

Violence against children and youth in humanitarian settings

FINDINGS FROM A 2024 SURVEY OF
REFUGEE CAMPS IN ETHIOPIA





THE 2024 ETHIOPIA HUMANITARIAN VIOLENCE AGAINST CHILDREN AND YOUTH SURVEY

In collaboration with the Refugees and Returnees Service in Ethiopia, the United Nations High Commissioner for Refugees (UNHCR) Regional Bureau for the East and Horn of Africa and the Great Lakes Region; and UNHCR Ethiopia and its implementing partners, the Baobab Research Programme Consortium (RPC) (comprising the Population Council, Inc., Population Council, Kenya, and the African Population and Health Research Center) conducted the 2024 Humanitarian Violence Against Children and Youth Survey (HVACS), with funding provided by the United Kingdom (UK) Foreign, Commonwealth and Development Office (FCDO). Technical guidance for the implementation of this survey was provided by the US Centers for Disease Control and Prevention (CDC) and Together for Girls (TfG).

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Staff of Baobab RPC and the Refugees and Returnees Service, Ethiopia, coauthored this report. Baobab RPC authors conducted weighting and analysis of the data in support of this report and consulted with the CDC on weighting and analysis. They also consulted with the Refugees and Returnees Service; the UNHCR Regional Bureau for the East and Horn of Africa and Great Lakes; UNHCR Ethiopia; and the Child Protection and Gender-based Violence Working Group on evidence-based strategies to prevent violence against children and youth in refugee settings.

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FDRE Refugees & Returnees Service



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

FOREWORD

Violence against children (VAC) has risen to unprecedented levels worldwide, with over a billion children experiencing it in some form every year. Ethiopia has not been left untouched by this pervasive issue, along with its dire consequences. In response, the Government of Ethiopia has demonstrated its stance against and commitment toward addressing VAC. In addition to being a signatory to the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, and the Sustainable Development Goals (SDGs), the Ethiopian government developed and has been operationalizing a National Strategy on Violence against Women and Children in Ethiopia (2021–2026).

Ethiopia is also one of 47 countries that make up the Pathfinder Global Alliance – one that brings together countries and all relevant stakeholders committed to accelerating efforts to end all forms of VAC by 2030. With less than five years to attaining this goal, the Government of Ethiopia has made concerted efforts to establish a strong evidence base in humanitarian contexts, including collaborating with partners to conduct the national VACS and world's second-ever VACS implemented exclusively in refugee settings. Referred to as the 2024 Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS) (or Ethiopia HVACS, 2024), this landmark study covered 20 of Ethiopia's 23 refugee camps at the time, and establishes the magnitude, nature, and consequences of VAC in these settings.

It is with pride, honour, and commitment to the refugee children, that the Ethiopia Refugees and Returnees Service introduces this survey to the world. We urge humanitarian stakeholders to employ the 2024 Ethiopia HVACS as a robust baseline for assessing advancements in the fight against VAC in refugee settings. To deliver on the fast-approaching 2030 promise, humanitarian stakeholders are advised to draw on the evidence base provided by the Ethiopia HVACS to guide programming, planning, and resource mobilisation.

Ethiopia's Refugees and Returnees Service reaffirms its commitment to generating and using strong evidence to safeguard all children who make Ethiopia their home. We hereby release this landmark report to facilitate this process.

With Best Regards



Teyiba Hassen Kayo
Director General

Refugees and Returnees Service (RRS)

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SECTION B: Key terms and definitions

VIOLENCE:

According to the World Health Organization (WHO), violence is “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 nonconsensual sex acts, attempted nonconsensual sex acts, and abusive sexual contact. In this survey, questions were posed on four forms of sexual violence:

1. **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.
2. **Unwanted attempted sex:** If anyone ever tried to make the participant have sex against their will but did not succeed. 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.
3. **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.
4. **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.

Alcohol-facilitated Forced Sex: refers to a form of sexual violence in which alcohol is used by the perpetrator, the victim, or both in a way that contributes to the act of coercion or force.

PHYSICAL VIOLENCE:

Participants were asked about physical acts of violence done 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. These 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.
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, shaken, or intentionally thrown something at the participant to hurt them.
- Punched, kicked, whipped, or beaten 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. For 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.

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

- Insulted, humiliated, or made fun of in front of others.
- Kept the participant from having their own money.
- Tried to keep the participant from seeing or talking to their family or friends.
- Kept track of the participant by demanding to know where the participant was and what the participant was doing.
- Made threats to physically harm the participant.

For 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.

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).

ABDUCTION:

This refers to the unauthorised removal of the respondent from the custody of biological parents or legally appointed caregivers.

FEMALE GENITAL MUTILATION/CUTTING:

This refers to the partial or total removal of external female genitalia or other injury to the female genital organs for nonmedical reasons.

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 respondents 18-24 years who were first married before age 18.



SECTION C: List of acronyms

AIDS	Acquired Immune Deficiency Syndrome
CDC	US Centers for Disease Control and Prevention
CI	Confidence interval
CRRF	Comprehensive Refugee Response Framework
DHS	Demographic and Health Survey
HIV	Human immunodeficiency virus
HVACS	Humanitarian Violence Against Children and Youth Survey
NGO	Nongovernmental organisation
RPC	Research Programme Consortium
RRS	Refugees and Returnees Service
RSE	Relative Standard Error
STI	Sexually transmitted infection
TfG	Together for Girls
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
VAC	Violence Against Children
VACS	Violence Against Children and Youth Survey(s)
WHO	World Health Organization

EXECUTIVE SUMMARY

While several Violence Against Children and Youth Surveys (VACS) have been conducted in development contexts, this survey is only the second-ever VACS carried out exclusively in a humanitarian setting – specifically, within refugee camps in Ethiopia. The first VACS conducted exclusively in a humanitarian context was implemented in refugee settlements in Uganda. Both of these Humanitarian Violence Against Children and Youth Surveys (HVACS) were led by the Baobab Research Programme Consortium.

The survey aimed to assess the prevalence, nature, and consequences of physical, emotional, and sexual violence against children and youth in refugee settings. The findings from this survey provide critical insights into the experiences of children and youth in refugee environments, with particular emphasis on violence and its impact on their well-being.

The Ethiopia HVACS took place between December 2023 and April 2024. It was a representative household survey targeting females and males aged 13–24, selected from 20 of the 23 refugee camps across five regions. The survey followed the standard VACS methodology, using a three-stage cluster sampling design to recruit eligible participants. In the first stage, zones were randomly selected within each camp. In the second, households were chosen from each zone using probability proportional to size. In the third stage, one eligible young person aged 13–24 was randomly selected from each sampled household and provided assent or consent before participating. Female interviewers carried out interviews in female zones, while male interviewers did so in male zones.

Key Findings

A Prevalence of Violence Against Children Violence Experienced in Childhood (18- to 24-year-olds)

- ➔ One in three females (31.9%) and one in five males (26.4%) in refugee camps in Ethiopia experienced violence before age 18.
- ➔ Physical violence is the most common type of violence experienced in childhood in refugee camps in Ethiopia. Nearly one in five females and males (24.4%) experienced physical violence in childhood.
- ➔ Among females who experienced sexual violence in childhood (13.9%), three in four (76.4%) experienced multiple incidents before age 18.

B Perpetrators of Violence Against Children /Violence Experienced in Childhood (18- to 24-year-olds)

- ➔ For females, intimate partners were the most common perpetrators of sexual violence in childhood, comprising 69.8% of first incidents.
- ➔ Physical violence in childhood perpetrated by parents, caregivers, and adult relatives was common, affecting 25.1% of females and 23.8% of males.
- ➔ Emotional violence in childhood perpetrated by parents, caregivers, and adult relatives affected 9.1% of females and 11.7% of males.

**C Disclosure of Violence
(18- to 24-year-olds)**

- ➔ Only 50.0% of females and 6.5% of males who experienced sexual violence in childhood told someone about an incident of sexual violence.
- ➔ Only 21.5% of females and 1.3% of males who experienced physical violence in childhood told someone about an incident of physical violence.

**D Service- seeking for Violence
(18- to 24-year-olds)**

- ➔ One in five females (27.9%) and 62.2% of males who experienced childhood sexual violence knew where to go for services for sexual violence, but very few sought services: only 24.1% of females and 39.2% of males sought services for sexual violence.
- ➔ One in five females (20.4%) who had experienced physical violence in childhood knew where to go for services, and 42.3% sought services for an incident of physical violence.
- ➔ Two in five males (40%) who experienced physical violence in childhood knew where to go for services, and 52.2% sought services for an incident of physical violence.

**E HIV Testing Behaviour
(13- to 24-year-olds)**

- ➔ Slightly more females than males had been tested for HIV (females 30.8%; males 26.8%).
- ➔ Among females who experienced sexual violence in the past 12 months, 39.2% had been tested for HIV.

- ➔ Among males who experienced sexual violence in the past 12 months, 21.4% had been tested for HIV.

**F Consequences of Violence Against
Children /Violence Experienced in
Childhood (13- to 24-year-olds)**

- ➔ **Mental health problems:** Females who experienced sexual violence in childhood were more likely to experience mental distress (97.0%) and suicidal ideation (46.5%) compared to females who did not experience sexual violence in childhood (mental distress 75.9%; suicidal ideation 5.2%).
- ➔ **Diagnosis or symptoms of sexually transmitted infection (STI):** Females aged 18–24 who experienced sexual violence before age 18 were more likely to report symptoms or diagnosis with an STI compared to those who did not experience sexual violence in childhood (48.2% versus 22.7%).
- ➔ **Missing school:** Female children aged 13–17 who experienced sexual violence were more likely to report missing school compared to males who experienced sexual violence (43.2% versus 0.2%).
- ➔ **Violence perpetration:** Experiencing physical violence in childhood was significantly associated with physical violence perpetration among females (38.7% among survivors; 11.9% among those who did not experience physical violence in childhood) and males (41.3% among survivors; 7.9% among those who did not experience physical violence in childhood).

G

**Risk Factors Associated with Violence
(13- to 24-year-olds)****Witnessing violence at home -**

Females aged 13–17 who witnessed violence in their home were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to those who had not witnessed violence in the home (40.5% versus 12.1%). Males aged 13–17 who witnessed violence in their home were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to those who had not witnessed violence in the home (50.1% versus 22.2%).



Disability - Males aged 18–24 who had any form of disability were more likely to experience sexual and physical violence in the past 12 months compared to males aged 18–24 who had no form of disability (59.7% versus 22.5%). Males ages 13–17 who had any form of disability were significantly more likely to experience sexual and physical violence in the past 12 months compared to males who did not have any form of disability (65.3% versus 28.2%). There was no significant difference between disability and experience of sexual or physical violence for females.

Informed by the findings of the 2024 Ethiopia Humanitarian Violence Against Children Survey, key stakeholders from various sectors convened for a data-to-action workshop to review and interpret the results. The workshop focused on identifying sector-specific priorities for preventing and responding to violence against children, with particular emphasis on humanitarian settings. Participants also developed strategies for implementing targeted interventions. The recommendations emerging from this workshop are now being utilized to guide programmatic directions and inform resource mobilization efforts aimed at strengthening the prevention and response to violence against children in refugee settings across the country (Bacha et al., 2025).

