexually Transmitted Infection
TfG	Together for Girls
UNHCR	United Nations High Commissioner for Refugees
VAC	Violence Against Children
VACS	Violence Against Children and Youth Survey(s)

Introduction

Violence against children (VAC) refers to all forms of abuse or maltreatment of people under the age of 18 years, and includes ‘physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to a child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power’ (WHO 2020).

The Violence Against Children and Youth Surveys (VACS), led by national governments with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) as part of the Together for Girls (TfG) partnership, have documented the magnitude and prevalence of physical, emotional, and sexual violence against children in more than 20 low- and middle-income countries, with a view to informing national prevention and response programmes (Chiang et al. 2016). Despite the precedent for understanding the extent of VAC from the perspectives of adolescents and pre-adolescent children, interest in systematic documentation of similar experiences of children in humanitarian settings is just emerging, following the development of guidance for the implementation of the VACS in such contexts (Chiang et al. 2020).

This report presents key findings from the second-ever VACS conducted exclusively in a humanitarian context – specifically, in refugee settings in Ethiopia. The survey is referred to as the ‘Ethiopia Humanitarian VAC Survey’ (HVACS). Ethiopia is one of the largest refugee-hosting countries in the East and Horn of Africa. As of October 2024, Ethiopia hosted about 1,071,860 refugees and asylum seekers, with children under 18 years old comprising 54% of this population (RRS and UNHCR, 2024). About 35% of the refugee and asylum seeker population in Ethiopia are adolescents and youth aged 12-24 years (UNHCR, 2023). Understanding the extent, consequences, and implications of VAC in refugee settings in the country is therefore important for informing long-term, innovative, cost-effective prevention and response interventions that can be implemented at scale to bring about change in the lives of refugee children.

Methodology

Study sites and population

The Ethiopia HVACS was conducted from December 2023 to April 2024. It was a representative household survey of 13 to 24-year-old females and males drawn from 20 (out of 23) refugee camps in five regions of the country, namely: Bambasi, Sherkole, and Tsore under the Asosa Refugees and Returnees Service (RRS) regional office; Jewi, Kule, Nygunyiel, Okugu, Pinyudo-1, and Tierkidi under the Gambela regional office; Awbare, Kebribeyah and Shedder under the Jigjiga regional office; Melkadida, Buramino, Bokolmany, Hilaweyn and Kobe under the Melakadida regional office; Assaita, Berhale and Serdo under the Semera/Afar regional office.

Sampling

The survey employed the standard VACS methodology (Nguyen et al. 2019): A three-stage cluster sampling process was used to identify and recruit females and males ages 13-24 years for individual interviews. The first stage entailed a random selection of zones (primary sampling units) from each of the camps. A split sampling design was used whereby, in each camp, zones sampled for female interviews were distinguished from those sampled for male interviews. Eighty-two zones (41 for female and 41 for male interviews) were randomly sampled from the list of 158 zones that were provided by the RRS and by UNHCR. The second stage involved sampling of households from each zone based on probability proportional to size (PPS), with the number of sampled households in each zone being determined by the proportion of the number of households in the zone to the total number of households in all zones selected for female and male samples separately (see definition of household under the section on “Definitions”). In the third stage, one eligible 13-24-year-old participant was randomly selected from each sampled household and provided assent/consent to participate in the survey. Female interviewers conducted interviews in female zones, while male interviewers conducted interviews in male zones.

Data collection

The Ethiopia HVACS included a core questionnaire for the head of household as well as participant questionnaires (both a male and a female version) that were adapted for humanitarian settings. The core HVACS questionnaire was adapted based on guidance for implementing Humanitarian Violence Against Children and Youth Surveys developed in 2020 by Together for Girls, CDC, and the International Rescue Committee (IRC), along with other partners (Chiang et al. 2020). The questionnaire comprised two modules – a household module administered to heads of households and an individual module administered to an eligible 13-24-year-old participant. The head of household module assessed the socioeconomic conditions of the household and basic demographic information.

The individual questionnaire contained questions covering demographics; socioeconomic status; parent relationships; education; general connectedness to family, friends, and community; marital status and relationships; sexual behaviour and practices; transactional sex; pregnancy; HIV/AIDS service history; experiences of sexual, physical, and emotional violence; health problems associated with exposure to violence; and utilisation of services for violence. In addition, the survey included questions on disability (assessing difficulty performing basic universal activities related to movement, sight, hearing, communication, self-care, and cognition) and female genital mutilation. Those who experienced any form of violence were also asked whether the incident occurred before or after arriving in the refugee camp. For survey participants ages 18 to 24, the primary focus was on violence experienced during childhood (before age 18), rather than about recent or adulthood violence.

Interviews were conducted in the respondent's preferred language. The HVACS questionnaires were translated from English to 7 local languages that are spoken in the sampled camps. The languages are Arabic (Juba Arabic), Anuak (Anywaa), Nuer, Somali,

Amharic, Tigrinya, and Afar. The questionnaires were administered by extensively trained field teams who were fluent in these native languages and played a key role in validating the translations and contextualising the questionnaires to improve the accuracy of data collected.

Ethical considerations

Ethical considerations are often not systematically outlined in research publications focusing on refugee populations (Seagle et al., 2020). Yet, the documentation of such considerations is important for ensuring adherence to ethical principles, particularly among refugees whose positionality heightens their vulnerability to ‘harm, burden, or undue influence’ (ibid., p. 1). This section describes the ethical procedures undertaken to ensure the safeguarding of refugee participants during data collection for the Ethiopia HVACS.

The Ethiopia HVACS was approved by the Population Council Institutional Review Board (Protocol 986 dated October 21, 2021) and the Ethiopian Public Health Association (EPHA) Institutional Review Board, EPHA/OG/789/23 dated August 10, 2023. The Ethiopia Refugees and Returnees Service also provided administrative authorisation to enter the camps.

Participants provided verbal consent to participate in the research. Interviewers read out the informed consent document (programmed in Open Data Kit [ODK] and administered using tablets) to potential participants. Participants were then given an opportunity to verbally indicate their willingness to participate in the research. The interviewers then recorded an electronic signature in the tablet to confirm that they read and personally explained to the participant the nature of the research. This approach was adopted to protect the privacy of participants, given that a signed informed consent document could be used to link a participant to the study and thus breach their privacy.

Participants ages 18-24 years and emancipated minors ages 13-17 years provided individual consent. For dependent participants ages 13-17 years, interviewers first obtained permission from parents or primary caregivers to talk to the eligible participant before obtaining assent from the participants. However, the parents/caregivers were given limited information about the objectives of the research to protect participants whose parents/guardians could be the perpetrators of violence. Specifically, the study was introduced to parents/guardians as one that focused on the health, educational and life experiences of children and young people in refugee settings in Ethiopia, rather than as a ‘Violence Against Children and Youth’ survey. Emancipated minors were defined under the survey as participants aged 13 to 17 years who had assumed adult roles and responsibilities, including household headship, marriage, and/or procreation. Such participants provided their own informed consent for study participation.

Minimising harm to survivors is a key ethical tenet of the implementation guidance around conducting HVACS. While attention to harm reduction is critical for research on violence in general, it is particularly so for research on children and youth in humanitarian contexts, whose circumstances engender additional vulnerabilities (Chiang et al., 2020). A response plan for participants whose participation in the study triggers trauma is a hallmark of the HVACS. The HVACS implementation guidance mandates prompt counselling; strong, voluntary

referrals (except in contexts of mandatory reporting) for sustained services; and geographic proximity of support agencies be in place in advance of the survey as part of the response plan in humanitarian settings.

Under the Ethiopia HVACS, UNHCR implementing partners in charge of child protection and gender-based violence service provision in each camp were identified, and caseworkers affiliated with these organisations (who regularly provided psychosocial support to young survivors) were incorporated into each data collection team. Each data collection team was assigned one focal point caseworker to accompany the team throughout the fieldwork period. In the study context, while caseworkers provide psychosocial support services, social workers (who are available in certain camps) are a lower cadre of psychosocial support providers who record identified cases and hand them over to a caseworker to provide the actual response. Accordingly, caseworkers assigned to data collection teams provided immediate counselling to study participants who required it, in addition to referrals for further care when necessary. General psychosocial support was also offered to any member of the household from which the participant was recruited. Social workers (in the selected camps where these providers were available) recorded identified cases during data collection and liaised with their caseworkers to ensure that support was offered at the actual service sites to each survivor that was willing to receive such services. Additionally, a directory of services specific to each camp was made available to survivors identified through the survey. These directories were a collation of government and non-governmental humanitarian agency services along with the community services offered by them across a range of sectors in each camp. Including a range of available services in each camp was a deliberate strategy employed to ensure that the directories were not seen as referral information for violence, so that the focus of the study was known only to the interviewee. Interviewers were trained to highlight VAC-related services in the directory for participants at the end of the interview.

Response rate

A total of 4,673 households were sampled from 41 randomly selected primary sampling units (PSUs) for females, and 1,937 females completed the survey. The sample sizes were determined for females and males separately to detect the prevalence of any form of childhood sexual violence among 13-17-year-olds and 18-24-year-olds at 95% confidence level and 4% margin of error. The overall female response rate was 73.7% (82.8% household response rate and 89.0% individual response rate). A total of 3,722 households were sampled from 41 randomly selected PSUs for males, and 1,536 males completed the survey. By age group, the survey included 941 females and 682 males aged 18-24, as well as 996 females and 854 males aged 13-17 years. The overall male response rate was 69.9% (76.1% household response rate and 91.8% individual response rate).

Analysis

All analyses were descriptive and accounted for the complex survey design by applying weights to the estimates. This report includes highlights of key indicators from the HVACS, focusing on experiences of violence among 18-24-year-old females and males during childhood (prior to age 18) as well as experiences of violence among 13-17-year-olds in the

12 months preceding the survey. Analysis of circumstance information (e.g., perpetrator, whether they told someone, whether they sought services) for 18-24-year-olds focused on the first incident prior to age 18 while for 13-17-year-olds, it is on the most recent incident. To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, 95% confidence intervals (CIs) were compared to determine whether they overlapped. The CI overlap method is a conservative method that determines statistical difference by comparing the CI for two estimates — if the CIs do not overlap, then the estimates are considered statistically or significantly different and not due to random chance. For this summary report, some differences between sub-groups that are statistically significant are noted in the text as significantly different. Where CIs overlap, this is not explicitly noted as significantly different.

Definitions

Household: This refers to a person or group of persons who live and eat together, sleep under the same roof, and share resources and household responsibilities. Households are not always clearly defined, such as the case of a man with multiple wives who each have a home structure and children of their own (in this case, each wife would be considered as having her own household, unless, for instance, the husband spends most nights in her home); or multiple families living under one roof (in this case, each family is regarded as a separate household); or a group of people who are not related by blood but meet the aforementioned criteria (this would be regarded as a household). People living together, if not pooling resources, etc., are not regarded as a household.

Childhood: This refers to the state of being below the age of 18, based on the definition by the United Nations Convention on the Rights of the Child of 1989, which defines a “child” as “any human being below the age of 18 years” (United Nations General Assembly, 1989, article 1).

Child marriage: This refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. It was measured as the proportion of ever married participants 18-24 years old who were first married before age 18.

Abduction: This refers to the unauthorised removal of the participant from the custody of biological parents or legally appointed caregivers. In the Ethiopia HVACS, questions were posed about lifetime experience and timing (i.e., before or after arrival in a refugee setting) of personal abduction, and about the abduction experiences of family members or people close to the participant and the timing associated with these.

Violence: The World Health Organisation defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, or another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (Krug et al., 2002).

Sexual Violence: Sexual violence encompasses a range of acts, including completed non-consensual sex acts, attempted nonconsensual sex acts, and abusive sexual contact. In the Ethiopia HVACS, questions were posed on four forms of sexual violence, including:

- *Unwanted Sexual Touching*: If anyone, male or female, ever touched the participant in a sexual way without their permission but did not try to force the participant to have sex. Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching on or around the participant's sexual body parts.
- *Unwanted Attempted Sex*: If anyone ever tried to make the participant have sex against their will but did not succeed (sex or sexual intercourse includes vaginal, oral, or anal sex). They might have tried to physically force the participant to have sex or they might have tried to pressure the participant to have sex through harassment or threats.
- *Pressured or Coerced Sex*: If anyone ever pressured the participant to have sex, through harassment or threats and did succeed in having sex with the participant.
- *Physically Forced Sex*: If anyone ever physically forced the participant to have sex and did succeed in having sex with the participant. In addition, questions were included about sex when a person was too drunk to give consent or say no. Although this is considered a form of sexual violence, it was not included in the sexual violence combined indicator because this question is new to the questionnaire and has not been fully tested or used in an African context.

Physical Violence: Participants were asked about physical acts of violence perpetrated by four types of potential perpetrators: 1) current or previous intimate partners, including a romantic partner, a boyfriend/girlfriend, or a spouse; 2) peers, including people the same age as the participant not including a boyfriend/girlfriend, spouse, or romantic partner, and might be people the participant may have known or not known including siblings, schoolmates, neighbours, or strangers; 3) parents, adult caregivers, or other adult relatives; and, 4) adults in the community such as teachers, police, employers, religious or community leaders, neighbours, or adults the participant did not know.

For each perpetrator type, participants were asked about four measures of physical violence: Has (1) an intimate partner; (2) a peer; (3) a parent, adult caregiver, or other adult relative; (4) an adult in the community ever:

- Slapped, pushed, shoved, shook, or intentionally threw something at the participant to hurt them.
- Punched, kicked, whipped, or beat the participant with an object.
- Choked, smothered, tried or attempted to drown, or burned the participant intentionally.
- Used or threatened the participant with a knife, gun or other weapon.

Emotional Violence: The behaviours measured for emotional violence varied according to the perpetrators. To assess emotional violence perpetrated by parents, adult caregivers or other adult relatives, participants were asked whether:

- The participant was told that they were not loved or did not deserve to be loved.
- The participant was told they (perpetrator) wished the participant had never been born or were dead.
- The participant was ridiculed or put down, for example, told that they were stupid or useless.

To assess emotional violence perpetrated by intimate partners, participants were asked if they had ever been treated the following way by a current or former romantic partner, boyfriend/girlfriend or spouse:

- Insulted, humiliated, or made fun of in front of others.
- Kept from having their own money.
- Tried or kept from seeing or talking to their family or friends.
- Kept track of by demanding to know where they were and what they were doing.
- Threatened with intention to physically harm the participant.

To assess emotional violence by peers, participants were asked whether a person the participant's own age had done the following in the past 12 months:

- Made the participant feel scared or feel really bad because they were calling the participant names, saying mean things to the participant, or saying they did not want them around.
- Told lies or spread rumours about the participant or tried to make others dislike the participant.
- Kept the participant out of things on purpose, excluded the participant from their group of friends, or completely ignored the participant.