SECTION 1: Introduction and background

1.1 BACKGROUND ON VIOLENCE AGAINST CHILDREN AND YOUTH

Violence against children (VAC) is a pervasive global human rights violation that affects an estimated one billion children each year globally (Hillis et al., 2016). According to the World Health Organization (WHO), VAC encompasses all forms of violence directed at individuals under the age of 18 years, whether perpetrated by parents, caregivers, peers, intimate partners, or strangers. The forms of interpersonal violence most commonly associated with VAC include physical, sexual, and psychological or emotional violence, as well as neglect and bullying (WHO, 2022). In addition to affecting a large proportion of children, VAC is strongly associated with a range of negative short- and long-term health consequences, including a variety of mental and physical health problems that can span into adulthood or result in perpetuating cycles of violence with intergenerational impact (Felitti et al., 1998; Hillis et al., 2017; Kendall-Tackett, 2003; Pinheiro et al., 2003).

To effectively address VAC, it is essential to measure its prevalence and impact. The Violence Against Children and Youth Surveys (VACS) are nationally representative household surveys targeting adolescents and young adults (ages 13–24) that collect comprehensive data on violence experienced during childhood and young adulthood. VACS represent the largest global data source on VAC, with 26 surveys completed to date across countries in sub-Saharan Africa, Southeast Asia, and Latin America and the Caribbean. These surveys have significantly enhanced the understanding of the scope of VAC and have informed strategies for large-scale interventions to mitigate its effects.

VACS collect comprehensive data on demographics, education level, perpetrator types, locations of incidents, risk and protective factors, consequences of violence, and access to services for survivors

(Chiang et al., 2016). These surveys provide nationally representative data on VAC, which is crucial for informing national prevention and response strategies. However, VACS have generally excluded populations affected by humanitarian crises. Despite the disproportionate representation of children and adolescents among forcibly displaced populations (Chiang et al., 2020), there is a notable gap in data concerning their experiences of violence in these settings (Stark & Landis, 2016). Emerging evidence indicates that children in humanitarian contexts, especially unaccompanied minors who lack the protective oversight of families, are particularly vulnerable to violence (Mballa et al., 2020).

In response to these gaps and challenges, Together for Girls, the Centers for Disease Control and Prevention (CDC), the International Rescue Committee, and other partners developed guidance for conducting HVACS in 2020 (Chiang et al., 2020). This guidance outlines key principles for adapting the original VACS, which were designed for nonhumanitarian, nondisplaced populations, to the unique contexts and realities of humanitarian settings. Building on this guidance, the Baobab RPC conducted the first-ever Violence Against Children and Youth Survey in a humanitarian setting in Uganda (Obare et al., 2025). This was followed by the second-ever HVACS, which was carried out in Ethiopia and is described in detail in this report.

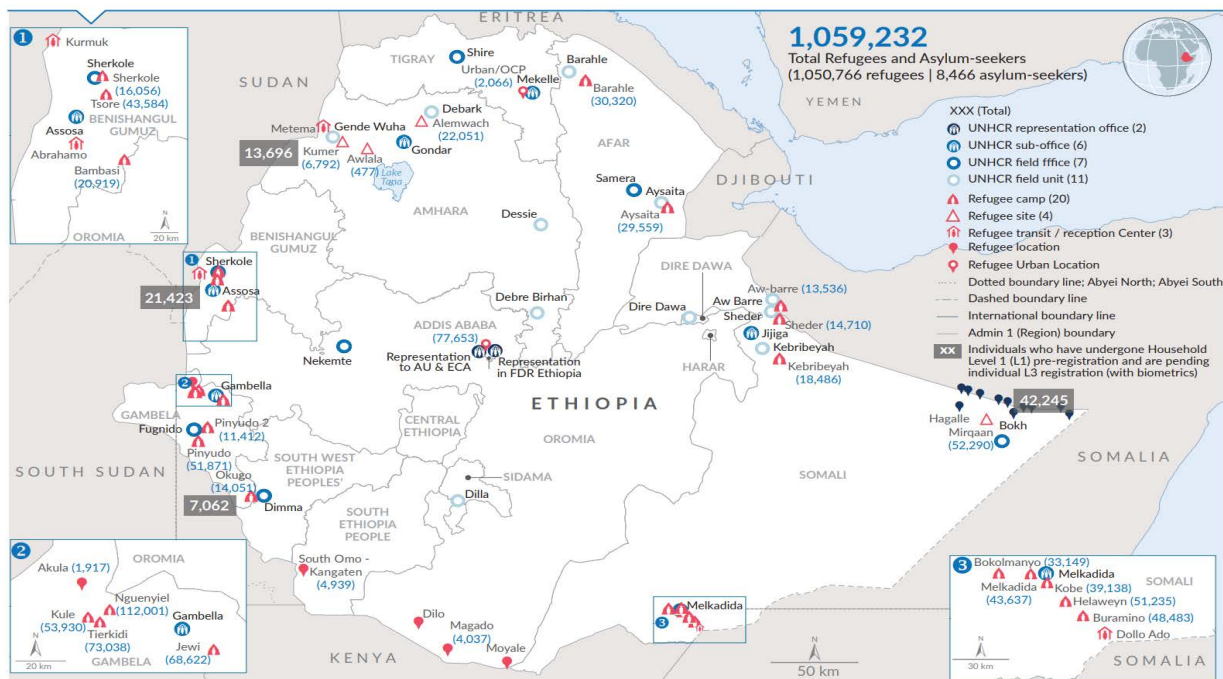
Globally, significant progress has been made in strengthening policies and standards aimed at improving the quality of services for children who experience violence. In 2016, the WHO released INSPIRE: Seven Strategies for Ending Violence Against Children, a technical package that includes evidence-based strategies shown to be effective in preventing and responding to violence in childhood (WHO, 2016). The seven INSPIRE strategies are: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver

support; Income and economic strengthening; Response and support services; and Education and life skills (WHO, 2016). In 2017, WHO also issued guidelines for responding to cases of sexual abuse among children and adolescents (WHO, 2017). Since then, numerous countries have committed to adapting and implementing these guidelines, with the dual aims of preventing violence against children and enhancing response services for child survivors.

1.2 INTRODUCTION TO ETHIOPIA

The Federal Democratic Republic of Ethiopia is located in the Horn of Africa region of East Africa. Ethiopia covers a large land area of 1,104,300 square kilometres and had approximately 134 million inhabitants by April 2025, making it the second most populous country in Africa after Nigeria, and the

most populated landlocked country on Earth (World Bank, 2025; World Factbook, 2025; Worldometer, 2025). Ethiopia is a multi-ethnic nation where Christianity, and particularly the Ethiopian Orthodox Tewahedo Church, is the predominant religion, followed by Islam. Approximately 23.2% of the population resides in urban areas, and the country has a notably youthful demographic, with 40% of its population under age 15 (World Factbook, 2025). Over the past two decades, Ethiopia has experienced notable economic growth. In the fiscal year 2023-24, the country's gross domestic product (GDP) growth was estimated at 8.1%, driven by strong performances in the agriculture, mining, and electricity generation sectors (World Bank, 2024; World Bank, 2025). Despite these economic gains, Ethiopia continues to face development challenges, including poverty and low literacy rates (World Bank, 2024).



Source: UNHCR Operational Data Portal

1.3 THE ETHIOPIAN HUMANITARIAN CONTEXT

Ethiopia has a long-established tradition of hosting refugees, maintaining an open-door policy that ensures humanitarian access and protection for individuals seeking asylum within its borders. By 31 March 2025, Ethiopia was hosting approximately 1,075,982 refugees and asylum seekers, primarily from South Sudan, Somalia, and Eritrea (UNHCR, 2025a). The majority of these individuals reside in 24 refugee camps spread across five regional states, while over 77,000 refugees live in urban areas, with the majority concentrated in Addis Ababa (UNHCR, 2025). Children and youth (0–24 years) make up approximately 65% of the refugee population (UNHCR, 2025b). Ethiopia shelters more than 41,000 unaccompanied and separated minors, which represents the largest number globally, with a significant proportion of these refugees having fled the ongoing conflict in South Sudan and travelling hundreds of kilometres alone in search of safety (UNHCR, *Fleeing Unaccompanied*).

Ethiopia has shown a strong commitment to the rights and protection of refugees by signing several key international agreements. In 2004, the country enacted a national Refugee Proclamation, which aligns with international and regional refugee conventions to which Ethiopia is a signatory. These include the 1951 Convention Relating to the Status of Refugees, its 1967 Protocol, and the 1969 Organization of African Unity Convention on Refugees (Global Compact on Refugees).

Ethiopia was one of the first countries to initiate the implementation of the Comprehensive Refugee Response Framework (CRRF) in 2017, later aligning with the Global Compact on Refugees in 2018 (UNHCR, 2018). Through its adoption of the CRRF, Ethiopia has committed to implementing more inclusive policies that promote refugee self-reliance, expand access to education and livelihoods, and integrate refugees into national development plans. In practice, Ethiopia introduced the Refugee Proclamation (Number 1110/2019), which is considered one of the most progressive refugee laws in Africa. This legislation grants refugees the

right to work, access primary education, obtain a driver's license, and register vital life events such as births and marriages (Federal Democratic Republic of Ethiopia, 2019a). Under the Global Compact on Refugees, Ethiopia is recognized as a leading country in piloting comprehensive refugee responses and has made ambitious pledges to enhance refugee integration. These include expanding local integration opportunities and strengthening protections for women and children. These efforts reflect Ethiopia's shift from a traditional care-and-maintenance model to a development-oriented approach for managing displacement, setting a significant regional precedent for other refugee-hosting nations (Federal Democratic Republic of Ethiopia, 2019a; UNHCR, 2018).

1.4 VIOLENCE AGAINST CHILDREN AND YOUTH IN ETHIOPIA

Ethiopia conducted a national VACS covering five major regions in 2022. The national VACS showed that about one in 11 females (8.9%) and 2.6% of males aged 13–24 experienced sexual violence before age 18; about one in three females (34.4%) and nearly half of males (49.1%) experienced physical violence before age 18; and about one in two females (49.3%) and more than one in two males (56.4%) aged 13–24 experienced any type of violence during their lifetime (Ethiopian Statistical Service, Ministry of Women and Social Affairs, Ministry of Health, ICAP at Columbia University, and the Centers for Disease Control and Prevention, 2024).

Like other national VACS, the survey excluded children living in institutions, in residential care, in justice systems, on the streets, or in humanitarian settings. Prior to the VACS, Ethiopia lacked a nationally representative survey specifically focused on violence experienced by children and youth; as a result, critical national evidence on violence against children had to be extrapolated from related but limited datasets.

The 2016 Ethiopia Demographic and Health Survey (EDHS) introduced a domestic violence module for the first time, based on UNICEF's Multiple Indicator

Cluster Survey Child Discipline Module. However, this module was limited to women aged 15–49 years, excluding younger adolescents and males. The survey revealed that nearly one in four girls and women had experienced physical violence since the age of 15, with 10% reporting having experienced sexual violence. Help-seeking behaviour was notably limited, with only 25% of those who experienced physical or sexual violence reporting that they had sought assistance. Additionally, 66% of respondents neither sought help nor disclosed the violence to anyone (CSA and ICF, 2016; Federal Democratic Republic of Ethiopia, 2019c). Notably, the 2016 EDHS did not provide information on violence experienced by boys, as the survey focused primarily on girls and women.

The legal framework for child protection in Ethiopia comprises international and regional human rights instruments ratified by the country, the Federal Democratic Republic of Ethiopia Constitution, and various subsidiary laws. Article 36 of the 1995 Constitution of Ethiopia guarantees every child the right to life, dignity, education, and protection from exploitative labour and harmful practices (Federal Democratic Republic of Ethiopia, 1995). The Revised Family Code of 2000 established the minimum legal age of marriage at 18, with the aim of preventing early and forced marriages, which are closely associated with an increased risk of gender-based violence (Federal Democratic Republic of Ethiopia, 2000). Ethiopia also ratified the United Nations Convention on the Rights of the Child on 09 December 1991 (United Nations, 1995), and the African Charter on the Rights and Welfare of the Child in 2002 (African Union, 1999), thereby committing to uphold children's rights to protection, development, and participation.

In addition to these international commitments, domestic initiatives have further reinforced child protection. The National Child Policy, launched in 2017, designated ending violence against children as a national priority (Federal Democratic Republic of Ethiopia, 2022). The National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting (2020–2024) outlines specific actions and targets aimed at eliminating harmful

traditional practices, particularly those affecting girls (Federal Democratic Republic of Ethiopia, 2019b). Furthermore, legislative measures such as the Trafficking in Persons Proclamation No. 909/2015 have strengthened protections for children against exploitation and abuse (Federal Democratic Republic of Ethiopia, 2020).

Together, these legal reforms and international commitments reflect Ethiopia's continued efforts to create a safer environment for children, despite the ongoing challenge of addressing gaps in national violence-specific data.

1.5 LEADERSHIP AND KEY PARTNERS FOR HVACS

The Ethiopia HVACS was implemented through a collaborative partnership involving the Baobab RPC; the Government of Ethiopia's Refugees and Returnees Service; the United Nations High Commissioner for Refugees (UNHCR) Regional Bureau for the East, Horn of Africa, and Great Lakes Region; as well as UNHCR Ethiopia and its implementing partners, including the International Rescue Committee, the Ethiopian Orthodox Church Development Inter-Church Aid Commission, and the Rehabilitation and Development Organisation.

The Baobab RPC, consisting of the Population Council Inc., Population Council Kenya, and African Population and Health Research Center (APHRC), served as the technical lead for the survey. Field implementation activities were managed by the Baobab RPC in collaboration with the Ethiopian government's Refugees and Returnees Service and UNHCR's implementing partners.

Technical guidance for the planning and execution of the survey was provided by the CDC in Atlanta, Georgia, and Together for Girls (TfG). The CDC developed the original study protocols, tools, and training materials, which were adapted for the Ethiopia HVACS. TfG is a global partnership that brings together national governments, UN agencies, and private sector organizations to address violence against children and youth, with a particular focus on violence against women and girls. Founded in

2009 following the pioneering VACS conducted in Eswatini (formerly Swaziland), the TfG partnership has since expanded to multiple countries. TfG's vision is a world where every child, adolescent, and young person is safe, protected, and thriving; it supports countries in research, policy responses, programming, and advocacy to achieve this vision.

In 2015, the Global Partnership to End Violence Against Children (End Violence) was formed to unite major stakeholders in the effort to prevent and respond to violence against children and

youth worldwide. This public-private partnership includes governments, UN agencies, international organizations, civil society groups, faith-based organizations, the private sector, philanthropic foundations, researchers, and children themselves. Key partners include the Pan American Health Organization/WHO, the CDC, President's Emergency Plan for AIDS Relief (PEPFAR), TfG, UNICEF, the United Nations Office on Drugs and Crime, the United States Agency for International Development (USAID), and the World Bank.



SECTION 2: Methods

The 2024 Ethiopia HVACS was a cross-sectional household-based survey of youth aged 13–24. The survey was designed to produce representative estimates of experiences of physical, sexual, and emotional violence in childhood among children and young adults from 20 of 23 refugee camps in Ethiopia. The data were analysed to provide: (1) the prevalence of violence against children/ violence experienced in childhood (physical, sexual, and emotional), defined as violence occurring before age 18 among 18- to 24-year-olds, and (2) the prevalence of violence in the past 12 months among adolescents (ages 13–17) and young adults (ages 18–24).

2.1. STUDY DESIGN AND SAMPLING

To obtain a representative sample of households in refugee camps in Ethiopia, the HVACS used the administrative units as defined and maintained by the RRS and UNHCR Ethiopia. The survey was a representative cross-sectional survey of non-institutionalised females and males aged 13–24 living in refugee camps in the country. The survey used a three-stage cluster sampling design. Separate zones, as defined by RRS and UNHCR Ethiopia, were randomly selected for females and males. In the first stage, 82 zones (41 female zones and 41 male zones) were randomly sampled from the 158 zones provided by RRS and UNHCR Ethiopia. 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. In the third stage, one eligible 13- to 24-year-old participant was selected. Additional design and sampling details are included in Appendix C: Supplementary Sampling Methods.

The Ethiopia HVACS used a split-sample approach,

such that the survey for females was conducted in different communities than the survey for males. This approach was to protect the confidentiality of participants by eliminating the chance that opposite sex perpetrators and survivors would be interviewed in the same community, discover the purpose of the study, and possibly retaliate against participants.

2.2. SURVEY QUESTIONNAIRE

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, the CDC, and the International Rescue Committee, along with other partners (Chiang et al., 2020). The head of household questionnaire assessed the socioeconomic conditions of the household and basic demographic information. The participant questionnaire covered the following topics: demographics; parental relationships; education; general connectedness to family, friends, and community; endorsement of traditional gender norms; perceptions of safety; witnessing of violence in the home or community; sexual history and risk-taking behaviour; experiences of physical, sexual, and emotional violence; violence perpetration; pregnancy; health outcomes and risk behaviours; violence disclosure, service seeking, and utilisation of services; and HIV/AIDS service history. In addition, the questionnaire included questions on whether each type of violence experienced (sexual, physical, or emotional) occurred before or after arriving in the refugee camp, and knowledge and experience of female genital mutilation as well as disability status based on indicators developed by the Washington Group on Disability Statistics (2022). The questionnaire has extensive skip patterns to improve accuracy and ask relevant follow-up questions to participants based on their

prior answers to stem questions. This approach served to minimise the amount of time participants had to give for the survey.

All participants were asked about ever experiencing VAC/violence in childhood in addition to experiences of violence in the past 12 months. However, for analysis purposes, prevalence estimates of VAC were based on responses from participants aged 18 to 24 reporting on their experiences prior to age 18, whereas the estimates of current VAC were based on responses from both participants aged 13–17 and 18–24 years reporting on experiences occurring in the 12 months preceding the survey. This allowed for the examination of current patterns and contexts of VAC in refugee settings in Ethiopia.

2.3. ELIGIBILITY CRITERIA

Households were included if there was at least one eligible member of the household who was aged 13–24. Males and females younger than 13 years were excluded because they may not have the maturity to answer some of the complex survey questions. Males and females older than 24 years were also excluded because of a desire to focus on understanding violence against children and youth and the fact that the ability to accurately recall events in the past related to childhood experiences is diminished with the passing of time.

Inclusion criteria for this study included males and females 13–24 years of age who resided in selected households in refugee camps in Ethiopia and spoke one of the following languages: English, Amharic, Arabic (Juba Arabic), Anuak (Anywaa), Nuer, Somali, Tigrinya, and Afar. Persons who did not have the capacity to understand and/or respond to the survey questions due to cognitive impairment or significant physical disability (e.g., severe hearing or speech impairment) were ineligible to participate. Persons living or residing in hospitals, prisons, nursing homes, and other similar institutions were not included in the survey because the HVACS was a household-based survey.

2.4. DATA COLLECTION

Data collection was done electronically using the Open Data Kit programme installed on data collection tablets running on the Android operating system. Data collection was conducted by trained interviewers in face-to-face computer-assisted personal interviews with selected eligible participants using a structured questionnaire. Before data collection began, a field pre-test was conducted. To ensure privacy during the study, interviewers were trained to ensure that interviews were conducted in safe and secure locations to maximise disclosure and ensure confidentiality. If a participant's privacy could not be ensured, interviewers were instructed to reschedule the interview. The initial visit record form of the survey tool had a section that allowed the survey team to track incomplete interviews as well as interviews that needed to be rescheduled. Field teams were trained to make three attempts to reach every sampled household. Data collection was conducted between December 2023 and April 2024.

2.5. ETHICAL CONSIDERATIONS

The Ethiopia HVACS adhered to WHO recommendations on ethics and safety in studies of violence against women (WHO, 2001). The survey protocol was independently reviewed and approved by the Ethiopia Public Health Association and the Population Council institutional review boards to ensure appropriate protections for the rights and welfare of human research participants. The Ethiopia RRS provided administrative authorisation to enter the camps.

2.5.1. REFERRALS

The study envisaged the possibility that during interviews, some participants could recall frightening, humiliating, or painful experiences that could elicit a strong emotional response. Participants could also have recently experienced violence and desired immediate assistance or counselling. Therefore, to respond to the needs of participants, the study team identified UNHCR implementing partners in charge of child protection and gender-

based violence service provision in each camp, 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 community services offered by government and non-governmental humanitarian agency services in each camp, along with the contact information of the focal points concerned. A deliberate effort was made to include a range of available services in various sectors to ensure that the directories were not seen as referral information for violence. This strategy was geared toward ensuring that the focus of the study was known only to the participant. Interviewers were trained to highlight VAC-related services in the directory for participants at the end of the interview. For more details regarding the response plan, see Appendix B.

2.5.2. SURVEY INFORMED CONSENT

The first step in the informed consent process was to seek consent from the head of household for



their own participation in answering the household questionnaire. Next, for selected eligible participants younger than 18 years, the parent or guardian provided consent for their dependent to participate. Participants aged 18 or older, emancipated persons under age 18, and minors who were married provided their own consent to participate in the survey. For minors who were dependents, after the parent or guardian provided consent, the participant was then asked for their assent to participate.

To ensure safety and confidentiality of both participants and interviewers, when seeking consent from the head of household and/or parents or guardians, the survey was introduced as “an opportunity to learn more about young people’s health, educational, and life experiences” to avoid potential risk of negative consequences to survey participants if other household members heard about the full, sensitive content of the survey. This is consistent with WHO ethical and safety recommendations regarding obtaining informed consent for participation in surveys that contain questions on domestic violence to define those surveys in terms other than violence (WHO, 2001).

During the consent/assent process, participants were informed that their participation in the survey was voluntary, that information provided was confidential and anonymous, and that if they chose to participate, questions about their sexual activity and their experiences with physical, sexual, and emotional violence would be asked. They were also informed that they could skip any question they did not feel comfortable answering or end their participation at any time and for any reason. At the conclusion of the consent process, an informed consent statement was read to each participant, and they indicated verbal consent, which was documented in the tablets by the interviewer. Verbal consent was considered the best approach to ensure wide participation by allowing illiterate participants the opportunity to participate and to avoid collecting signatures that could be identified, given the sensitive nature of the study.

2.6. RESPONSE RATES AND DATA ANALYSIS

Given the split-sample design of the 2024 Ethiopia HVACS, response rates, including household response rates, are tabulated separately for males and females. The overall response rate for females was 73.7%; response rate at the household level was 82.8%, and the individual response rate was 89.0%. For males, the overall response rate was 69.9%; the household response rate was 76.1%, and the individual response rate was 91.8%. In the female sample, 4,673 households were surveyed, and 1,937 females completed the individual questionnaire. For the male sample, 3,722 households were surveyed, and 1,536 males completed the individual questionnaire.