Female genital mutilation/cutting (FGM/C): This refers to the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. In the Ethiopia HVACS, FGM/C was considered a form of violence, and questions were asked about whether the participant had ever experienced FGM/C, what kind, at which age, and at what time (i.e., before or after arrival in a refugee setting), and at the hands of whom.

Key Findings

Prevalence of violence against children

Prevalence of VAC among 18-24-year-olds

Prevalence of sexual violence

- Fourteen percent of females (13.9%) and 2.2% of males aged 18-24 years experienced sexual violence before age 18.
- Among those who experienced sexual violence in childhood, 40.7% of females experienced the first incident when they were 13 years or younger and 38.5% of males experienced the first incident when they were between ages 14-15 years.
- Of those who experienced sexual violence in childhood, 76.4% of females and about half (50.2%) of males experienced multiple incidents.

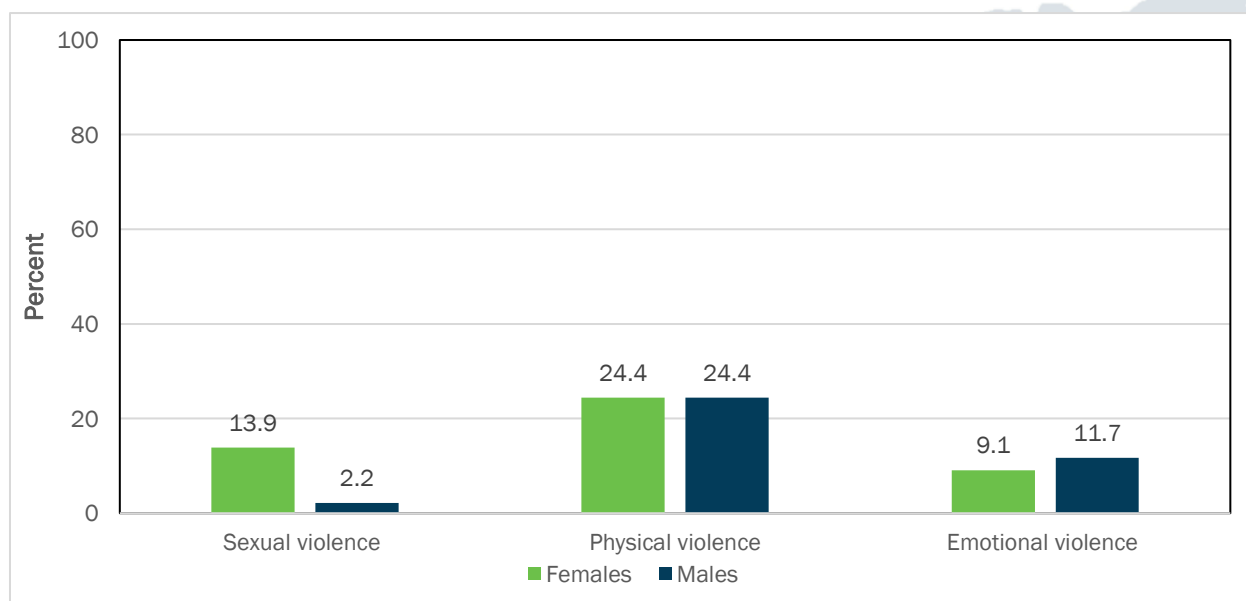
Prevalence of physical violence

- Physical violence was the most common type of VAC among both females and males aged 18-24 years. A comparable proportion of males and females experienced physical violence prior to the age of 18 (24% in each case).
- Of those who experienced physical violence in childhood, 91.9% of females and about 86.2 % of males had their first experience between the ages of 12 and 17 years.

Prevalence of emotional violence

- About one in ten (9.1%) females and 11.7% of males experienced emotional violence perpetrated by a parent, adult caregiver, or other adult relatives in childhood.
- Among those who experienced emotional violence before the age of 18, 96.8% of females and 82.8% of males experienced the first incident between the ages of 12-17 years.

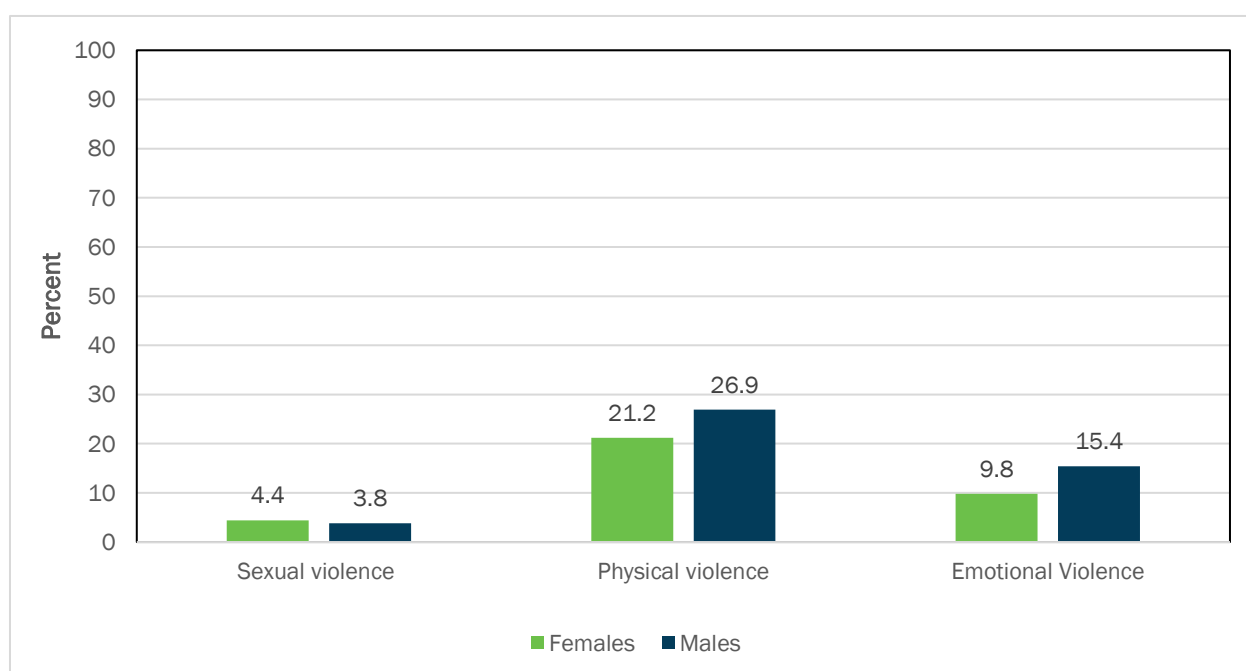
Figure 1: Prevalence of sexual, physical, and emotional violence prior to age 18, among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024



Prevalence of violence in the past 12 months among 13-17-year-olds

Prevalence of sexual violence
<ul style="list-style-type: none"> Four percent of females and 3.8% of males aged 13-17 years experienced sexual violence in the 12 months preceding the survey.
Prevalence of physical violence
<ul style="list-style-type: none"> About 1 in 5 females (21.2 %) and 1 out of 4 males (26.9%) aged 13-17 years experienced physical violence in the past 12 months.
Prevalence of emotional violence
<ul style="list-style-type: none"> About 1 in 10 females (9.8%) and 15.4% of males aged 13-17 years experienced emotional violence from a parent, adult caregiver, or other adult relatives in the past 12 months.

Figure 2: Prevalence of sexual, physical, and emotional violence in the past 12 months among 13-17-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Overlap of forms of violence against children

Overlap of forms of VAC among 18-24-year-olds

Overlap of sexual, physical, and emotional violence in childhood
<ul style="list-style-type: none"> About one in three females (32%) and 26.4% of males aged 18-24 years experienced at least one form of VAC (sexual, physical, or emotional) before age 18. Eight percent of females and 1.5% of males aged 18-24 years experienced both sexual and physical violence during childhood. The overlap of physical and emotional violence was at 6.9% for females and 10.3% for males. Three percent of females and 1.3% of males aged 18-24 years experienced all forms of violence (sexual, physical, and emotional) during childhood.

Overlap of violence forms among 13-17-year-olds

Overlap of lifetime experience of sexual, physical, and emotional violence

- Thirty eight percent of females and 44.8% of males aged 13-17 years experienced at least one form of violence (sexual, physical, or emotional) in their lifetime.

Overlap of sexual, physical, and emotional violence in the past 12 months

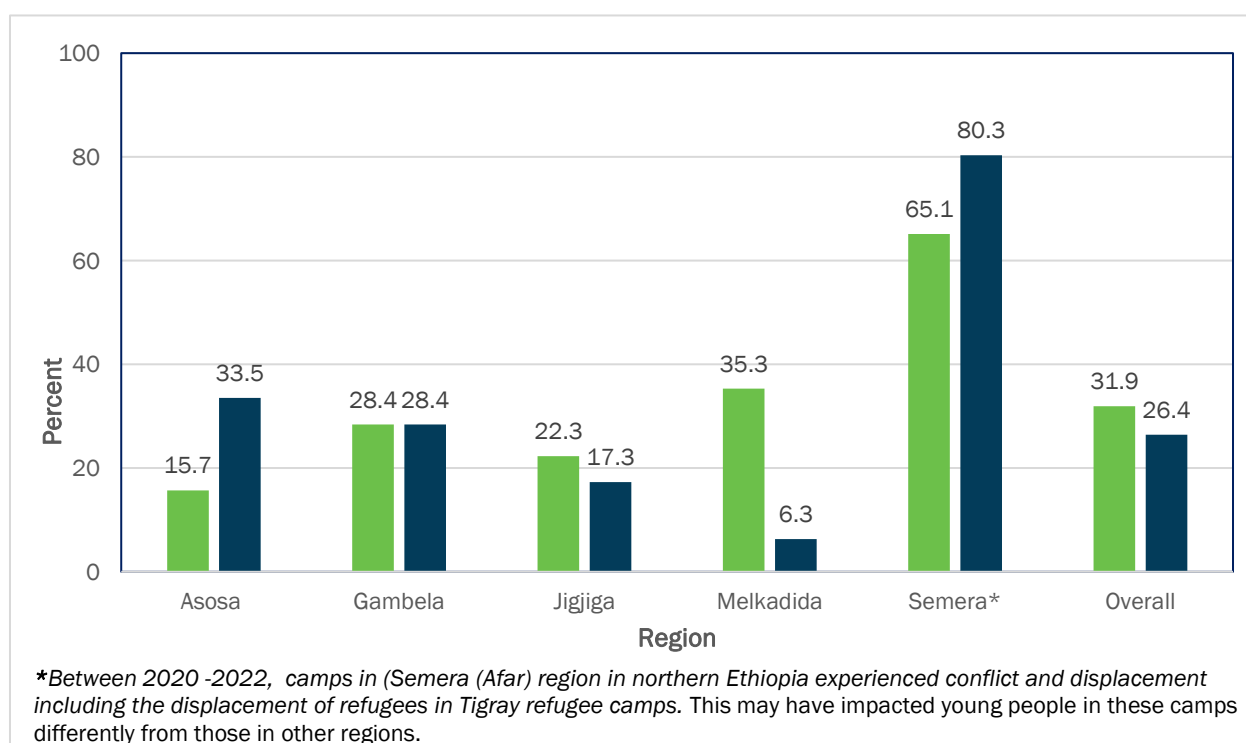
- About 1 out of 3 (30.5%) females and 36.6% of males aged 13-17 years experienced at least one form of violence (sexual, physical, or emotional) in the past 12 months.
- Less than one percent of females and males aged 13-17 years experienced both physical and emotional violence in the past 12 months.
- About four percent (3.5%) of females and 2.7% of males aged 13-17 years experienced both sexual and physical violence in the past 12 months.
- Three percent of females and 1.9% of males aged 13-17 years experienced all forms of violence (sexual, physical, and emotional) in the past 12 months.

Prevalence of any form of violence against children

Prevalence of any form of VAC among 18-24-year-olds by region

The prevalence of childhood violence (sexual, physical, or emotional) among young people aged 18–24 varied by region. In the Semera (Afar) region, both females and males reported the highest levels, at 65.1% and 80.3%, respectively. In Melkadida and Jijiga, females experienced higher rates of childhood violence than males, whereas in most other regions, males reported higher levels. The exception was Gambella, where both genders reported similar levels of childhood violence.

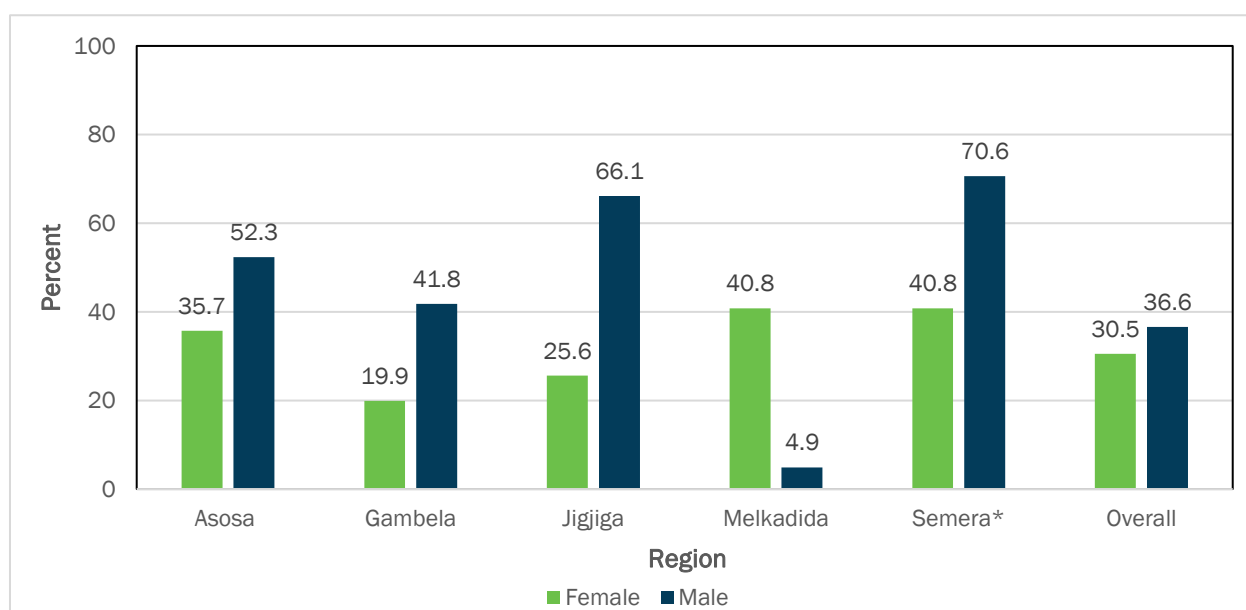
Figure 3: Prevalence of any childhood violence among 18-24-year-olds by region – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Prevalence of any form of VAC among 13-17-year-olds

The prevalence of violence among 13–17-year-olds in the past 12 months varied across regions. Semera (Afar) reported the highest rates, with 40.8% of female children and 70.6% of male children experiencing some form of violence. In nearly all regions, except Melkadida, male children faced higher levels of violence than females in the past 12 months before the survey. Male children reported more physical violence than female children, although physical violence was the most common type of violence against both male and female children aged 13-17 years. Females experienced more sexual violence than males overall.