Response rate (%)			
	Household Response Rate	Individual Response Rate	Overall Response Rate
Males 	76.1	91.8	69.9
Females 	82.8	89.0	73.7

Data were analysed separately for participants aged 13–17 and 18–24 years, given differences in how VAC/violence experienced in childhood was defined in these two age groups. Data from 13- to 17-year-olds generated estimates for the prevalence of violence experienced in the past 12 months among adolescents (i.e., VAC). Data from 18- to 24-year-olds generated estimates of prevalence of violence experienced before age 18 (i.e., VAC) and in the past 12 months among young adults. Although the analyses distinguished results by sex and age group, all HVACS participants responded to the same questions, except questions about pregnancy and female genital mutilation, which applied only to females. Stata® statistical software (version 14.0) was used for data management and analysis to produce weighted point estimates and their associated standard errors. Sample weights were applied to all

results to yield estimates that are representative of the refugee camps. When calculating the estimates for measures included in this report, missing values were excluded from the analysis.

2.6.1. WEIGHTED PERCENTAGES

Sample weights were created and applied to each individual record to adjust for the probability of selection, differential nonresponse, and calibration to the population in the refugee camps.

2.6.2. DEFINITION OF UNRELIABLE ESTIMATES

Standard errors for point estimates were calculated using methods that take the complex survey design into account. Estimates were considered unreliable based on the corresponding Relative Standard Error (RSE), also commonly referred to as Coefficient of Variation. RSE is calculated by dividing the standard error by the estimate and then multiplying by 100. As such, the RSE is affected by the magnitude of the estimate (i.e., the percentage or proportion) and the sample size. If sample weights are computed, as in HVACS, then estimates are based on the weighted sample size.

In the present report, two RSE cutoffs were used to indicate degree of unreliability. Estimates with an RSE greater than 30% but not more than 50% were considered moderately unreliable and marked with one asterisk, with the warning in the footnote that the result should be interpreted with caution. These results were included in the tables but not discussed in the results section. Estimates with an RSE greater than 50% were considered unreliable and were suppressed. When the prevalence of an item is zero percent (0.0%), those results are denoted as <0.1 in the tables and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero.

2.6.3. TECHNICAL NOTE TO THE READER

For all point estimates, 95% confidence intervals (CI) were calculated. The 95% CI is a statistical measure that indicates how confident we can be in our point estimates, within a specified margin of error.

The CIs are calculated as the Z-score for a normal distribution containing 95% of the values (1.96) multiplied by the standard error of the prevalence estimate. Smaller CIs mean that the estimates are more precise, whereas wider CIs indicate more variation in the sample data.

The range of the 95% CI indicates that, for 95 of 100 samples completed in the same way as the HVACS, the true population prevalence of violence will lie between the upper and lower CI values. For example, if the expected prevalence of sexual violence in childhood in refugee camps in Ethiopia was 30%, with a CI of 26% to 34%, this would mean that if we could survey all youth in the refugee camps, between 26% and 34% would report having experienced sexual violence in childhood.

2.6.4. DIFFERENCES BETWEEN ESTIMATES

To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, the 95% CI for point estimates 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 were considered statistically different and not due to random chance.



SECTION 3: Background characteristics of youth

This section presents selected background characteristics of youth in refugee camps in Ethiopia by age, sex, education, orphan status, work experience, marital status, and sexual activity. Orphanhood is defined as the loss of one (single orphan) or both (double orphan) parents before age 18. “Married” refers to those who were ever married or ever lived with someone as if married, otherwise known as cohabitation.

3.1. CHARACTERISTICS OF 18- TO 24-YEAR-OLDS

Tables 3.1.1. through 3.1.3 (see Appendix A) include background characteristics of 18- to 24-year-olds. Among females, 30.4% had never attended school, 17.6% had attended but not completed primary school, 22.9% had completed primary school, 20.2% had completed or were attending secondary school, and 8.6% attended higher than secondary school. Among males, 10.6% had never attended school, 27.5% completed primary school, 33.6% had completed or were attending secondary school, and 7.1% attended higher than secondary school. About one in six females (16.8%) and one in five males (19.7%) lost one parent before age 18. More males (41.2%) than females (18.7%) had worked for money or other payment within the past 12 months (Figure 3.1). This difference was statistically significant. In terms of location of work, 64.6% of females earned money inside the camp and 35.4% earned their money outside the camp. Among males, 49.9% earned their money inside the camp and 48.6% earned their money outside the camp (Table 3.1.2).

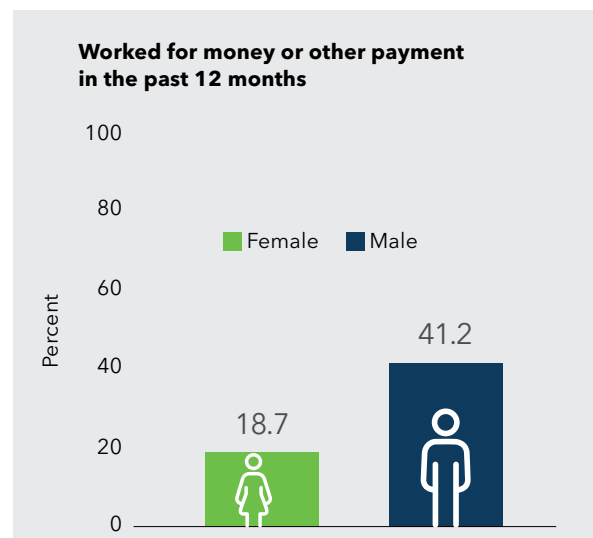


Figure 3.1. Percentage of 18- to 24-year-olds who worked for money or other payment in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Females were three times (58.2%) more likely than males (17.8%) to have ever been married or lived with someone as if married (Figure 3.2). This difference was statistically significant. A third of females (33.2%) were married or lived with someone as if married before the age of 18. Nearly seven in 10 females (69.6%) and six in 10 males (59.5%) had ever had sex. The median age of first sex among those who had ever had sex was 17 years for females and 18 years for males. Among females, 47.1% of respondents

were from South Sudan, 38.8% from Somalia, 4.2% from Sudan, and 8.9% from Eritrea. Among males, 48.5% were from South Sudan, 34.1% from Somalia, 8.5% from Sudan, and 7.9% from Eritrea.

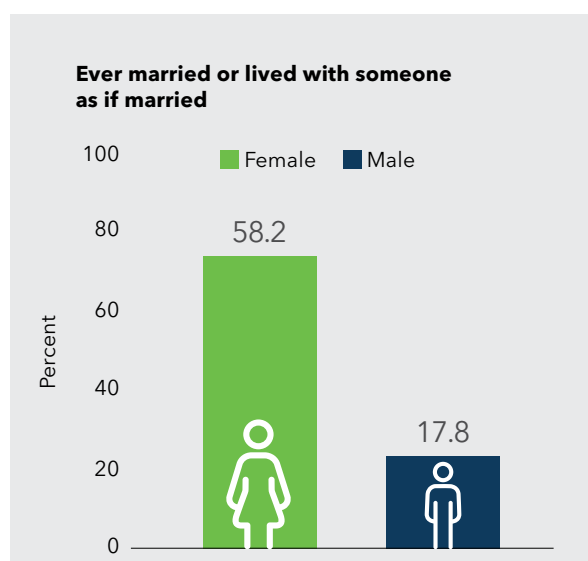


Figure 3.2. Percentage of 18- to 24-year-olds who had ever been married or lived with someone as if married – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

About one in seven females (14.3%) and males (16.3%) had a form of disability (Table 3.1.3; see Appendix A). Among females, 5.7% had serious difficulty seeing even when wearing glasses; 7.9% had serious difficulty concentrating, remembering, or making decisions; 4.6% had serious difficulty walking or climbing stairs; 3.3% had difficulty dressing or bathing; 6.6% had difficulty doing errands alone; and 3.5% had difficulty communicating. Among males, 7.9% had serious difficulty seeing even when wearing glasses; 8.8% had serious difficulty concentrating, remembering, or making decisions; 8.0% had serious difficulty walking or climbing stairs; 7.4% had difficulty dressing or bathing; 8.6%

had difficulty doing errands alone; and 5.8% had difficulty communicating.

3.2. CHARACTERISTICS OF 13- TO 17-YEAR-OLDS

Tables 3.2.1. through 3.2.3 (see Appendix A) present background characteristics of 13- to 17-year-olds. Among females, 13.3% had never attended school, 73.7% had complete primary education or less, and 13.0% had some secondary education or more. Among males, 13.5% had never attended school, 69.2% completed primary education or less, and 17.3% had some secondary education or more. Nearly eight in 10 females (76.7%) and males (86.3%) were currently enrolled in school.

One in five females (21.1%) and males (21.9%) had lost one parent. A higher proportion of males (26.9%) than females (6.3%) had worked for money or other payment within the past 12 months. In terms of location of work, 52.6% of females who had worked in the past year earned their money inside the camp and 47.4% earned their money outside the camp (Table 3.2.2). Among males, 68.3% earned their money inside the camp and 31.7% earned their money outside the camp.

Only 10.3% of females and 3.2% of males had ever been married or lived with someone as if married. Eighteen percent of males and 16.7% of females had ever had sex. The median age of first sex among those who had ever had sex was 15 years for females and males. Among females, 55.7% of respondents were from South Sudan, 32.6% from Somalia, 2.1% from Sudan, and 8.5% from Eritrea. Among males, 53.3% were from South Sudan, 29.3% from Somalia, 6.9% from Sudan, and 8.8% from Eritrea.

About one in seven females (14.9%) and one in eight males (12.9%) had a form of disability (see

Table 3.1.3 in Appendix A). Among females, 4.5% had serious difficulty seeing even when wearing glasses; 9.0% had serious difficulty concentrating, remembering, or making decisions; 5.2% had serious difficulty walking or climbing stairs; 5.4% had difficulty dressing or bathing; 7.0% had difficulty doing errands alone; and 3.6% had difficulty communicating. Among males, 2.8%

had serious difficulty seeing even when wearing glasses; 7.2% had serious difficulty concentrating, remembering, or making decisions; 6.3% had serious difficulty walking or climbing stairs; 4.5% had difficulty dressing or bathing; 6.9% had difficulty doing errands alone; and 2.2% had difficulty communicating.



SECTION 4: Sexual violence

This section describes the prevalence, perpetrators, contexts in which sexual violence occurs as well as service knowledge and service utilization after experiences of sexual violence against children in refugee settings in Ethiopia. Four types of sexual violence were included: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

For each type of sexual violence, the perpetrator, context, and location of the first incident is reported among 18- to 24-year-olds. Due to the structure of the questionnaire where an 18- to 24-year-old might have reported multiple incidents of sexual violence throughout their lifetime, this allows us to focus on incidents that we know occurred in childhood. On the other hand, for 13- to 17-year-olds, the most recent incident is reported to provide the most current information about the experiences of adolescents. If a participant experienced multiple forms of sexual violence, such as unwanted sexual touching and unwanted attempted forced sex, she or he was asked about the perpetrator of the first and most recent incident of each form of violence. All findings presented are weighted proportions of those who experienced sexual violence in childhood (for those ages 18-24) or experienced sexual violence in the past 12 months (for those ages 13-17 and 18-24).



4.1. SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

The prevalence of childhood sexual violence (before age 18) is presented in this section. The prevalence of each of the four types of sexual violence is also described along with age at first experience of sexual violence and experiences of multiple incidents of sexual violence. Multiple incidents include more than one incident of sexual violence, whether the same type or different types. Prevalence of unwanted first sex, including physically forced or pressured sex at sexual debut, is also presented. In some instances, the number of reported sexual violence cases among females and males was too small to produce reliable estimates

for certain indicators, and therefore these results were not presented. Findings of sexual violence in childhood among 18- to 24-year-olds are presented in Tables 4.1.1 through 4.1.4, 4.1.7, and 4.1.8 (see Appendix A).

Sexual violence before age 18 was experienced by 13.9% of females and 2.2% of males (Figure 4.1). Among females, 7.0% experienced unwanted sexual touching, 9.4% experienced unwanted attempted sex, 10.4% experienced pressured sex, and 9.7% experienced physically forced sex in childhood (Figure 4.2). The estimates for males are not shown because they are not reliable, though the overall pattern aligns with that observed among females.

The prevalence of experiencing pressured or physically forced sex in childhood among females was 11.6% and among males was 1.3%. The prevalence of experiencing pressured or physically forced sex at first sexual experience among females was 7.8% and less than 0.1% among males.

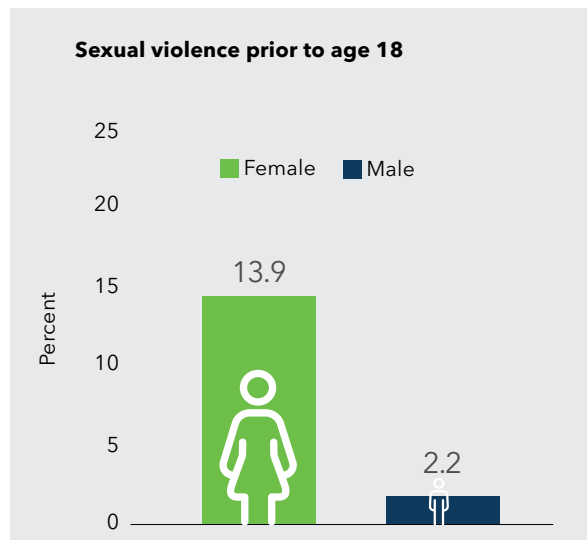


Figure 4.1. Prevalence of sexual violence prior to age 18 among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

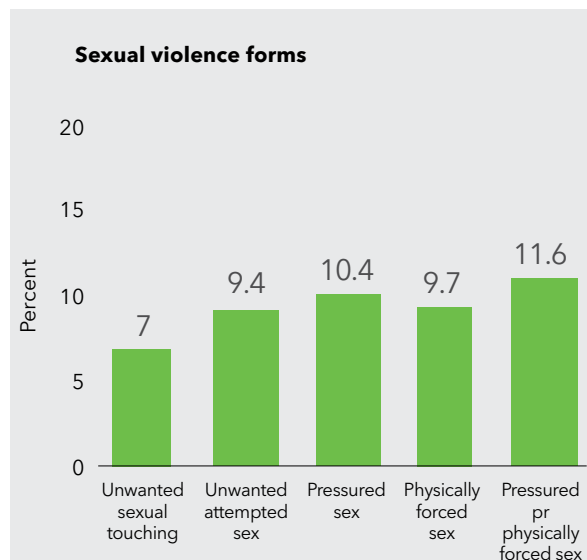


Figure 4.2. Prevalence of different types of sexual violence experienced prior to age 18 among 18- to 24-year-old females - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Among those who experienced any sexual violence in childhood, 38.9% of females experienced the first incident at age 13 or younger, 19.8% between ages 14 and 15, and 41.3% between ages 16 and 17. The estimates for males are not shown because they are not reliable, though the overall pattern aligns with that observed among females.

Among females who experienced pressured or physically forced sex in childhood, about half (40.7%) experienced the first incident at age 13 or younger, 14.6% between ages 14 and 15, and 25.4% between ages 16 and 17. The estimates for males are not presented as the results are not reliable.

Among females who experienced sexual violence in childhood, nearly three in four (76.4%) experienced multiple incidents before age 18. Among males who experienced sexual violence in childhood, 50.2% experienced multiple incidents before age 18.

4.1.1. PERPETRATORS OF THE FIRST INCIDENTS OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Among females, the most common perpetrator of the first incident of any sexual violence in childhood was a current or previous spouse, boyfriend, girlfriend, or romantic partner (69.8%), followed by other (13.5%) and authority figure (9.7%; Figure 4.3). The estimate for perpetrators of male sexual violence is unreliable and is not presented here.

Among females, the most common perpetrator of the first incident of pressured or physically forced sexual violence in childhood was a current or previous spouse, boyfriend, girlfriend, or romantic partner (89.1%), followed by other (6.4%) and authority figure (1.7%). The estimate for perpetrators of the first incident of male sexual violence is unreliable and is not presented here.

Among females ages 18-24 who experienced any sexual violence in childhood, 18.8% indicated that the perpetrator of the first incident was at least five years older. Additionally, 64.7% of females who experienced pressured or physically forced sex before age 18 indicated that the perpetrator of the

first incident was at least five years older.

For three in four (76.2%) females ages 18-24 who experienced sexual violence in childhood, more than one perpetrator was involved in the first incident.



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



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

Figure 4.3. Perpetrators of the first incident of any sexual violence in childhood among 18- to 24-year-old females who experienced sexual violence before age 18 - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

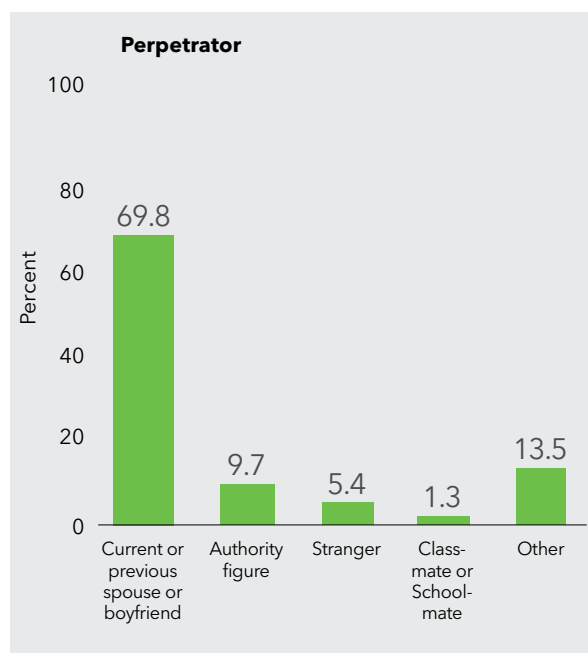


Figure 4.3. Perpetrators of the first incident of any sexual violence in childhood among 18- to 24-year-old females who experienced sexual violence before age 18 - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

4.1.2. CONTEXTS OF THE FIRST INCIDENTS OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

The most common location of the first incident of sexual violence in childhood for females was the respondent's home (39.1%), followed by outside location (23.3%) and perpetrator's home (21.8%). Among females who experienced sexual violence in childhood, 15.6% of the first incidents occurred in the morning, 26.4% in the afternoon, 37.2% in the evening, and 20.8% late at night. Among females who experienced the first incident of sexual violence in childhood, 67.7% experienced the violence before arriving in the camp and 32.3% after arriving in the camp. The estimates for males are not shown because they are not reliable.

4.1.3. DISCLOSURE, SERVICE SEEKING, AND RECEIPT OF SERVICES FOR SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Among those who experienced any sexual violence in childhood, 50.0% of females told someone about their experience (Figure 4.4). Among those who experienced any sexual violence in childhood, 19.4% of males told someone about their experience. Females most commonly disclosed to a relative (72.5%) or a friend or neighbour (22.7%) (Table 4.1.8; see Appendix A). The estimates for males are not shown because they are not reliable, though the overall pattern aligns with that observed among females.

Just over one in four females (27.9%) and about two in three males (62.2%) who experienced sexual violence in childhood knew of a place to go for help. One in four females (24.1%) who experienced childhood sexual violence sought help for any incident of sexual violence, and 22.2% received help. Among males, 39.2% sought help and only 3.2% received help.

Among those who experienced any incident of pressured or physically forced sex, 46.9% of females and only 3.2% of males told someone about the experience. About one in four (27.9%) of females knew of a place to seek help, 23.9% sought help, and 22.0% received help. Among males, 62.2% knew of a place to seek help, only 3.9% sought help, and 3.9% received help.

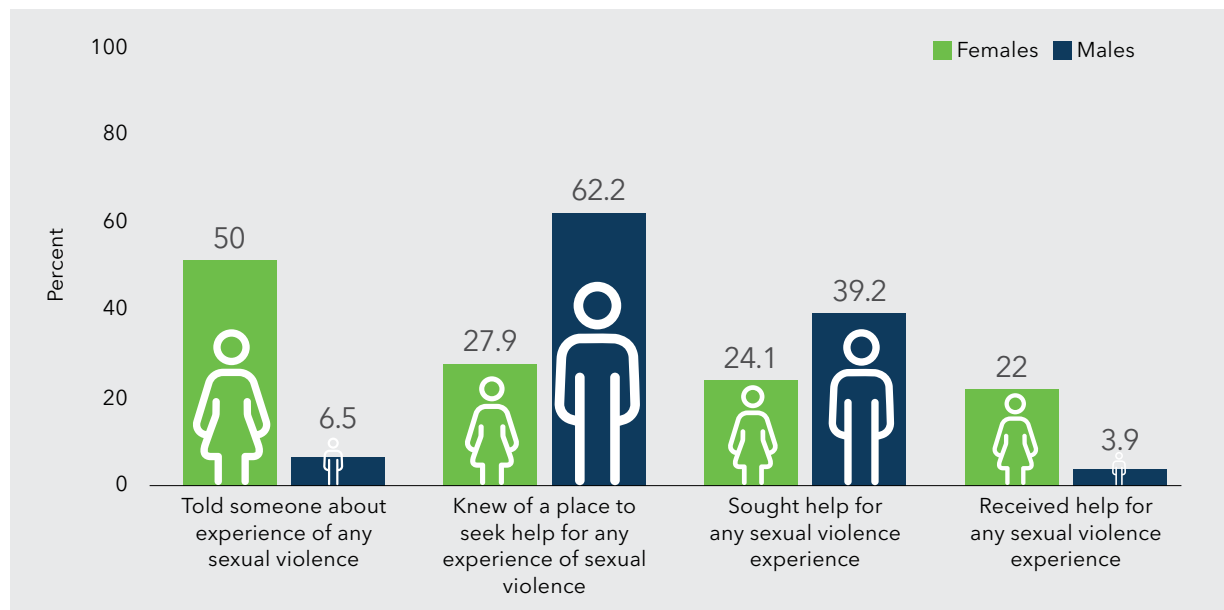


Figure 4.4. Disclosure, service seeking, and receipt of help for any incident of sexual violence among 18- to 24-year-olds who experienced sexual violence in childhood – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024



4.2. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

This section describes the prevalence, perpetrators, and service seeking for sexual and physical violence experienced by young adults aged 18- to 24-year-olds in the past 12 months. The overall prevalence of sexual violence in the past 12 months among young adults is presented. The prevalence of each of the four types of sexual violence is also described.

Findings related to sexual violence in the past 12 months among 18- to 24-year-olds are provided in Tables 4.1.5 and 4.1.6 (see Appendix A). In the

12 months before the survey, 9.4% of females and 5.1% of males experienced sexual violence. Among females, 4.8% experienced unwanted sexual touching, 5.8% experienced unwanted attempted sex, 5.2% experienced pressured sex, and 6.2% experienced physically forced sex (Figure 4.5). Among males, 3.5% experienced unwanted sexual touching, 2.7% experienced unwanted attempted sex, 1.0% experienced pressured sex, and 2.3% experienced physically forced sex in the past 12 months.