Figure 4: Prevalence of any childhood violence in the past 12 months by region, among 13-17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Perpetrators of violence against children

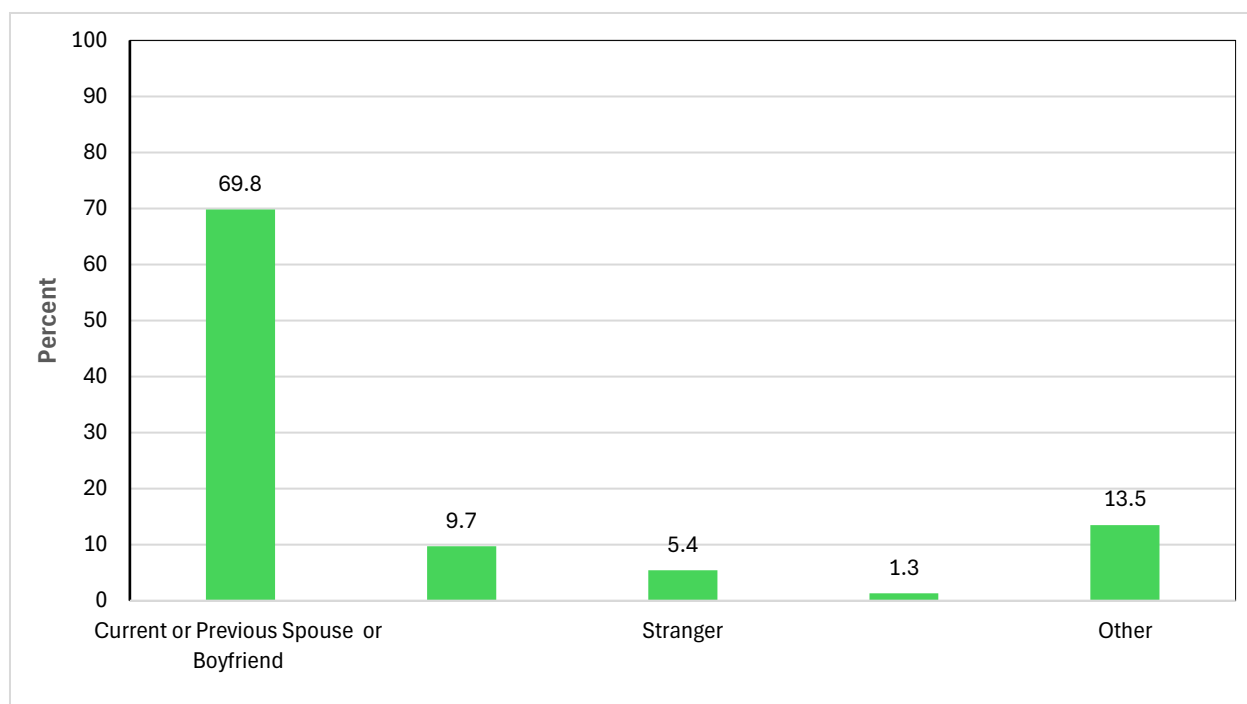
Perpetrators of sexual violence

- Among 18-24-year-old females who experienced childhood sexual violence, current or previous intimate partners (including a romantic partner, a boyfriend or a spouse) were common perpetrators of the first incident for 69.8% of females.
- For 80.8% of females aged 18-24 years who experienced sexual violence in childhood, the perpetrator of the first incident was 5 years older or more.

Perpetrators of physical violence

- Among 18-24-year-olds who experienced childhood physical violence, peers were reported as perpetrators of physical violence in childhood by 23.5% of females and 31.8% of males; parents or adult relatives were reported as perpetrators of physical violence by 25.1% of females and 23.8% of males; adults in the community or neighbourhood were reported as perpetrators of physical violence by 11.3% of females and 22.0% of males; and current or previous intimate partners were reported as perpetrators of physical violence by 28.5% of females and 15.8% of males.
- Significantly more females than males aged 18-24 years experienced the first incident of physical violence in childhood from an intimate partner (28.5% versus 15.8%).

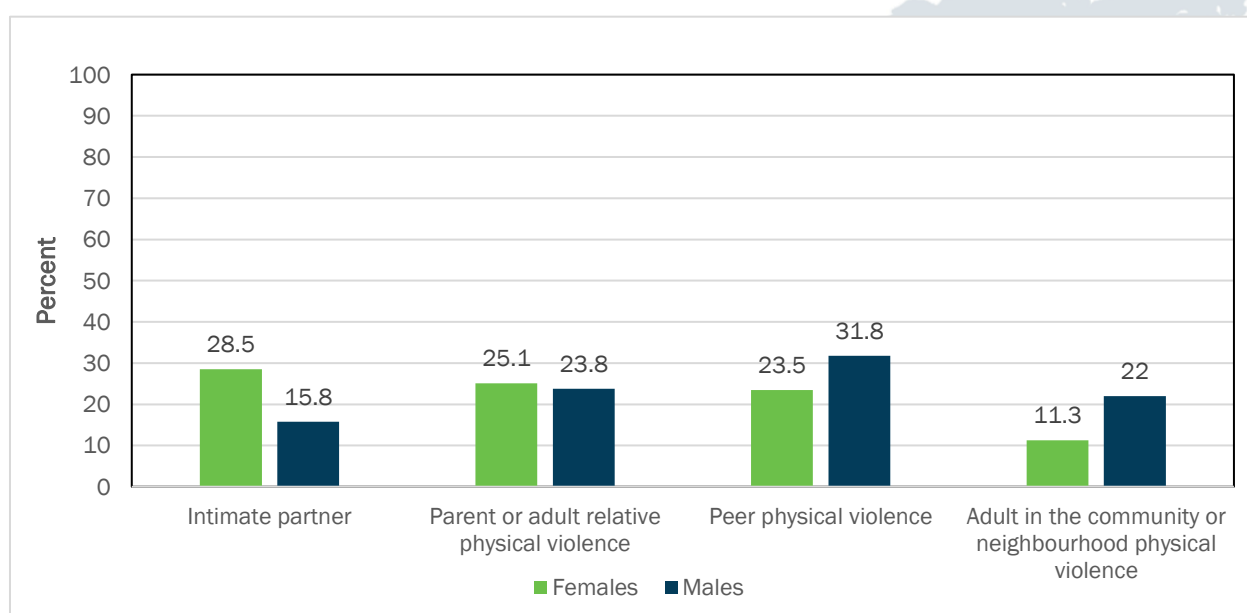
Figure 5: Perpetrators of the first incident of sexual violence prior to age 18 among 18-24-year-old females who experienced sexual violence – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Note: Authority figures include teacher, security officer, employer, community/religious leader, aid worker or medical professional; Other includes family member, neighbour, and friend.

Note: The estimate for perpetrators of male sexual violence is unreliable and is not included in the figure

Figure 6: Prevalence of physical violence prior to age 18 by perpetrator, among 18-24 years olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Perpetrators of violence in the past 12 months among 13-17-year-olds

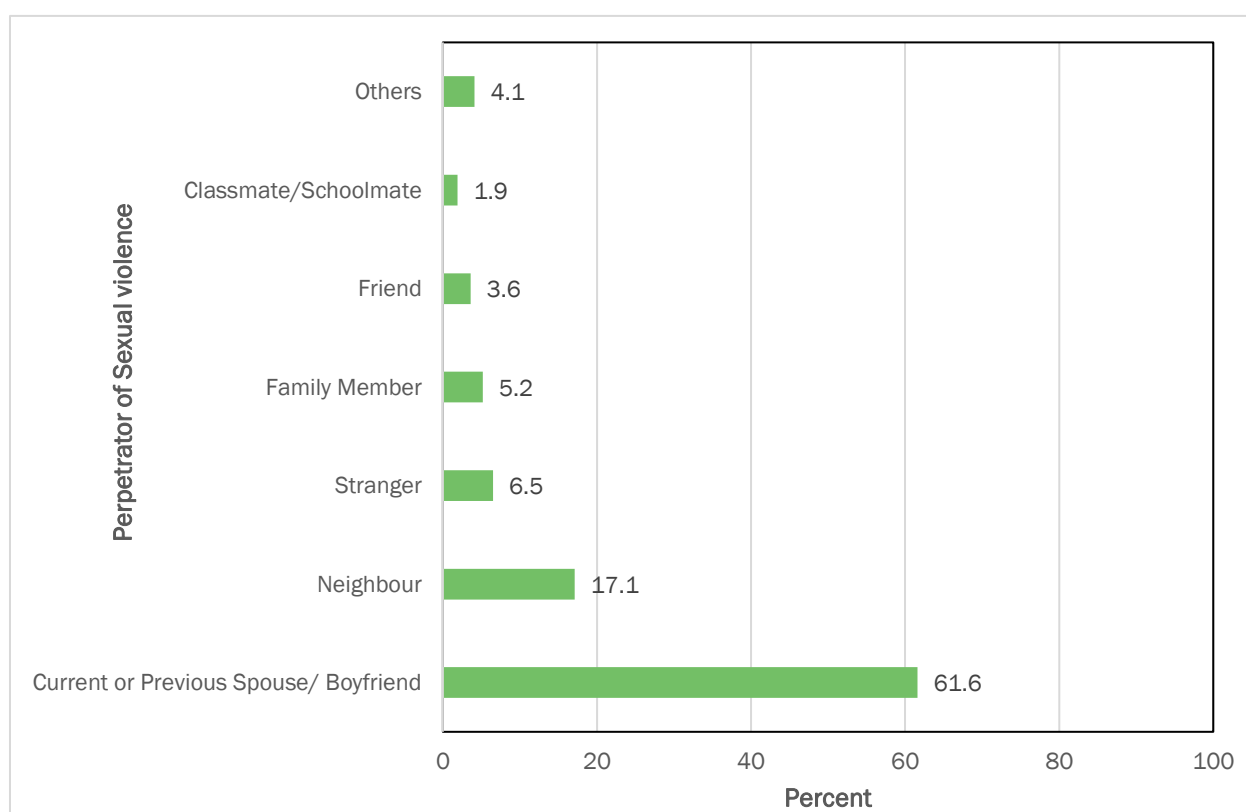
Perpetrators of sexual violence

- Among 13-17-year-old females who experienced sexual violence in the past 12 months, perpetrators of the most recent incident were a current or previous spouse or a boyfriend for 61.6 % of the cases.
- 41.7% of females aged 13-17 years who experienced sexual violence in the past 12 months indicated that the perpetrator of the most recent incident was 5 years or older than them.

Perpetrators of physical violence

- The prevalence of physical violence in the past 12 months perpetrated by peers was 13.9% for females and 15.7% for males, while 16.1% of females and 18.6% of males experienced physical violence perpetrated by adults in the community/neighbourhood and 6.5% of females and 16.8% of males experienced physical violence perpetrated by parent/adult relative.

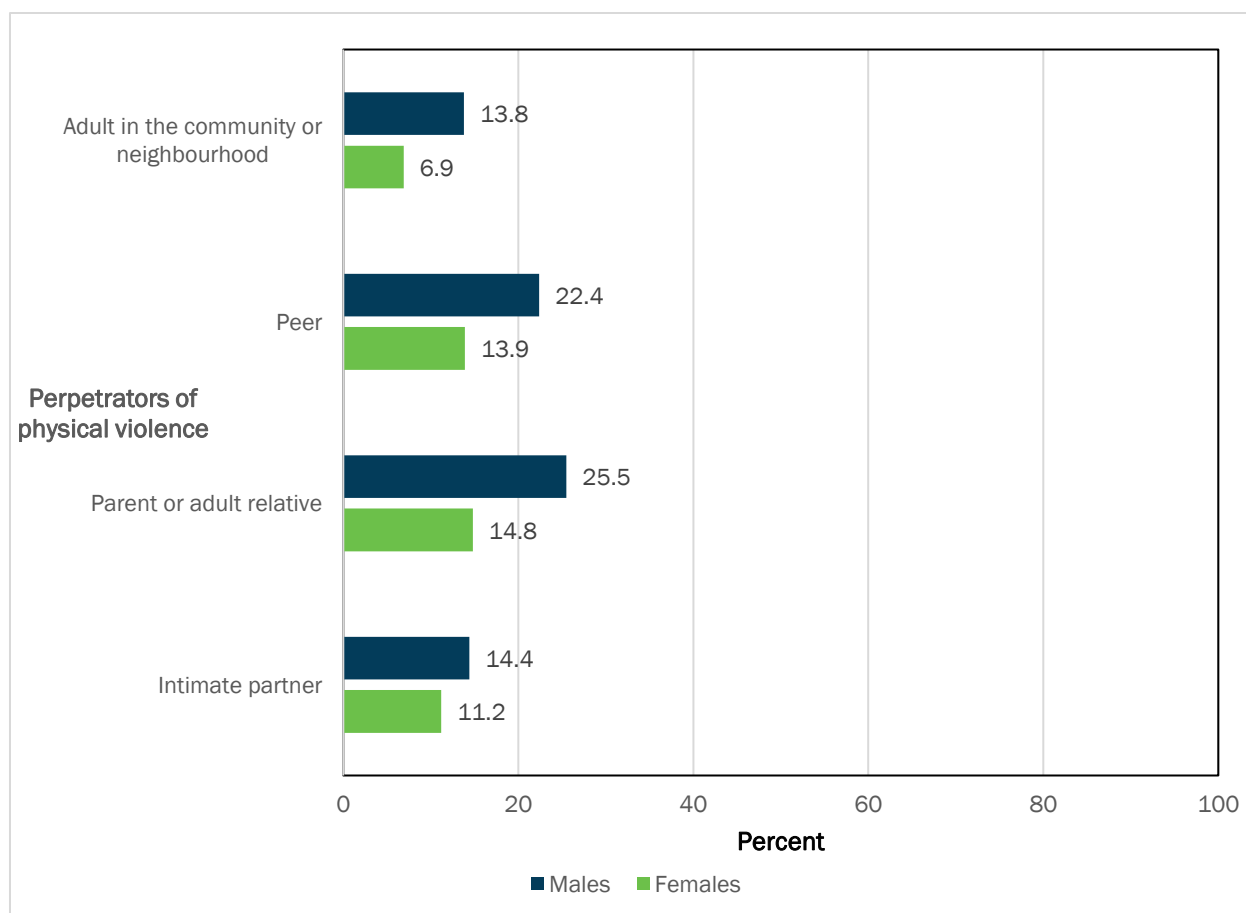
Figure 7: Perpetrators of sexual violence in the past 12 months among 13-17-year-old females who experienced sexual violence – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Note: Others include teacher, security officers, employers, community/religious leaders, aid workers or medical professionals.