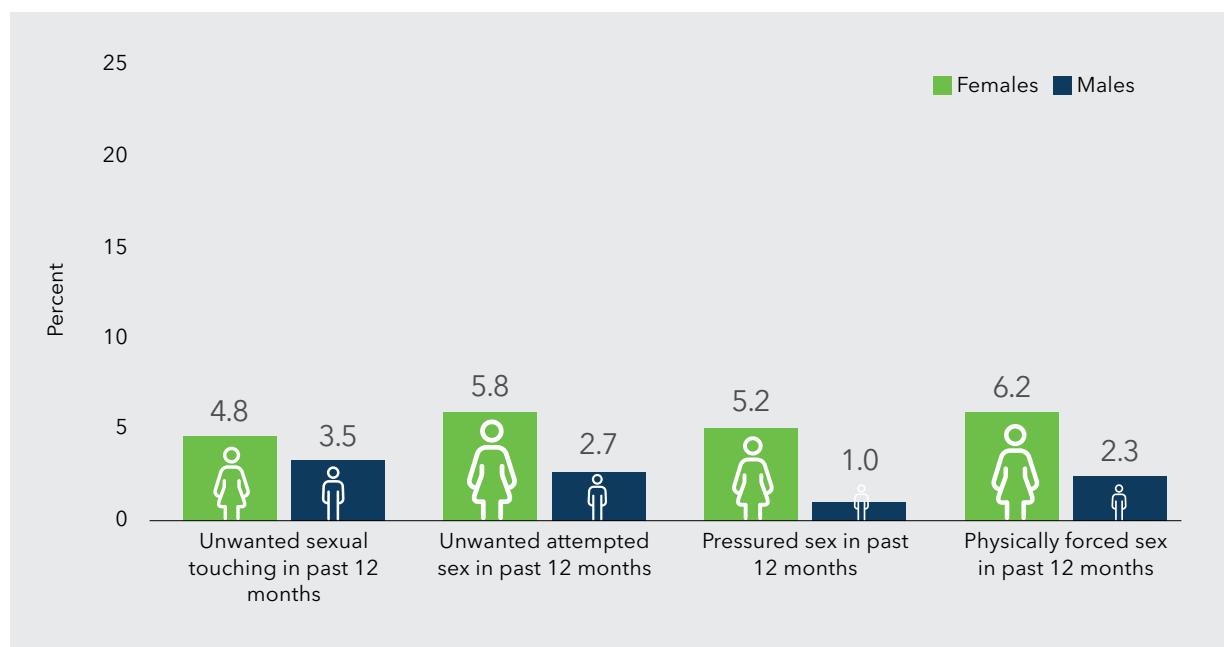


Figure 4.5. Prevalence of different types of sexual violence in the past 12 months among 18-to 24-year-old females and males - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

The most common perpetrators of sexual violence against females in the past 12 months were a current or previous spouse, boyfriend/girlfriend, or romantic partner (74.6%), followed by neighbour (6.7%), friend (5.1%), and stranger (4.9%) (Figure 4.6). All perpetrators of the most recent incident of sexual violence among females were males. The most common perpetrators of the most recent incidents of sexual violence experienced by males in the past 12 months were stranger (30.6%) followed by a

neighbour (20.5%) and current or previous spouse, boyfriend/girlfriend, or romantic partner (20.4%). All perpetrators of the most recent incident of sexual violence among males were females.

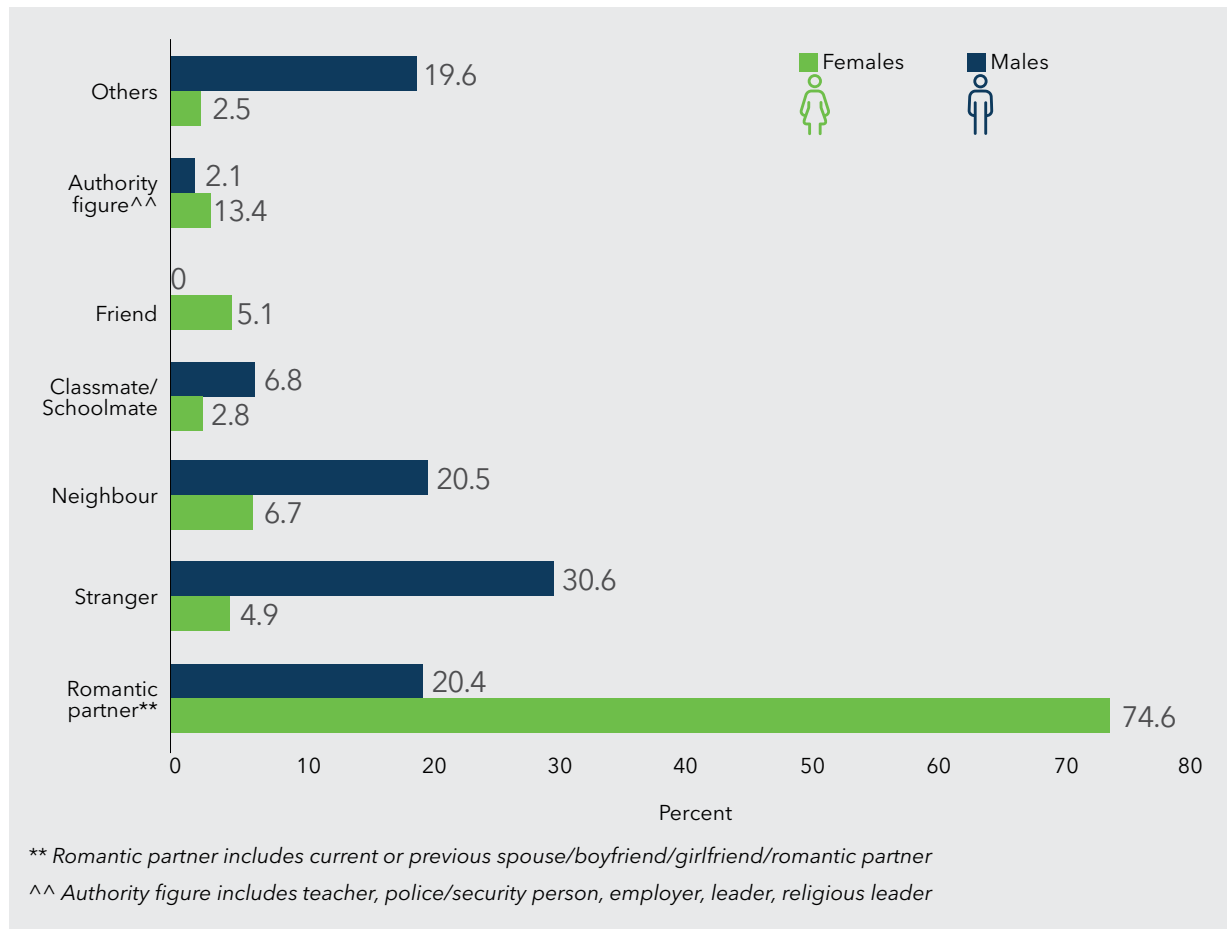


Figure 4.6. Perpetrators of the most recent incident of sexual violence among 18- to 24-year-old females and males who experienced sexual violence in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Among females, the perpetrator of the most recent incident of pressured or physically forced sex in the past 12 months was a current or previous spouse/boyfriend/girlfriend or romantic partner (72.3%), and others group (22.4%). Among males, the perpetrator of the most recent incident of pressured or physically forced sex in the past 12 months was a current or previous spouse/boyfriend/girlfriend or romantic partner (21.7%) and others group (71.0%).

Two in five (39.5%) 18- to 24-year-old females who experienced any sexual violence in the past 12 months reported that the perpetrators of the most recent incidents were at least five years older than them. Among males, 1.2% who experienced any

sexual violence in the past 12 months reported that the perpetrators of the most recent incidents were at least five years older than them.

Transactional sex was defined as having sex with a person mainly to get things that respondents needed or wanted, such as money, gifts, or other things that are important to them. Among 18- to 24-year-olds who had ever had sex, 4.1% of females and 1.2% of males engaged in transactional sex in the past 12 months.

4.3. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Findings of sexual violence in childhood among 13- to 17-year-olds are presented in Tables 4.2.1 through 4.2.5 (see Appendix A). In the past year, 4.4% of females and 3.8% of males ages 13-17 experienced sexual violence (Figure 4.7). Among females, 2.4% experienced unwanted sexual touching, 2.9% experienced unwanted attempted sex, 2.1% experienced pressured sex, and 2.8% experienced physically forced sex. Among males, 1.3% experienced unwanted sexual touching, 2.7% experienced unwanted attempted sex, 0.1% experienced pressured sex, and 0.1% experienced physically forced sex. About 3% (2.9%) of females and 0.2% of males experienced pressured or physically forced sex.

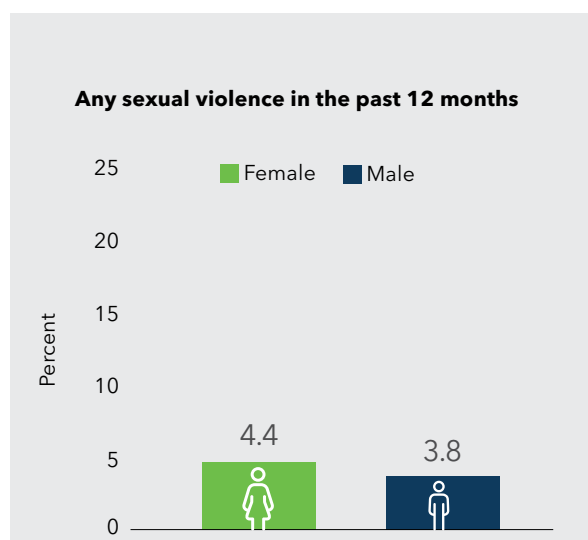


Figure 4.7. Prevalence of any sexual violence in the past 12 months among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Among 13- to 17-year-old females who had had sex, 1.5% engaged in transactional sex in the past 12 months. About 3% (2.9%) females who had had sex experienced pressured or physically forced sex at their first sexual experience. Among males who had had sex, none reported experiencing pressured or physically forced sex at their first sexual experience.

4.3.1. PERPETRATORS OF THE MOST RECENT INCIDENTS OF SEXUAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS

Among females aged 13-17 years who experienced sexual violence in the past 12 months, the most common perpetrator of the most recent incident was current or previous spouse/boyfriend/girlfriend (61.6%), followed by neighbour (17.1%), stranger (6.5%), and family members (5.2%). All perpetrators of the most recent incident of sexual violence among females were males. Among males, the most common perpetrator of the most recent incident was other categories (54.6%), current or previous spouse/boyfriend/girlfriend (18.3%), friend (13.6%), stranger (8.6%), and neighbour (4.8%). All perpetrators of the most recent incident of sexual violence among males were females.

Among females aged 13-17 who experienced any sexual violence in the past 12 months, 41.7% reported that the perpetrator of the most recent incident was at least five years older than them. Among males aged 13-17 who experienced any sexual violence in the past 12 months, 1.3% reported that the perpetrator of the most recent incident was at least five years older than them.

4.3.2. CONTEXT OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS

Among 13- to 17-year-old females who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were an outside location (30.5%), followed by the respondent's home (29.3%). Among 13- to 17-year-old males who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were the respondent's home (67.1%), followed by other (29.6%). The most recent incident of sexual violence among 13- to 17-year-old females occurred in the evening (43.2%) or late night (26.3%). The most recent incident of sexual violence among 13- to 17-year-old males occurred in the evening (57.4%) or afternoon (24.2%).

4.3.3. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE SEEKING FOR SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

About half (53.8%) of 13- to 17-year-old females who experienced any incident of sexual violence in the past 12 months told someone about their experience (Figure 4.8). Females disclosed to a relative (79.1%) or a friend or neighbour (20.9%). About one in four 13- to 17-year-old females (22.0%) who experienced sexual violence in the past 12 months knew of a place to seek help (Figure 4.8), 26.3% sought help, and 20.7% received help.

About one-third (29.8%) of 13- to 17-year-old males who experienced any incident of sexual violence in the past 12 months told someone about their experience. About one in three 13- to 17-year-old males (32.9%) who experienced sexual violence in the past 12 months knew of a place to seek help.

Among females who experienced pressured or physically forced sex in the past 12 months, 23.7% knew of a place to seek help and 23.0% sought help. Nearly 50% (47%) of females told someone about experiencing pressured or physically forced sex in the past 12 months prior to the survey.

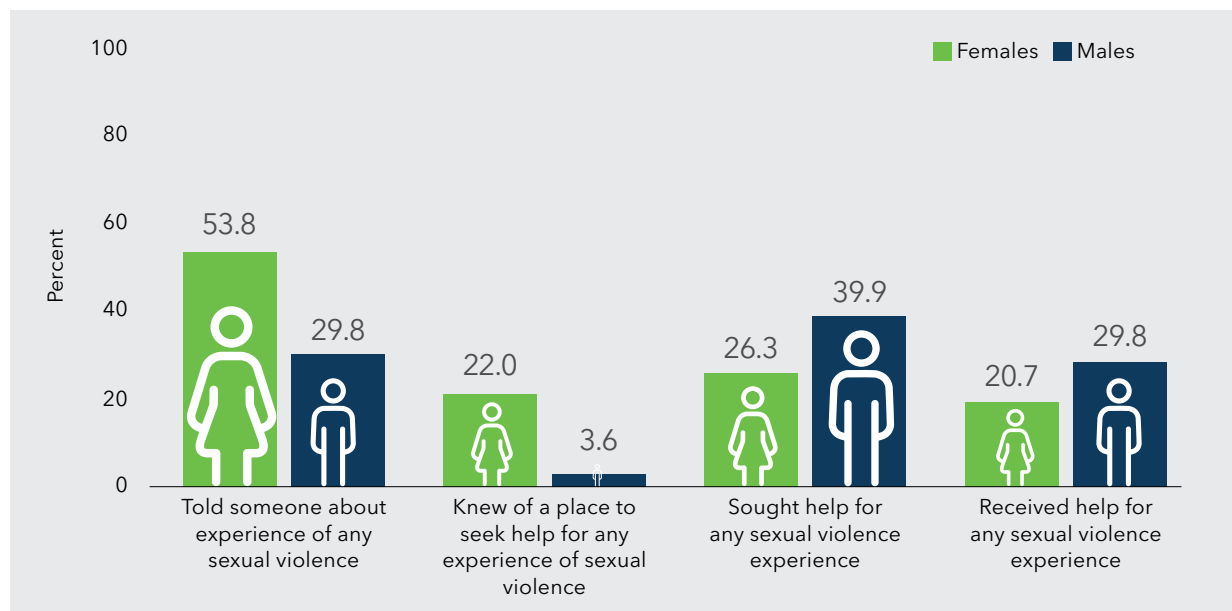


Figure 4.8. Disclosure, service seeking, and receipt of help for any incident of sexual violence among 13- to 17-year-old females who experienced sexual violence in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

SECTION 5: Physical violence

This section describes the magnitude and contexts of physical violence against children in refugee settings in Ethiopia. The perpetrators of physical violence in childhood, injuries received, disclosure of violence, and knowledge and utilisation of services are also described. Findings include the overall prevalence of physical violence in childhood (before age 18) for 18- to 24-year-olds and in the past 12 months for 13- to 17-year-olds.

Injuries from physical violence are also described. Such injuries include minor bruises, scrapes or scratches, black eyes or other eye injuries, gashes, deep wounds (e.g., from a knife, gun, or other object), broken bones or teeth, or burns.



5.1. PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Tables 5.1.1 and 5.1.3 through 5.1.5 (see Appendix A) include findings related to physical violence in childhood among 18- to 24-year-olds. A comparable proportion of males and females experienced physical violence prior to the age of 18 (24.4% in each case; Figure 5.1). One in four females (25.1%) and males (23.8%) experienced physical violence by a parent or other adult relative in childhood (Figure 5.2). Significantly more females experienced violence from an intimate partner in childhood than males (28.5% versus 15.8%). Significantly more males (31.8%) than females (23.5%) experienced physical violence from a peer in childhood. About one in 10 females (11.3%) and one in five males (22.0%) experienced physical violence in childhood by an adult from the community or neighbourhood.

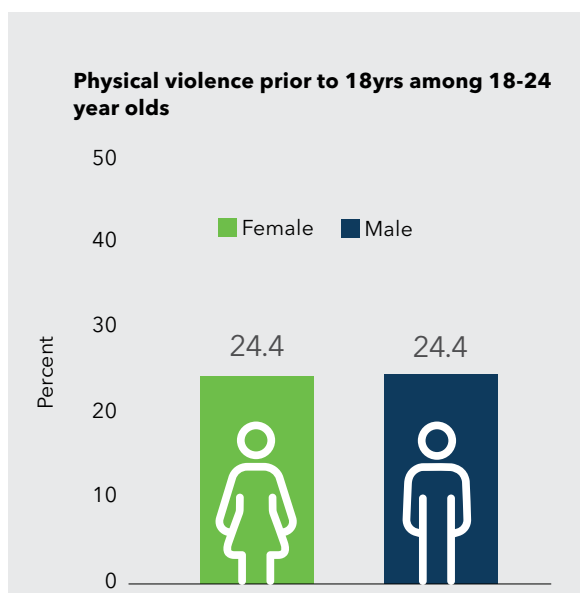


Figure 5.1. Prevalence of physical violence prior to age 18 among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

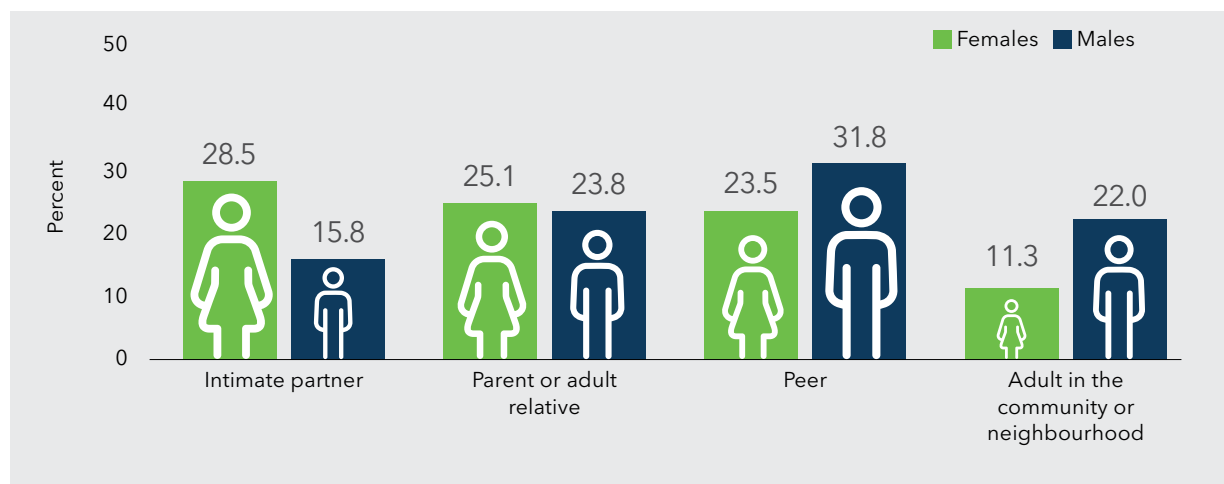


Figure 5.2. Prevalence of physical violence prior to age 18, by perpetrator among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Among 18- to 24-year-old females who experienced physical violence in childhood, nine in 10 (91.9%) indicated the first incident was at age 12-17, 5.8% at age 6-11, and 2.3% at age 5 or younger. Similarly, for 18- to 24-year-old males who experienced physical violence in childhood, the first incident occurred most at age 12-17 (86.2%), followed by age 6-11 (13.3%).

Three-quarters of 18- to 24-year-old females (74.7%) and 43.9% of 18- to 24-year-old males (43.9%) experienced their first incident of physical violence after arrival in the camp.

5.1.1. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE SEEKING FOR PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Among 18- to 24-year-olds who experienced physical violence in childhood, only one in five (21.5%) of females and 1.3% of males told someone about their experience. Among 18- to 24-year-old females who disclosed, the person they most commonly told was a relative (88.1%), followed by a friend or neighbour (29.1%) and a service provider or authority figure (6.2%). Among 18- to 24-year-old males who disclosed, the person they most commonly told was a relative (91.5%), followed by a friend or neighbour (45.3%) and a service provider

or authority figure (3.4%).

About one in five (20.4%) 18- to 24-year-old females and two in five males (39.9%) knew of a place to seek help for an experience of physical violence. About two in five females (42.3%) and more than a half (52.2%) of males sought help for any experience of physical violence. Nearly two in five females (39%) and 42.9% of males received help.

5.2. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Table 5.1.2 (see Appendix A) includes results of physical violence in the past 12 months among 18- to 24-year-olds. More than one in five females (21.2%) and one in four males (26.0%) experienced physical violence in the past 12 months.

5.3. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Tables 5.2.1 through 5.2.3 (see Appendix A) include results of physical violence in the past 12 months among 13- to 17-year-olds. One in four females (25.0%) and one in three males (31.9%) experienced physical violence in the past 12 months (Figure 5.3).

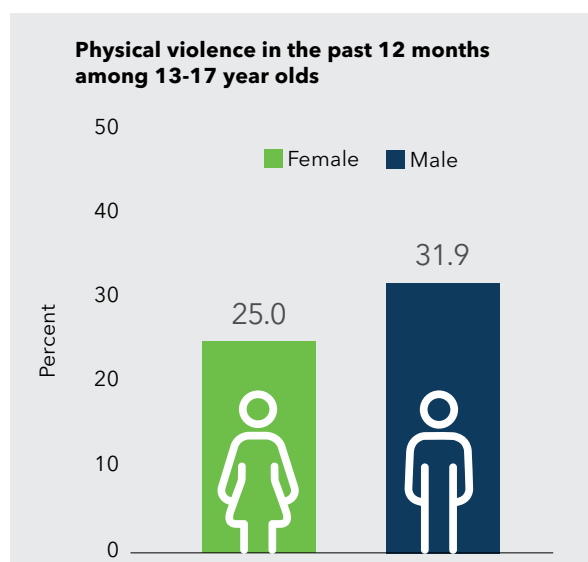


Figure 5.3. Prevalence of physical violence in the past 12 months among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Seven percent of 13- to 17-year-old females and 13.8% of males experienced physical violence by an adult in the neighbourhood or community in the past 12 months. Fifteen percent of females and one in four males (25.5%) experienced physical violence by a parent, caregiver, or adult relative in the past 12 months. Fourteen percent of females and nearly one in five males (22.4%) experienced violence by a peer in the past 12 months. One in 10 females (11.2%) and 14.4% of males experienced physical violence by an intimate partner in the past 12 months.