Note: The estimate for perpetrators of male sexual violence is unreliable and is not included in the figure

Figure 8: Perpetrators of physical violence in the past 12 months among 13-17-year-olds who experienced physical violence – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Context of violence against children

Context of sexual violence against children

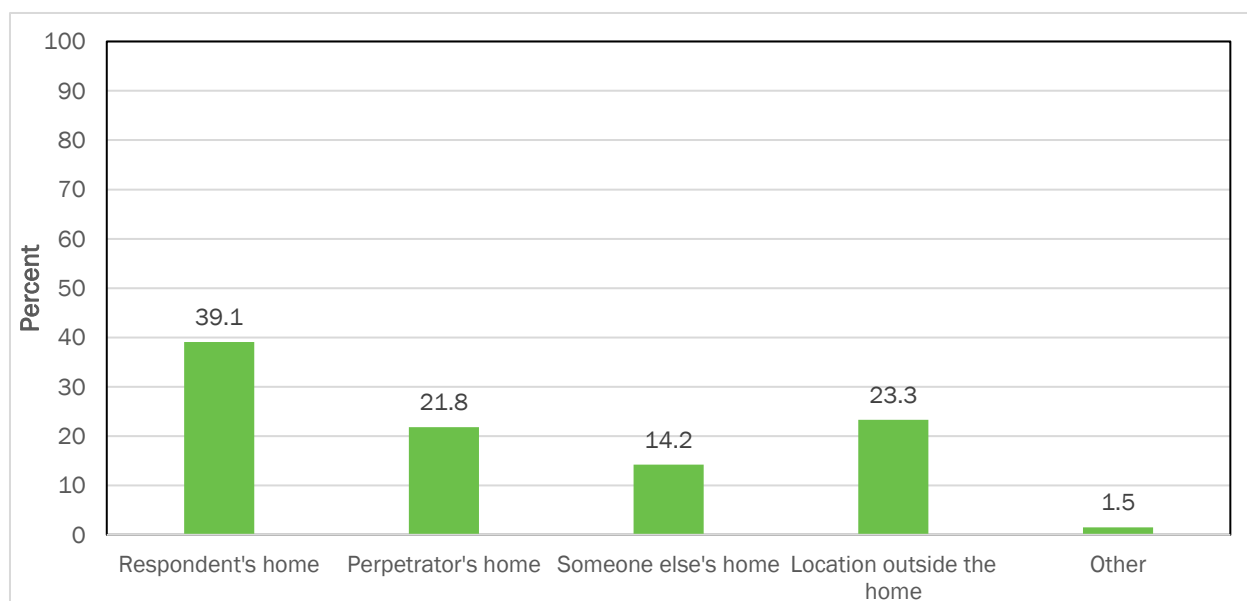
Context of sexual violence in childhood among 18-24-year-olds

- The first incident of sexual violence in childhood among females aged 18-24 years often occurred in respondent's home (39.1%).
- For females aged 18-24 years, the first incident of sexual violence in childhood occurred commonly in the evening (37.2%) or in the afternoon (26.4%).
- Among those who experienced sexual violence, 32.3% of females aged 18-24 years experienced the first incident in childhood after arriving in the refugee camp.

Context of sexual violence in the past 12 months among 13-17-year-olds

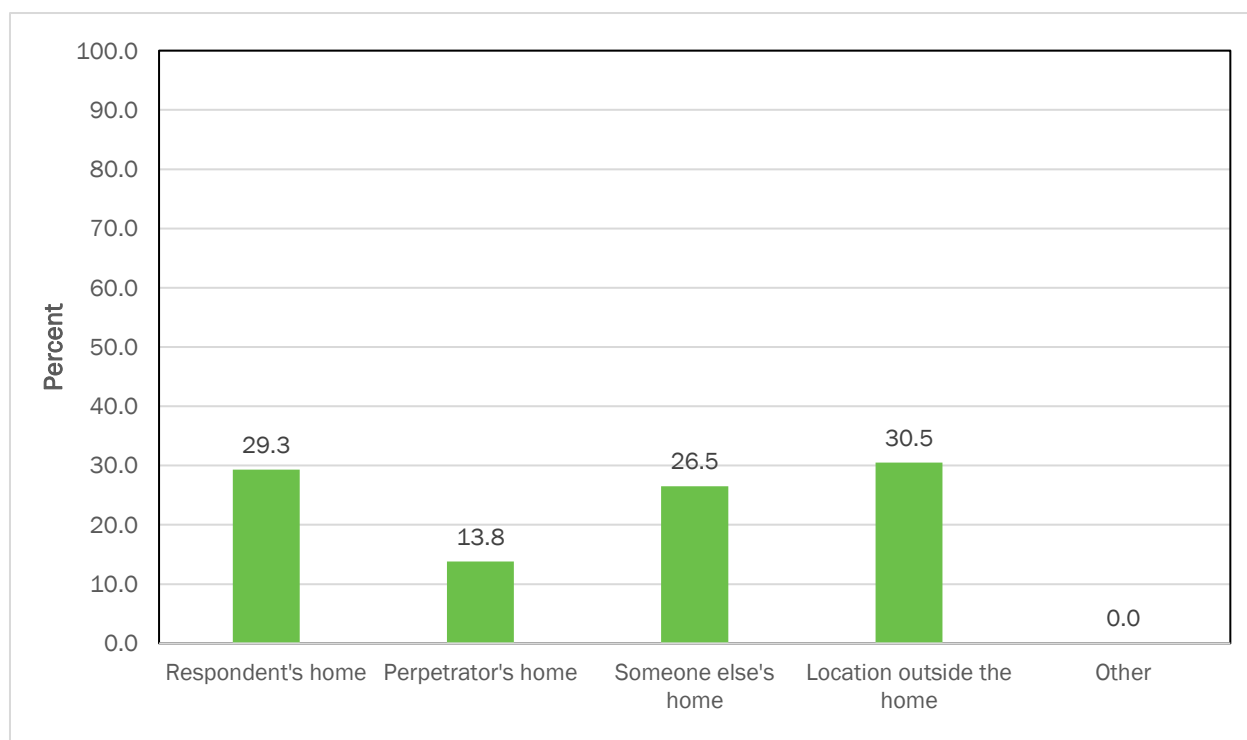
- Females aged 13-17 years reported experiencing the most recent incident of sexual violence in outside locations such as roads/streets, markets/shops, schools, lakes/rivers or other bodies of water, and fields/other natural areas (30.5%); in their own homes (29.3%) or in someone else's home (29.3%).
- The most recent incident of sexual violence occurred in the evening for 43.2% females aged 13-17 years.

Figure 9: Location of the first incident of sexual violence in childhood among 18-24-year-old females who experienced sexual violence – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Note: The estimate for male sexual violence is unreliable and is not included in the figure

Figure 10: Location of the most recent incident of sexual violence among 13-17-year-old females who experienced sexual violence – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Note: The estimate for male sexual violence is unreliable and is not included in the figure

Contexts of physical and emotional violence against children

Context of physical VAC among 18-24-year-olds

- About three-quarters (74.7%) of females and 43.9% of males who experienced physical violence in childhood experienced their first incident after arrival in the refugee camp.

Context of emotional VAC among 18-24-year-olds

- Among those who experienced emotional violence, a higher proportion of females than males experienced the first incident in childhood after arriving in the refugee camp (33.3% females versus 16.2% males).

Witnessing and perpetration of violence

Witnessing physical violence

Witnessing physical violence in childhood among 18-24-year-olds

- A slightly higher proportion of females than males aged 18-24 years witnessed physical violence at home during childhood (45.9% versus 44.2%).
- A higher proportion of males than females aged 18-24 years witnessed physical violence in the neighbourhood during childhood (41.8% versus 28.8%).

Witnessing physical violence in the past 12 months among 13-17-year-olds

- A higher proportion of males than females aged 13-17 years witnessed physical violence at home (65.7% versus 61.8%) or in the neighbourhood (75.2% versus 62.8%) in the 12 months preceding the survey.

Prevalence of lifetime perpetration of physical violence among 18-24-year-olds

Perpetration of physical violence among 18-24-year-olds

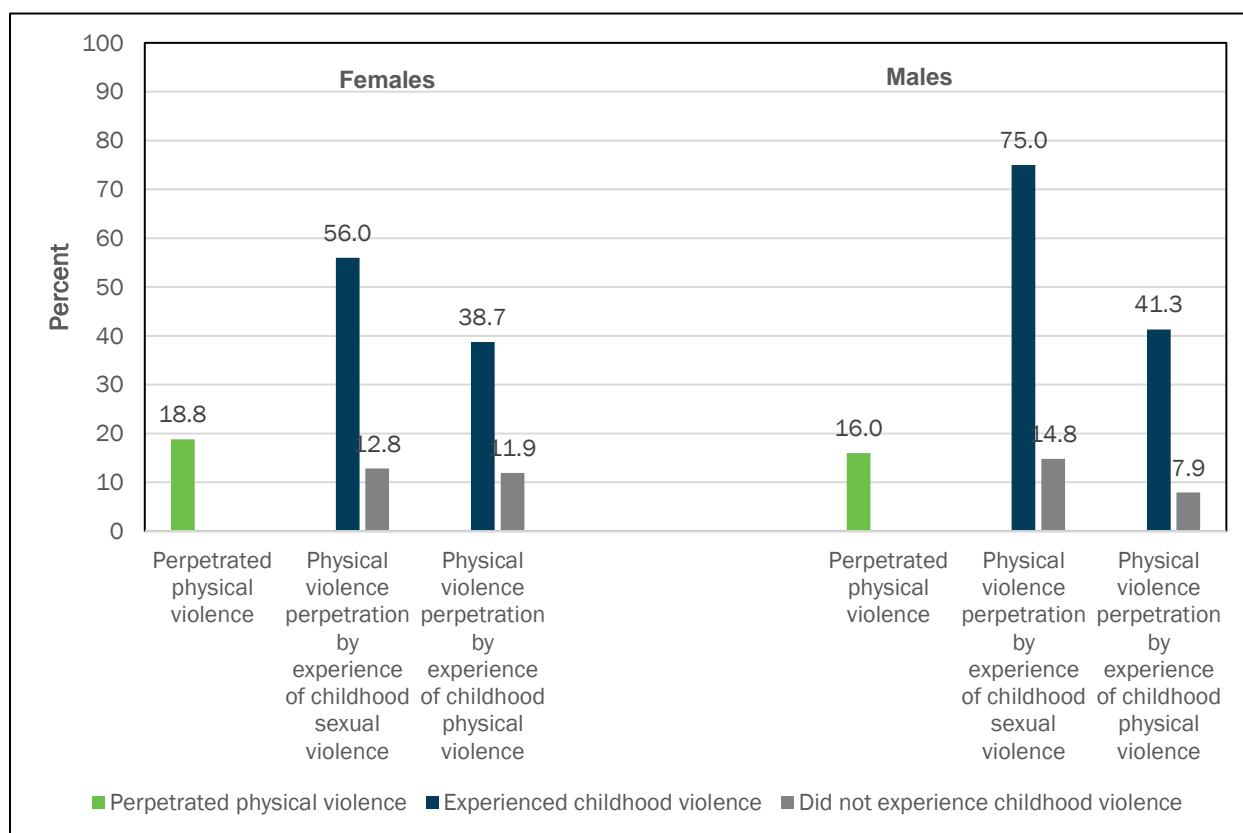
- Among 18-24-year-olds, a higher proportion of females than males ever perpetrated physical violence (18.8% versus 16.0%).
- The proportion of females and males aged 18-24 years who perpetrated physical violence in their lifetime was higher among those who experienced sexual violence in childhood than among those who did not experience sexual violence in childhood (56.0% versus 12.8% among females and 75.0% versus 14.8% among males).
- Among males aged 18-24 years, the proportion who perpetrated physical violence in their lifetime was higher among those who experienced physical violence in childhood than among those who did not experience physical violence in childhood (41.3% versus 7.9%).
- Among females aged 18-24, the proportion who perpetrated physical violence in their lifetime was higher among those who experienced physical violence in childhood (38.7%) compared to those who did not (11.9%).

Perpetration of intimate partner violence among 18-24-year-olds

- Among 18-24-year-olds who ever had an intimate partner (current or previous), a higher proportion of females than males perpetrated physical intimate partner violence (20.7% versus 16.2%).

- Among 18-24-year-olds females who ever had an intimate partner, 52.3% of those who experienced sexual violence in childhood perpetrated intimate partner physical violence compared to 14.3% of those who did not experience sexual violence in childhood.
- Among 18-24-year-old males who ever had an intimate partner, 40.8% of those who experienced physical violence in childhood perpetrated physical intimate partner violence compared to 7.0% of those who did not experience physical violence in childhood.

Figure 11: Lifetime perpetration of physical violence by experience of childhood violence among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Prevalence of lifetime perpetration of physical violence among 13-17-year-olds

Perpetration of physical violence among 13-17-year-olds

- Among 13-17-year-olds, 14.1% of females and 13.7% of males had ever perpetrated physical violence.
- A higher proportion of females and males aged 13-17 years who experienced sexual violence in the past 12 months perpetrated lifetime physical violence compared to those who did not experience sexual violence in the past 12 months (7.2% versus 6.9% among females and 17.0% versus 13.2% among males).

Disclosure and service-seeking behaviour

Disclosure and service-seeking behaviour among 18-24-year-olds who experienced sexual or physical violence

Disclosure and service-seeking for sexual violence among 18-24-year-olds

- Seventeen percent of females and 30.6% of males aged 18-24 years who experienced childhood sexual violence told someone about the experience.
- More than half (54.8%) of females and 73.0% of males aged 18-24 years who experienced childhood sexual violence knew of a place to seek help.
- Only 5.1% of females and 17.2% of males aged 18-24 years who experienced childhood sexual violence sought help.
- Only 3.4% of females and 17.1% of males aged 18-24 years who experienced childhood sexual violence received help.

Disclosure and service-seeking for physical violence among 18-24-year-olds

- A higher proportion of males than females aged 18-24 years told someone about their experience of physical violence in childhood—among those who experienced physical violence during childhood, only 6.3% of females and 9.0% of males told someone about their experiences.
- Over half (51.7%) of females and 70.2% of males aged 18-24 years were aware of at least one place where they could seek help. However, only 3.4% of females and 1.0% of males sought help for physical violence experienced during childhood, while 2.1% of females and 1.0% of males received help.
- Females aged 18-24 years who experienced physical violence during childhood and told someone about their experiences most often told a relative (52.9%), followed by a service provider or authority figure (21.7%) and friends or neighbours (17.9%).

Disclosure and service-seeking behaviour among 13-17-year-olds

Disclosure and service-seeking for sexual violence among 13-17-year-olds

- Only 6.4% of females and 5.7% of males aged 13-17 years who experienced sexual violence in the past 12 months told someone about the experience.
- About 1 out of 3 (30.4%) females and 70.9% of males aged 13-17 years who experienced sexual violence in the past 12 months knew of a place to seek help.
- Only 1.7% of females and no males aged 13-17 years who experienced sexual violence in the past 12 months sought and received help.

Disclosure and service-seeking for physical violence among 13-17-year-olds

- Among 13-17-year-olds who experienced any physical violence in the past 12 months, only 2.5% of females and less than 1% of males told someone about their experience.
- About 4 out of 10 (41.2%) females and almost half (48.7%) of males aged 13-17 years who experienced physical violence in the past 12 months were aware of places where they could seek help.
- Less than 1% of females and males aged 13-17 years who experienced physical violence in the past 12 months sought and received help.

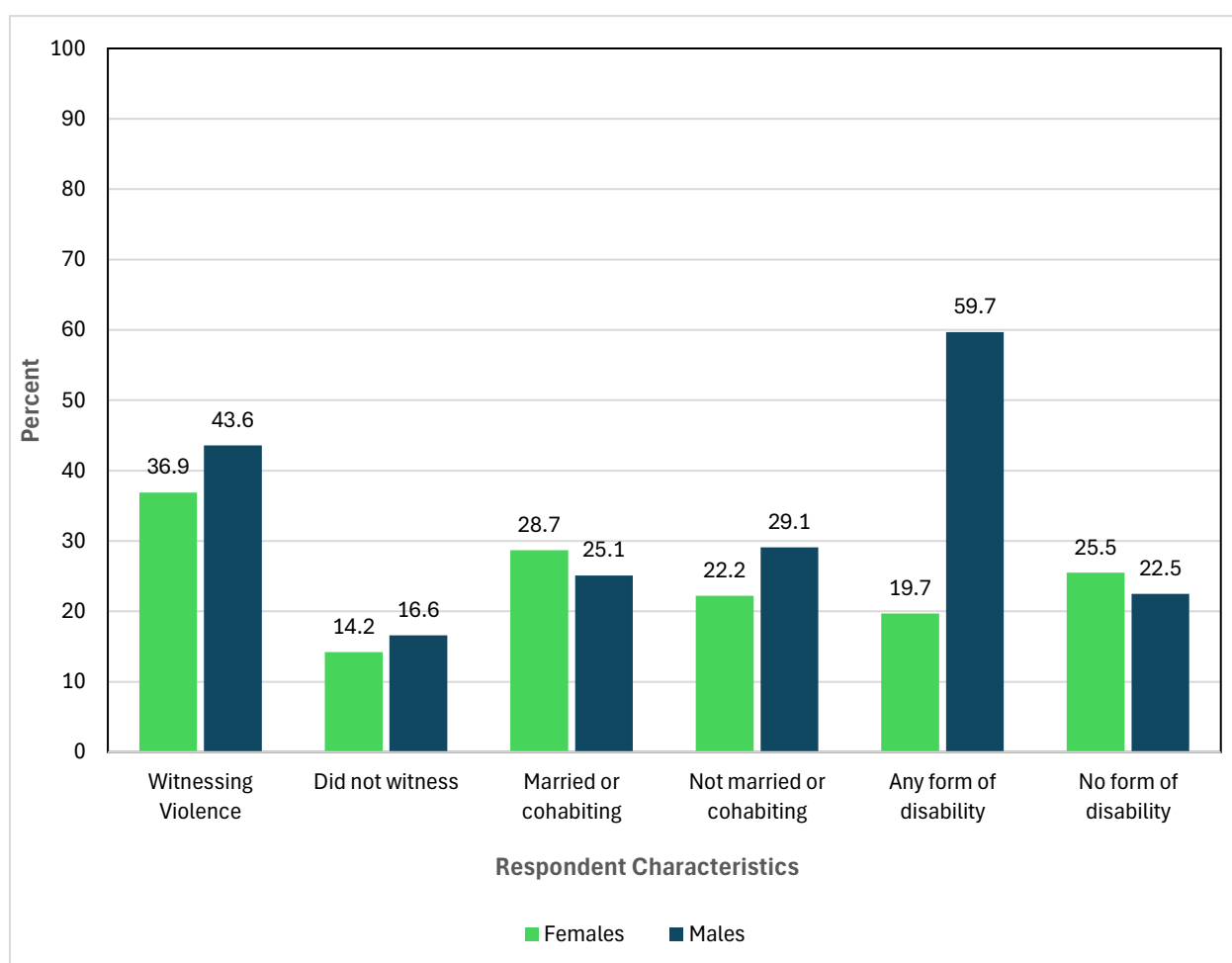
Factors associated with experiencing sexual or physical violence in the past 12 months

Factors associated with experience of sexual or physical violence among 18-24-year-olds

Factors associated with violence among 18-24-year-olds

- Females aged 18-24 years who witnessed violence in the home during childhood were significantly more likely to experience sexual or physical violence in the past 12 months compared to those who did not witness violence at home (36.9% versus 14.2%).
- Males aged 18-24 years who witnessed violence in the home during childhood were significantly more likely to have experienced sexual or physical violence in the past 12 months than those who did not witness violence at home (43.6% versus 16.6%).
- A higher proportion of females aged 18-24 years who were married or cohabiting experienced sexual or physical violence in the past 12 months compared to those who were not (28.7% versus 22.2% among females).
- A higher proportion of males aged 18-24 years with any form of disability experienced sexual or physical violence in the past 12 months compared to those without any form of disability (59.7% versus 22.5%).

Figure 12: Factors associated with experience of sexual or physical violence in the past 12 months among 18-24-year-olds–Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

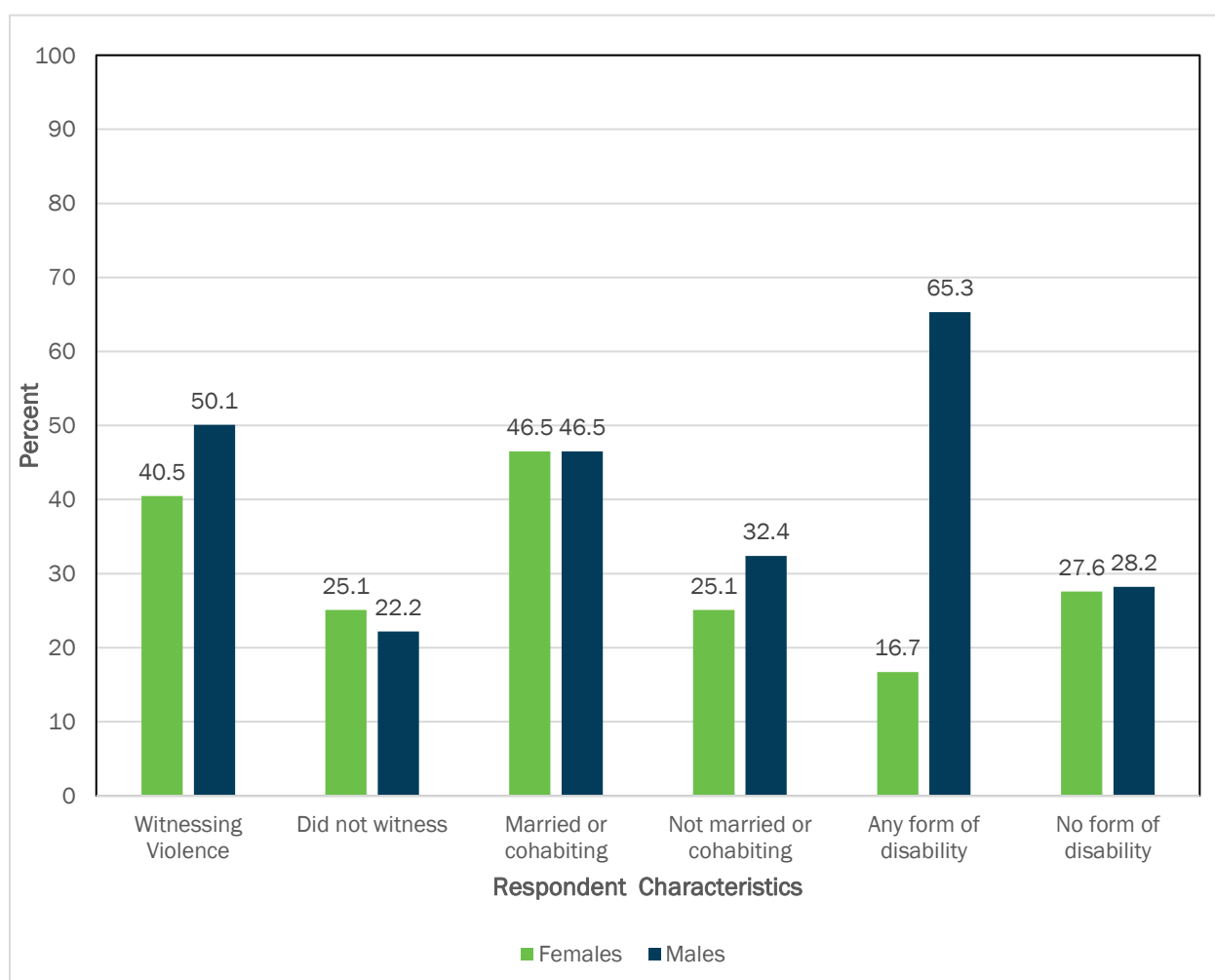


Factors associated with experience of sexual or physical violence among 13-17-year-olds

Characteristics associated with violence among 13-17-year-olds

- Among 13-17-year-old females, those who witnessed violence in the home were significantly more likely to experience physical or sexual violence in the past 12 months (40.5%) compared to those who did not witness violence at home (12.1%).
- Males aged 13-17 years who witnessed violence in the home were significantly more likely to have experienced physical or sexual violence in the past 12 months than those who did not witness violence at home (50.1% versus 22.2%).
- A higher proportion of females and males aged 13-17 years who were married or cohabiting experienced sexual or physical violence in the past 12 months compared to those who were not (46.5% versus 25.1% among females and 46.5% versus 32.4% among males).
- Among males aged 13-17 years, the proportion who experienced sexual or physical violence in the past 12 months was higher among those with any form of disability compared to those without any form of disability (65.3% versus 28.2%).

Figure 13: Experience of sexual or physical violence by witnessing violence and disability status among 13-17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Injuries and health conditions associated with violence against children

Experiencing injury as a result of physical violence

Injury as a result of physical violence in childhood among 18-24-year-olds

- About 2 out of 3 females (68.4%) and 70.8% of males who experienced physical violence in childhood were injured during their first childhood experience of physical violence.
- Significantly more males than females aged 18-24 years who experienced physical violence in childhood experienced an injury as a result of physical violence perpetrated by a peer (74.4% among males and 59.3% among females).
- A higher proportion of males than females aged 18-24 years who experienced physical violence in childhood experienced an injury, as a result of physical violence perpetrated by parent/caregiver/adult relative (71.7% among males and 55.8% among females) or an adult in the community (70.2% among males and 62.3% among females).
- Almost two-thirds of the females aged 18-24 years (63.1%) who experienced physical intimate partner violence in childhood experienced physical harm or injury as a result of physical violence by an intimate partner.

Injury as a result of physical violence in the past 12 months among 13-17-year-olds

- About 2 out of 3 females (68.3%) and 3 out of 4 males (75.8%) aged 13-17 years who experienced physical violence in the past 12 months experienced an injury as a result of that physical violence.
- A higher proportion of males than females aged 13-17 years who experienced physical violence in the past 12 months suffered an injury as a result of physical violence from a peer (73.5% among males and 69.7% among females), an adult in the community or neighbourhood (75.3% among males and 60.8% among females), or a parent/caregiver/adult relative (61.6% among males and 55.0% among females).

Experience of violence and mental health outcomes among 18-24-year-olds

Experience of sexual violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced sexual violence in childhood reported mental distress in the 30 days preceding the survey (97.0% versus 75.9%), intentional self-harm (50.1% versus 7.2%), or having ever thought of suicide (46.5% versus 5.2%), compared to those who did not experience sexual violence in childhood.
- A higher proportion of males aged 18-24 years who experienced sexual violence in childhood reported mental distress in the 30 days preceding the survey (92.9% versus 73.8%), intentional self-harm (34.4% versus 10.1%), or having ever thought of suicide (34.4% versus 8.1%), compared to those who did not experience sexual violence in childhood.

Experience of physical violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced physical violence in childhood suffered mental distress in the 30 days preceding the survey (90.4% versus 75.3%), intentional self-harm (25.3% versus 9.3%), or having ever thought of suicide (22.0% versus 7.4%), compared to those who did not experience physical violence in childhood.
- A higher proportion of males aged 18-24 years who experienced physical violence in childhood suffered mental distress in the 30 days preceding the survey (87.3% versus 69.5%), intentional self-harm (21.3% versus 7.1%), or having ever thought of suicide (21.8 versus 4.4), compared to those who did not experience physical violence in childhood.

Experience of emotional violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced emotional violence in childhood suffered mental distress in the past 30 days preceding the survey (94.6% versus 76.0%), intentional self-harm (37.6% versus 9.3%), or having ever thought of suicide (20.9% versus 9.4%), compared to those who did not experience emotional violence in childhood.
- A higher proportion of males aged 18-24 years who experienced emotional violence in childhood suffered mental distress in the past 30 days preceding the survey (90.0% versus 70.9%), intentional self-harm (30.3% versus 6.9%), or having ever thought of suicide (27.1% versus 5.3%), compared to those who did not experience emotional violence in childhood.

Figure 14: Mental health, self-harm, and suicide ideation by experience of sexual violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

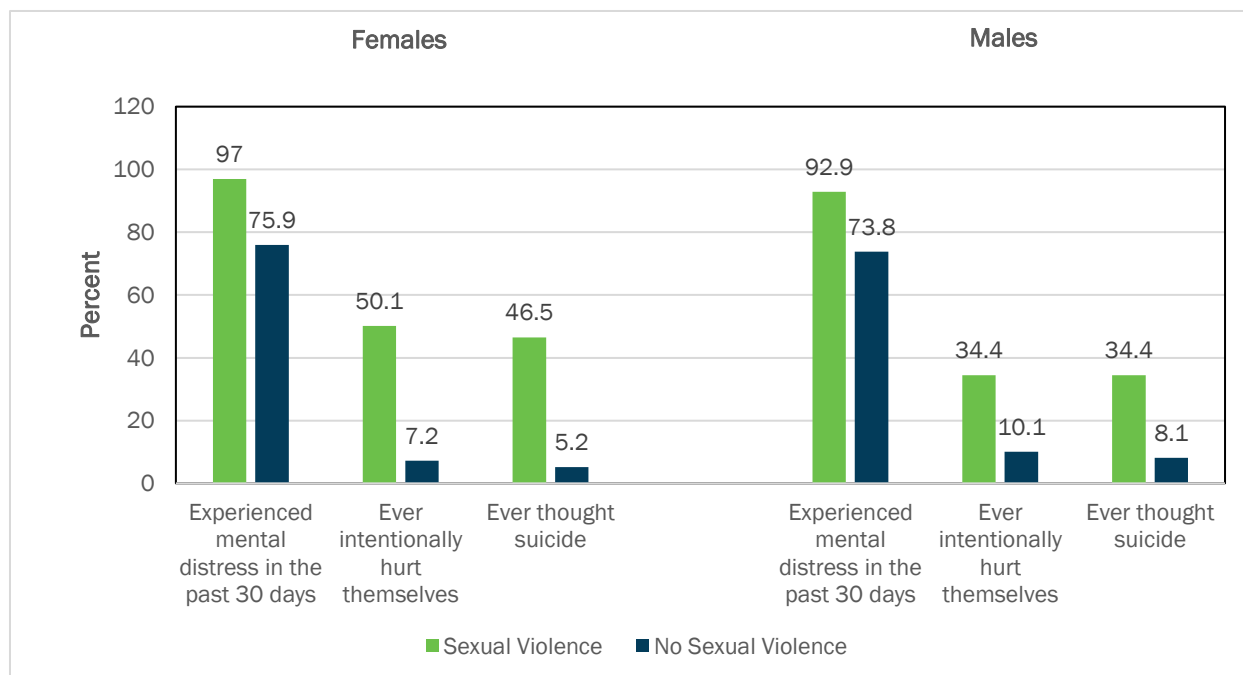


Figure 15: Mental health, self-harm, and suicide ideation by experience of physical violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

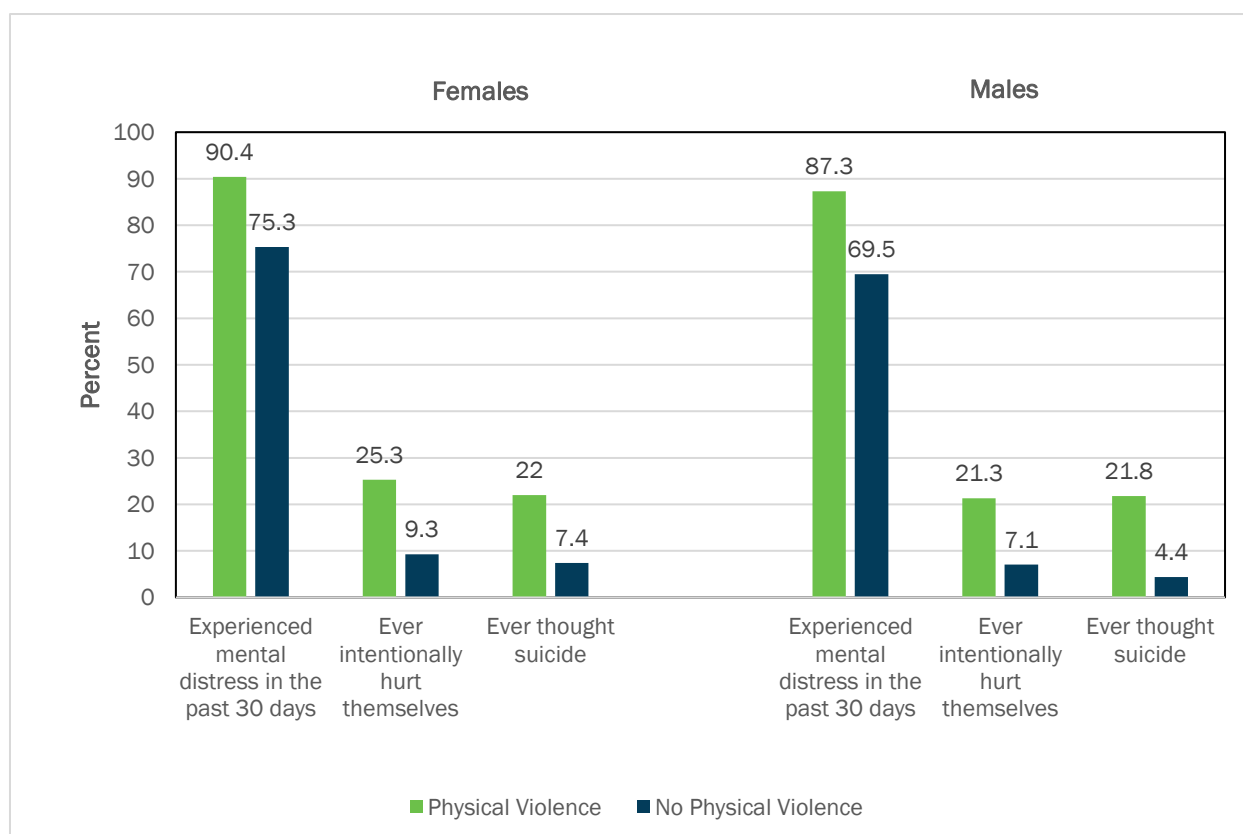
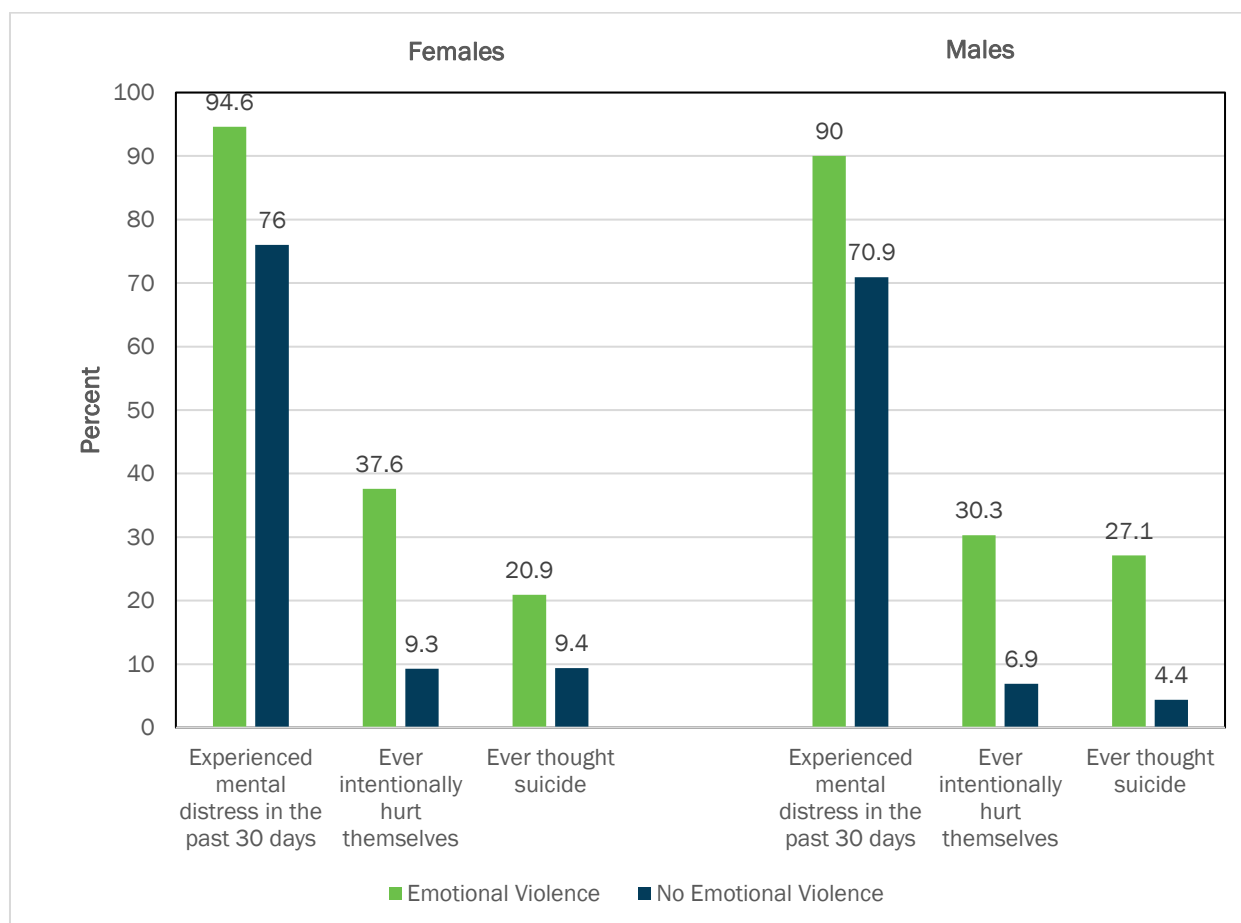


Figure 16: Mental health, self-harm, and suicide ideation by experience of emotional violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Mental health by experience of violence in the past 12 months among 13-17-year-olds

Mental health by experience of sexual violence in the past 12 months among 13-17-year-olds

- A higher proportion of females aged 13-17 years who experienced sexual violence in the past 12 months reported mental distress in the 30 days preceding the survey (96.6% versus 73.6%), intentional self-harm (34.5% versus 2.8%), or having ever thought of suicide (34.6% versus 2.0%), compared to those who did not experience sexual violence in the past 12 months.
- A higher proportion of males aged 13-17 years who experienced sexual violence in the past 12 months reported mental distress in the 30 days preceding the survey (83.0% versus 75.4%), or intentional self-harm (12.8% versus 8.8%) compared to those who did not experience sexual violence in the past 12 months.

Mental health by experience of physical violence in the past 12 months among 13-17-year-olds

- Among females aged 13-17 years, the proportion who reported intentional self-harm or having ever thought of suicide was higher among those who experienced physical violence in the past 12 months than among those who did not experience physical

violence in the past 12 months (11.5% versus 1.7% for intentional self-harm, and 9.8% versus 1.3% for suicidal ideation).

- Among males aged 13-17 years, the proportion who reported mental distress in the 30 days preceding the survey (85.8% versus 70.5%) or who had ever thought of suicide (25.9% versus 1.0%) was higher among those who experienced physical violence in the past 12 months, compared to those who did not experience physical violence in the past 12 months.

Mental health by experience of emotional violence in the past 12 months among 13-17-year-olds

- A higher proportion of females aged 13-17 years who experienced emotional violence in the past 12 months suffered mental distress in the 30 days preceding the survey (85.7 % versus 72.3%), intentional self-harm (18.7% versus 1.2%), or having ever thought of suicide (18.2% versus 0.4%), compared to those who did not experience emotional violence in the past 12 months.
- A higher proportion of males aged 13-17 years who experienced emotional violence in the past 12 months suffered mental distress in the 30 days preceding the survey (89.6% versus 71.6%), or intentional self-harm-harm (27.5% versus 4.1%) than those who did not experience emotional violence in the past 12 months.

Figure 17: Mental health, self-harm, and suicide ideation by experience of sexual violence in the past 12 months among 13-17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

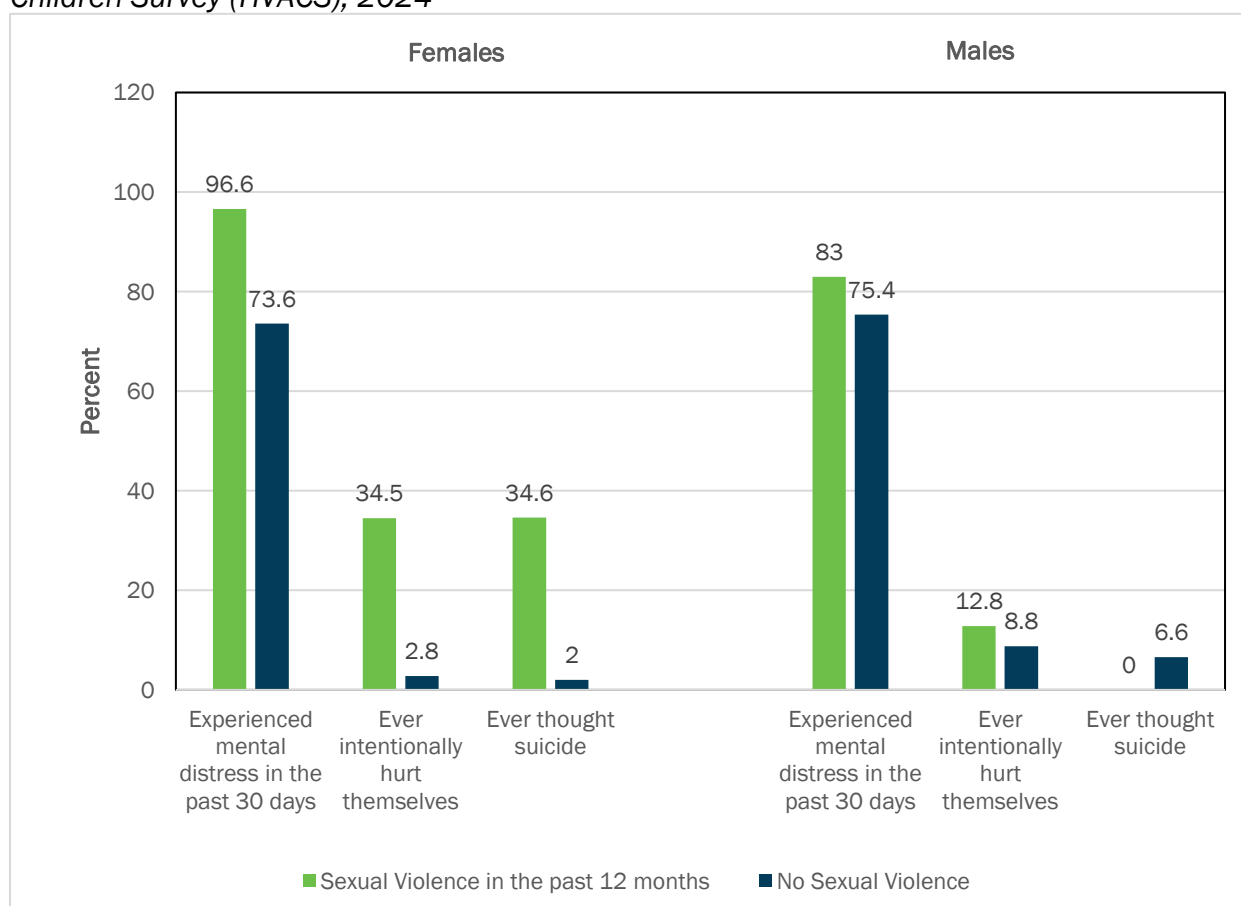


Figure 18: Mental health, self-harm, and suicide ideation by experience of physical violence in the past 12 months among 13-17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

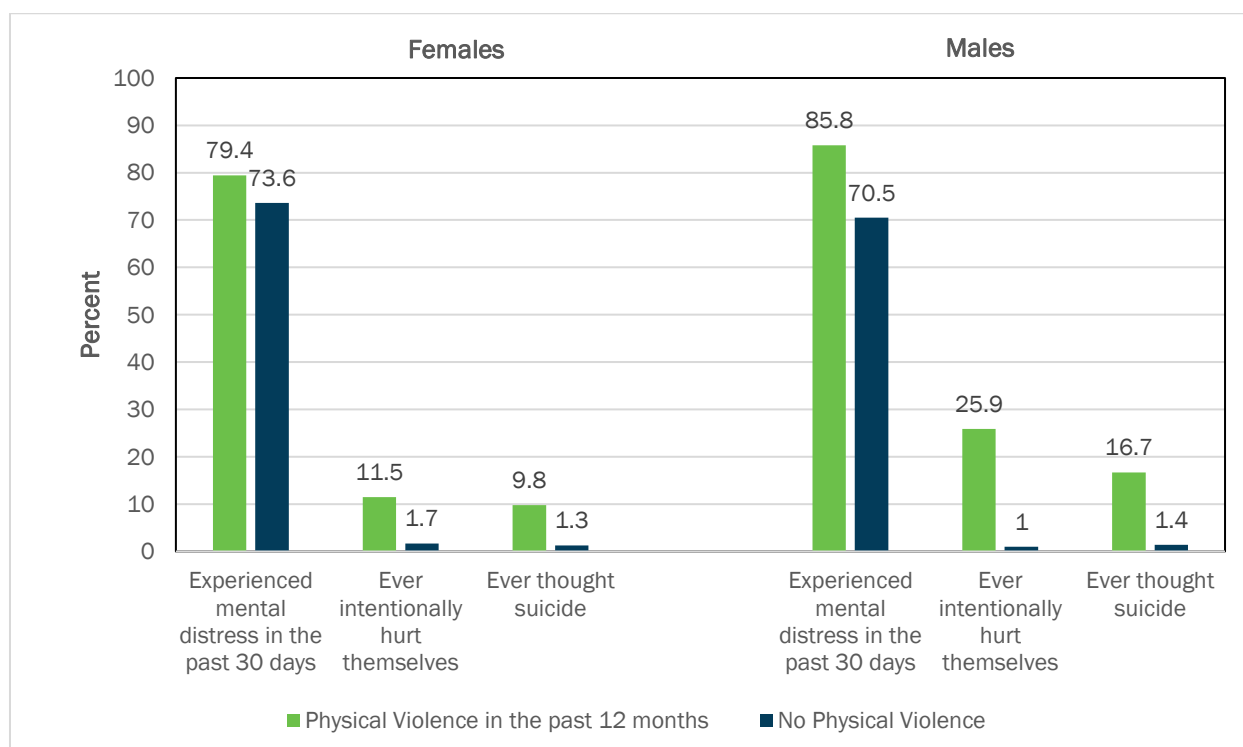
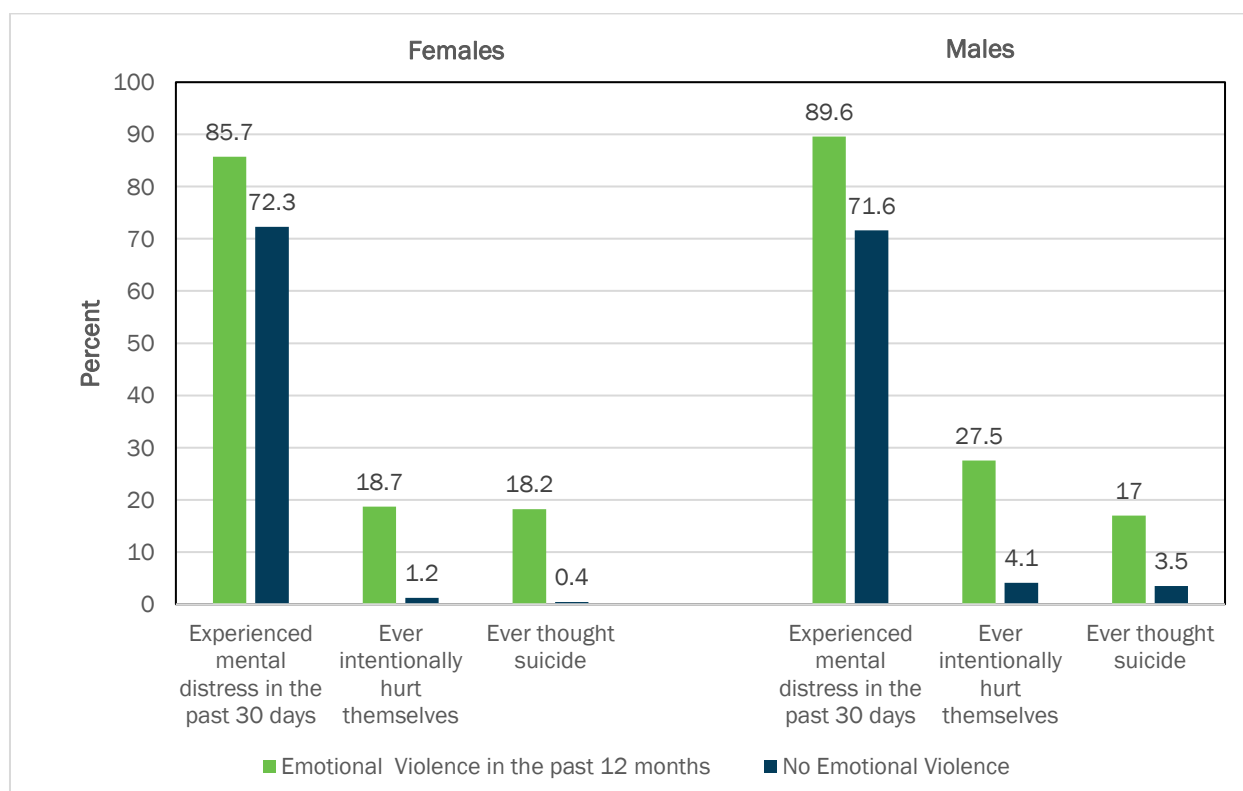


Figure 19: Mental health, self-harm, and suicide ideation by experience of emotional violence in the past 12 months among 13-17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Experience of violence and risk-taking behaviour among 18-24-year-olds

Experience of violence and sexual risk-taking among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced sexual violence in childhood had transactional sex in the past year compared to those who did not experience sexual violence in childhood (11.4% versus 4.6%).
- A higher proportion of males aged 18-24 years who experienced sexual violence in childhood had multiple sexual partnerships (39.8% versus 10.1%) and infrequent condom use (89.7% versus 65.4%) in the past year compared to those who did not experience sexual violence in childhood.
- A higher proportion of females aged 18-24 years who experienced physical violence in childhood had transactional sex in the past 12 months compared to those who did not experience physical violence in childhood (6.9% versus 5.6%, respectively).
- A higher proportion of males aged 18-24 years who experienced emotional violence in childhood had multiple sexual partnerships (23.5% versus 8.8%) and infrequent condom use (78.2% versus 63.7%) in the past year compared to those who did not experience emotional violence in childhood.

Experience of violence and substance abuse and STIs among 18-24-year-olds

- A higher proportion of females and males aged 18-24 years who experienced sexual violence in childhood had ever had symptoms of or been diagnosed with a sexually transmitted infection (STI), compared to those who did not experience sexual violence in childhood (48.2 versus 22.7% among females, and 66.2% versus 15.3% among males).
- Similarly, a higher proportion of females and males aged 18-24 years who experienced physical violence in childhood had ever had symptoms of or been diagnosed with a STI, compared to those who did not experience physical violence in childhood (40.1% versus 21.4% among females, and 34.5% versus 10.7% among males).
- A higher proportion of females and males aged 18-24 years who experienced emotional violence in childhood had ever had symptoms of or been diagnosed with a STI, compared to those who did not experience emotional violence in childhood (43.1% versus 23.5% among females, and 27.4% versus 14.3% among males).
- Males aged 18-24 who experienced physical violence in childhood are more likely to report binge drinking (4.6%) and cigarette smoking (8.0%) compared to those who did not experience childhood violence, who report these behaviours (0.7% and 0.8%, respectively)

Figure 20: Sexual risk-taking by experience of sexual violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

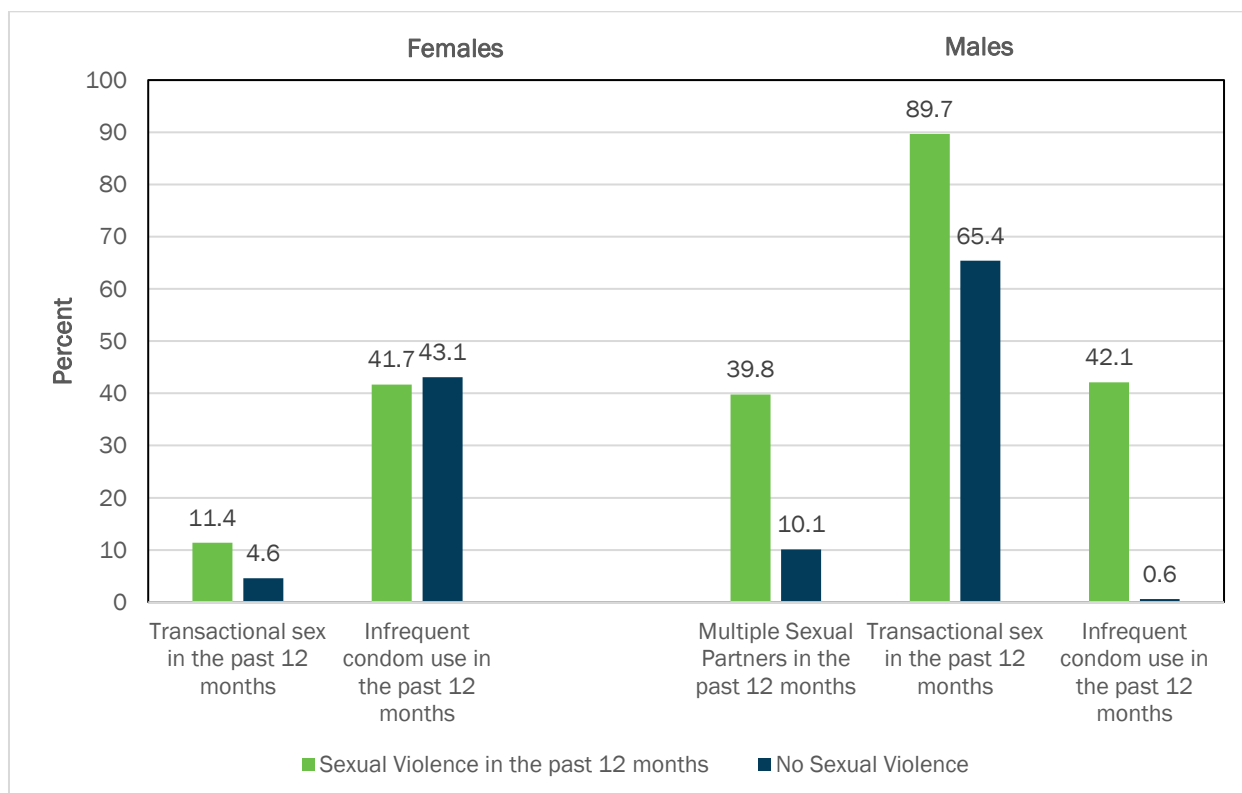


Figure 21: Sexual risk-taking by experience of physical violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

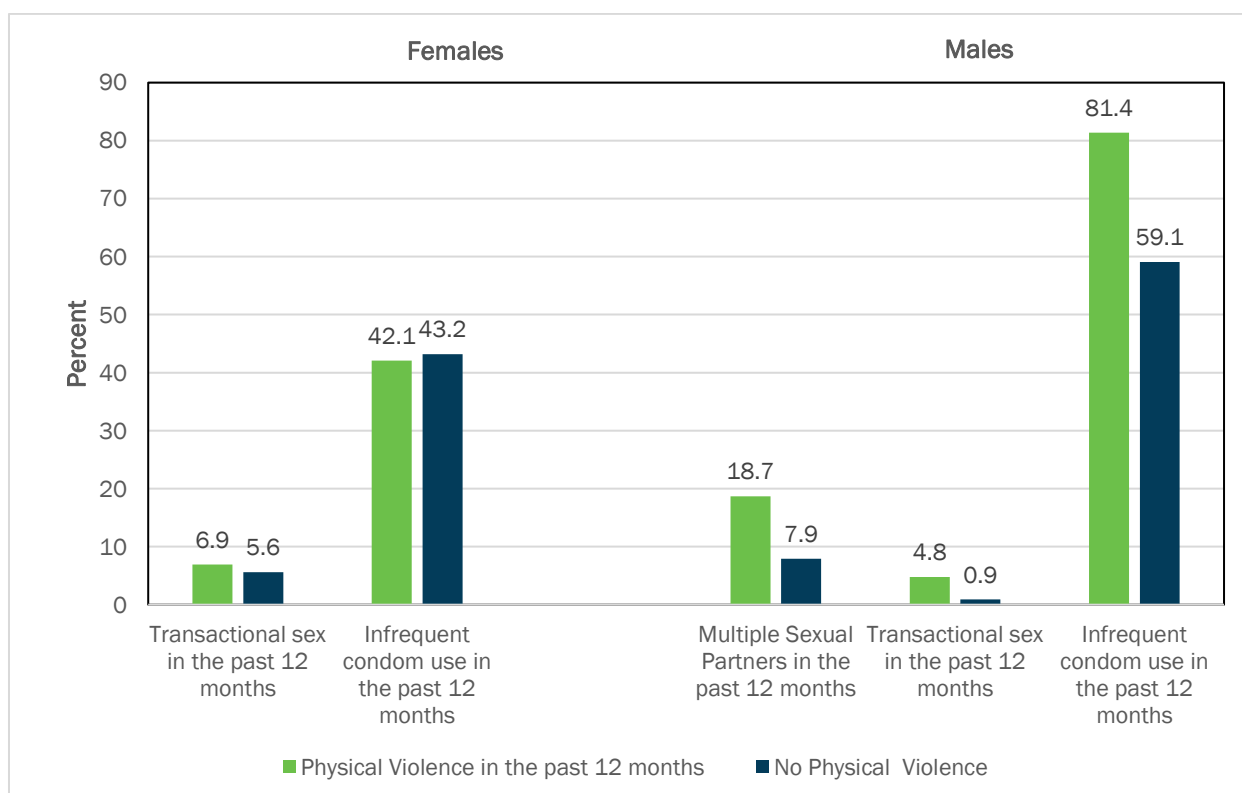


Figure 22: Sexual risk-taking by experience of emotional violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

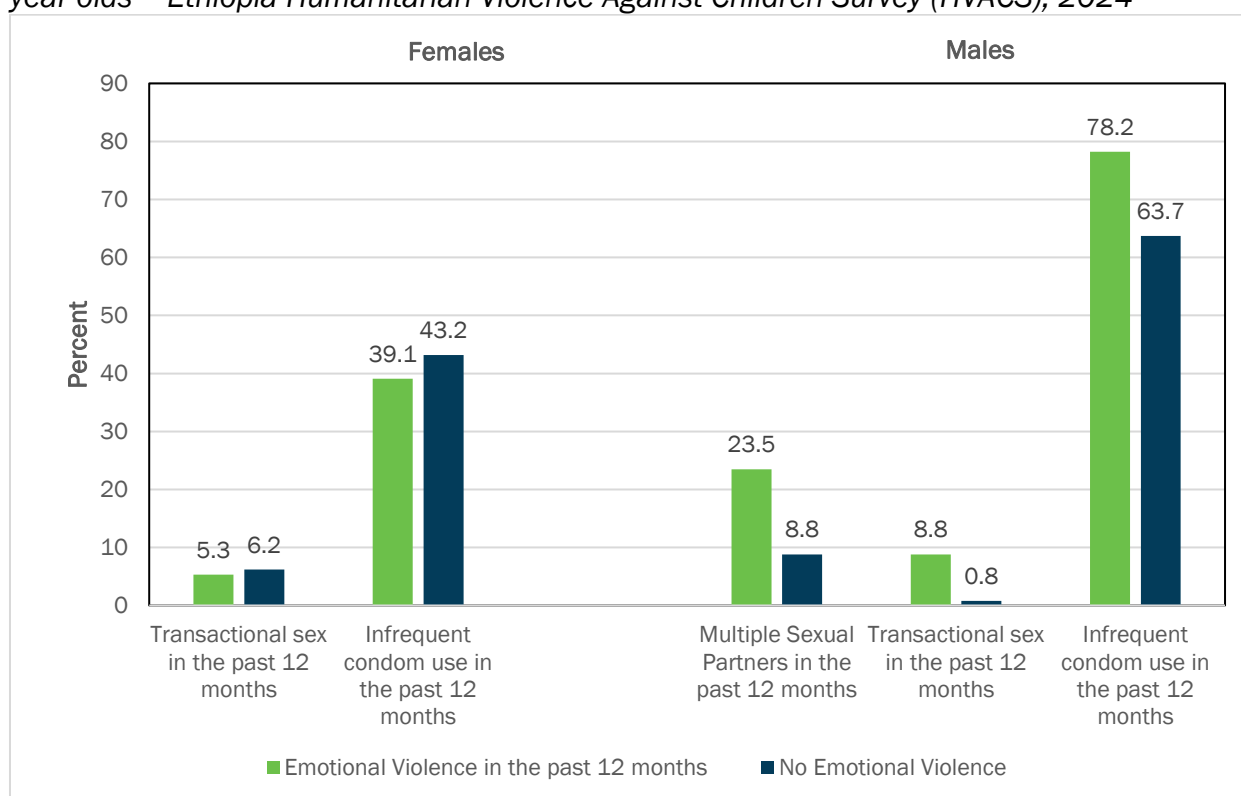
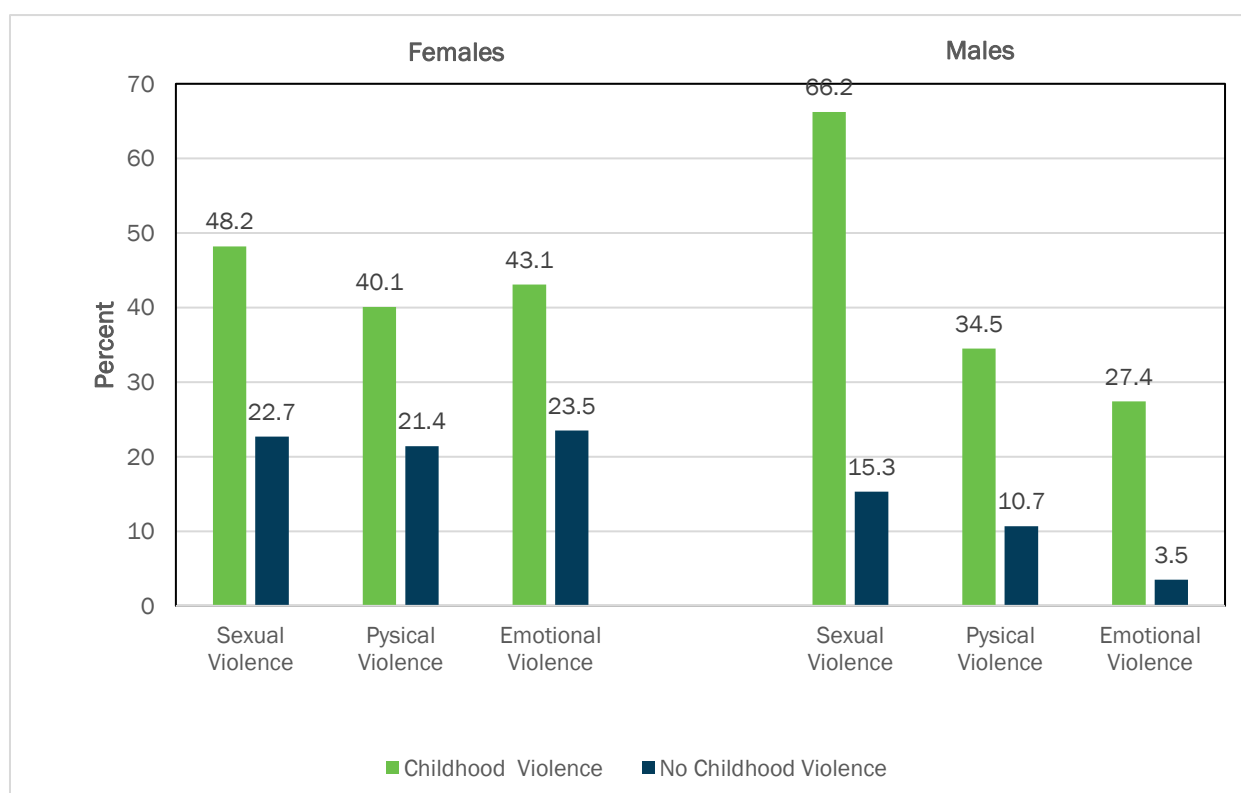


Figure 23: STI symptoms or diagnosis by experience of sexual, physical, and emotional violence in childhood among 18-24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Prevalence of other forms of violence against children

Prevalence of child abduction among 13-17-year-olds

- Males aged 13-17 years were two times more likely to have ever been abducted compared to females. About 3.4% of females and 7.4% of males aged 13-17 years had ever been abducted. Most of the abductions happened after arriving in the camps.

Prevalence of child marriage among 18-24-year-olds

- Six out of 10 females (58.2%) and 17.8% of males aged 18-24 years had ever been married. Among those who had ever been married, 6.8% of females but none of the males were first married before the age of 15.
- About 6 out of 10 (57.0%) ever married females and 15.3% of ever married males aged 18-24 years were first married before the age of 18.

Knowledge and prevalence of female genital mutilation/cutting (FGM/C)

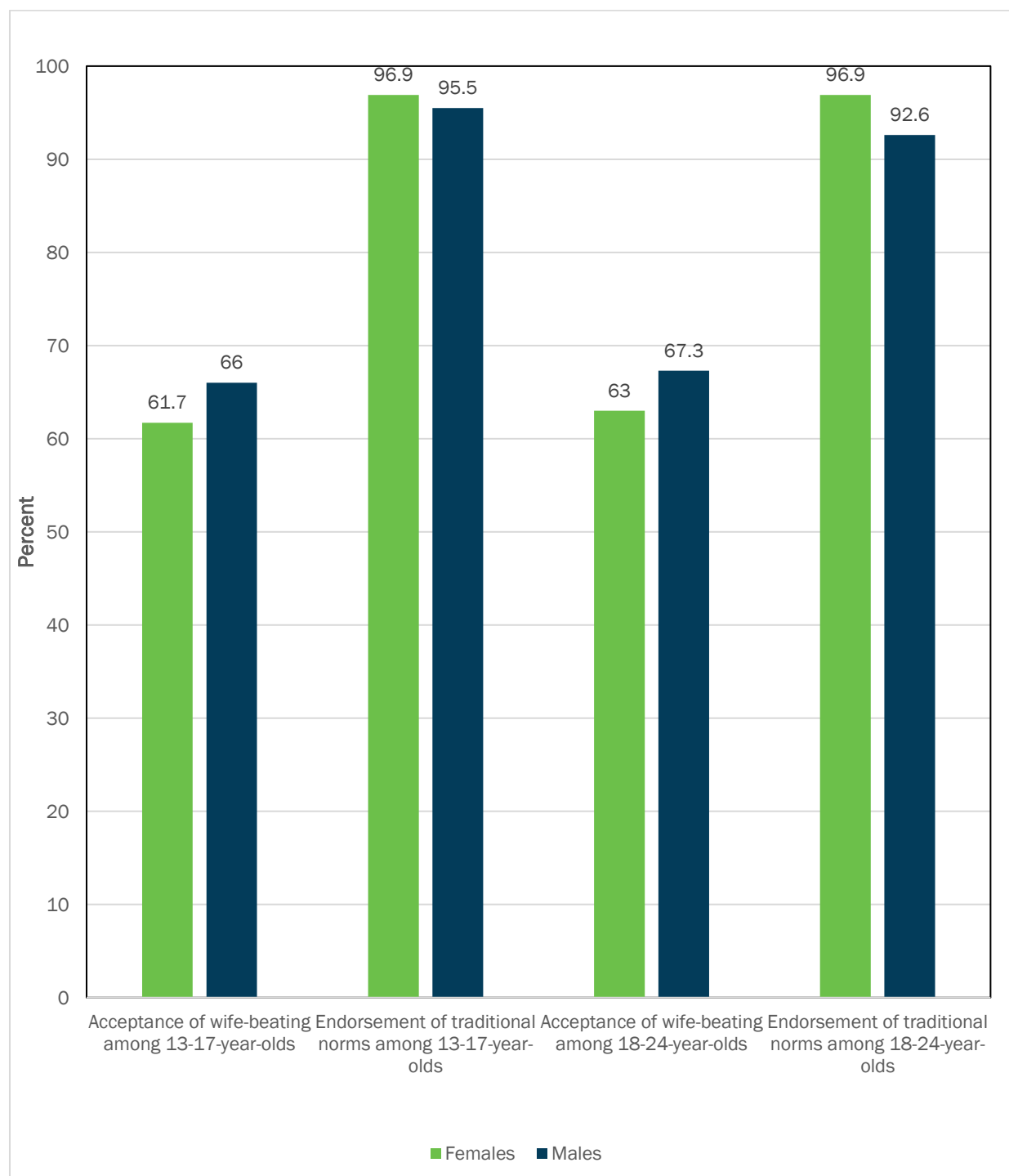
- About 5 out of 10 females (50.4%) aged 18-24 years and 43.0% of females aged 13-17 years had heard of female genital mutilation/cutting (FGM/C).
- Among those who had heard of FGM/C, 85.5 % of females aged 18-24 years and 86.7% of those aged 13-17 years had undergone FGM/C. Overall, 86.1% of females aged 13-24 years in this population had undergone FGM/C.

Attitudes and beliefs related to gender and violence

Attitudes and beliefs related to gender and violence among 13-24-year-olds and 18-24-year-olds

- Among females, 61.7% of 13-17-year-olds and 63.0% of 18-24-year-olds indicated that it was acceptable for a husband to beat his wife for one or more reasons.
- Among males, 66.0% of 13-17-year-olds and 67.3% of 18-24-year-olds indicated that it was acceptable for a husband to beat his wife for one or more reasons.
- Among 13-17-year-olds, a large majority of females (96.9%) and males (95.5%) endorsed one or more harmful traditional beliefs about gender, sexual behaviour and intimate partner violence. These included beliefs about traditional roles of men and women in sexual relationships as well as beliefs about justification of wife-beating for one or more reasons.
- Among 18-24-year-olds, 96.9% of females and 92.5% of males endorsed one or more harmful traditional beliefs about gender, sexual behaviour and intimate partner violence.

Figure 24: Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13-17- and 18-24-year-olds –Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



Summary and Implications

Summary

- The prevalence of violence against children in refugee settings in Ethiopia is high, with nearly one-in-three females and one-in-four males aged 18-24 years having experienced at least one form of violence (sexual, physical, or emotional) before the age of 18 years. About a third (31%) of females and 37% of males aged 13-17 years experienced at least one form of violence in the past 12 months.
- Physical violence was the most common type of violence against children among both females and males across age groups. However, females aged 18-24 were more likely than males to have experienced sexual violence in childhood.
- Across age groups, perpetrators of violence against children were mostly people that the children knew, including parents or adult relatives, intimate partners, or peers/classmates/schoolmates.
- Certain sub-groups of children are particularly vulnerable to experiencing violence compared to others, including those who witnessed violence in the home, those living with disabilities, and those who were married or cohabiting. Findings show that this is the case across age groups, except when it comes to those who were married or cohabiting, where the association was found for females and males in the 18-24 age range, specifically.
- Knowledge of where to seek help for violence was higher for males than for females. Most children who experienced violence did not disclose their experiences or seek help. This was the case across age groups.
- Compared to children who did not experience violence, those who experienced violence were more likely to:
 1. *perpetrate violence* (across age groups, those who experienced sexual violence were more likely to have perpetrated some form of violence against others in their lifetime, and males aged 18-24 who experienced physical violence in childhood were more likely to perpetrate physical intimate partner violence);
 2. *experience mental health problems* (across age groups, except for girls aged 13-17 in relation to the experience of physical violence in the past 12 months); and
 3. *engage in risk-taking behaviours* (e.g., females aged 18-24 years who experienced sexual violence in childhood with respect to having multiple sexual partners and engaging in transactional sex).
- There were high levels of endorsement of inequitable gender norms and justification of intimate partner violence against women among children and young people in the refugee settings, and across age groups.

Implications

- A gendered approach to programming may be greatly beneficial to children experiencing violence in refugee settings in Ethiopia. Prevention and response models could benefit from accounting for the greater likelihood for girls to experience sexual violence over time, and for both boys and girls to experience physical violence, as well as the greater likelihood for male survivors to know where to seek care, compared to their female counterparts.
- The implementation and testing of interventions for addressing physical violence are desirable, given the high prevalence of this form of violence among refugee children. These could comprise prevention and response approaches, including capacity-building in these areas for service providers.
- Community-based, community-wide interventions remain critical for effectively addressing VAC in refugee settings. Interventions that include household-based prevention and response models to curtail children's witnessing of violence in the home are key, given that perpetrators of VAC include a wide range of community members. These interventions may be stronger if they also include gender and social norm-shifting approaches geared toward ending violence against children.
- Given the large proportion of children living with disabilities experiencing violence in refugee settings in Ethiopia, focusing on these special populations for specific prevention and response efforts is essential. Similarly, targeted efforts aimed at young populations who are married, or cohabiting may also benefit these specific groups.
- Interventions that are child-friendly by design may foster increased disclosure of violence victimisation. Similar child-friendly approaches for providing information on how to seek help coupled with service provision links may improve responses to these populations.
- Strengthening of mental health services tailored to children's needs may provide more direct benefits for these younger populations.

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