Among 13- to 17-year-old females who experienced physical violence in the past 12 months, about eight in 10 (79.9%) experienced the first incident between ages 12-17, 19.3% experienced the first incident between ages 6-11, and only 0.8% experienced the

first incident at age 5 or younger. For 13- to 17-year-old males who experienced any physical violence in the past 12 months, the most common age of the first incident of physical violence was 12-17 years (82.7%), followed by 6-11 years (16.3%) and age 5 or younger (1.0%).

5.3.1. INJURIES FROM PHYSICAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS

Among 13- to 17-year-olds who had experienced physical violence in the past 12 months, 68.3% of females and 75.8% of males were injured as a result of the violence (Figure 5.4). Among those who experienced physical violence by a parent, caregiver, or adult relative in the past 12 months, 61.6% of females experienced an injury, and 55.0% of males experienced an injury. Among those who experienced physical violence by an adult in the neighbourhood in the past 12 months, three-quarters of females (75.3%) and almost three in five males (60.8%) experienced injury. Among those who experienced peer physical violence in the past 12 months, more than two in three (69.7%) females and three-quarters of males (73.5%) experienced an injury.

Figure 5.4. Prevalence of experiencing physical harm or injury as a result of any physical violence among 13- to 17-year-olds who experienced any physical violence in the past 12 months, overall and by perpetrator – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

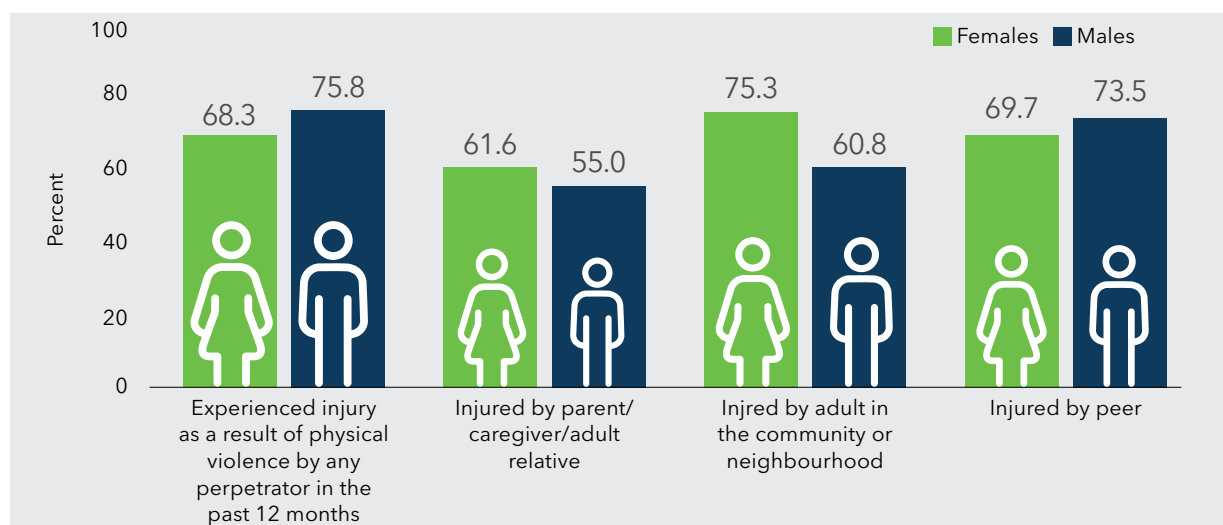


Figure 5.4. Prevalence of experiencing physical harm or injury as a result of any physical violence among 13- to 17-year-olds who experienced any physical violence in the past 12 months, overall and by perpetrator – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

5.3.2. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE SEEKING FOR PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Among 13- to 17-year-olds who experienced any physical violence, only 9.6% of females and 1.5% of males told someone about it. About one in five females (21.5%) and males (23.1%) who experienced physical violence knew of a place to seek help. About one in five females (21.4%) and one in three males (32.2%) sought help for an experience of physical violence and received help.

Among 13- to 17-year-old females who disclosed, the person they most commonly told was a relative (95.8%), followed by a friend or neighbour (16.0%) and a service provider or authority figure (2.9%). Among 13- to 17-year-old males who disclosed, the person they most commonly told was a relative (90.7%), followed by a friend or neighbour (38.2%) and a service provider or authority figure (19.2%). The estimates for the relationship with the person the survivor told about the incident of physical violence were unreliable.

5.4. WITNESSING VIOLENCE IN THE HOME OR COMMUNITY

Witnessing physical violence in the home was defined as seeing or hearing a parent being punched, kicked, or beaten up by another parent or by the parent's boyfriend or girlfriend, or seeing or hearing a sibling being punched, kicked, or beaten by a parent. Witnessing physical violence in the community included seeing anyone outside of the home and family environment experience physical violence. Table 5.3.1 (see Appendix A) includes findings of witnessing violence in the home and in the community among 18- to 24-year-olds in childhood and 13- to 17-year-olds in the past 12 months.

More than two in five females (45.9%) and males (44.2%) ages 18-24 witnessed violence in the home before age 18. More than one in four females (28.8%) and two in five males (41.8%) witnessed violence in the community before age 18. Among children ages 13-17, 61.8% of females and 65.7% of males witnessed violence in the home in the past 12 months, and three in five females (62.8%) and three in four males (75.2%) witnessed violence in the community or neighbourhood in the past 12 months.

SECTION 6: Emotional violence

This section describes childhood and young adult experiences of emotional violence perpetrated by intimate partners, parents, adult caregivers, or other adult relatives. For 13- to 17-year-olds, peer emotional violence is also reported.



6.1. EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Table 6.1.1 (see Appendix A) includes findings of emotional violence in childhood among 18- to 24-year-olds. Among females, 9.1% experienced emotional violence by a parent, adult caregiver, or adult relative before age 18. Among males, 11.7% experienced emotional violence by a parent, adult caregiver, or adult relative before age 18. The age at first experience of emotional violence was 12-17 years for 96.8% of females and age 11 or younger for the remaining 3.2% of females. The age at first experience was 12-17 years for 82.8% of males and age 11 or younger for 17.2% of males (Figure 6.1).

Among 18- to 24-year-olds who experienced emotional violence by a parent, adult caregiver, or other adult relative in childhood, 33.3% of females and 16.2% of males experienced the first incident after arriving in the camp.

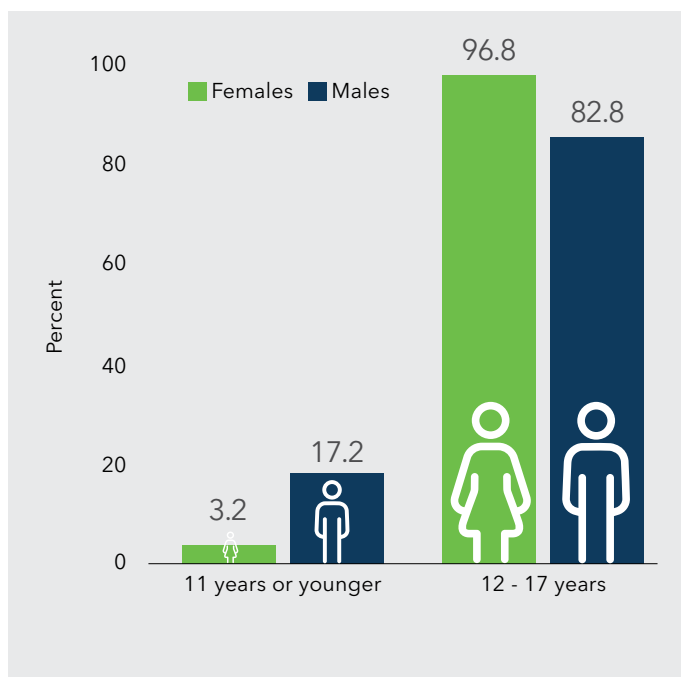


Figure 6.1. Age at first experience of emotional violence before age 18 among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

6.2. EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Table 6.2.1 (see Appendix A) and Figure 6.2 include results of emotional violence in the past 12 months among 18- to 24-year-olds. Among those who had ever had an intimate partner, 22.2% of females and 11.6% of males experienced emotional violence by an intimate partner in the last 12 months. One in 10 females (10.4%) and 14.9% of males experienced emotional violence by peers in the past 12 months.

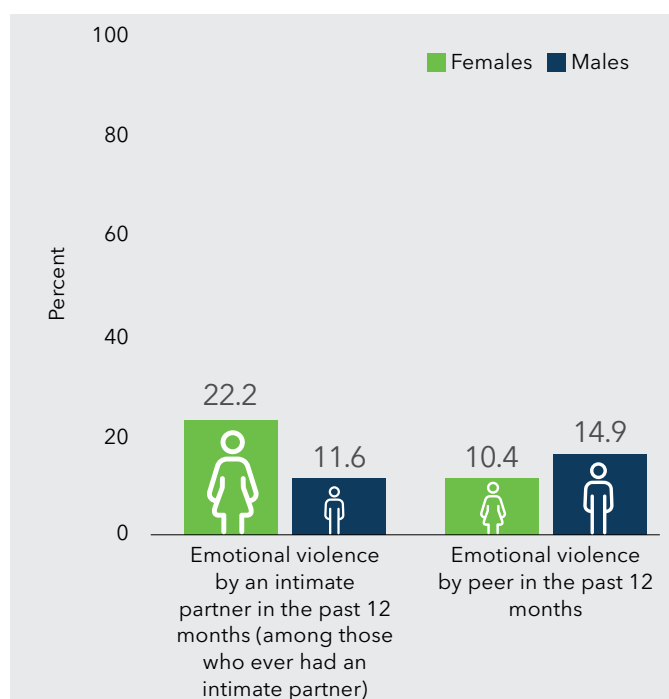


Figure 6.2. Prevalence of emotional violence in the past 12 months by an intimate partner and by a peer among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

6.3 EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Tables 6.3.1 and 6.3.2 (see Appendix A) include findings of emotional violence in the past 12 months among 13- to 17-year-olds. Among females, 9.8% experienced emotional violence by a parent, caregiver, or adult relative in the past 12 months; the prevalence for males was 15.4% (see Figure 6.3). Among those who experienced emotional violence in the past 12 months, the majority, females (97.6%) and males (94.6%) experienced it after arriving in the camp.

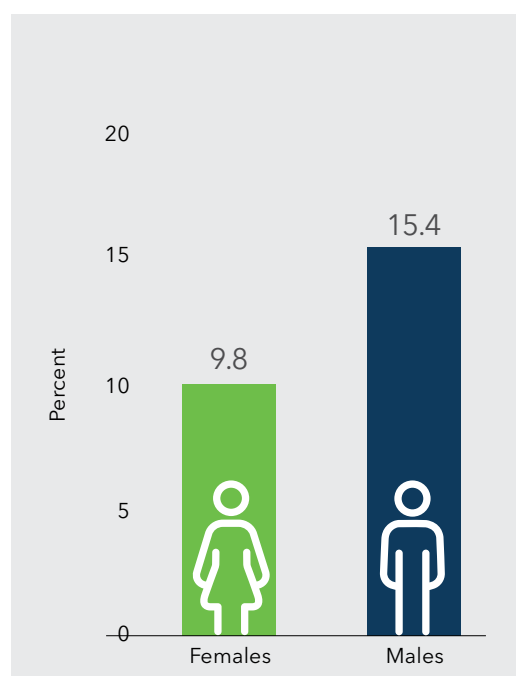


Figure 6.3. Prevalence of emotional violence in the past 12 months by a parent, adult caregiver, or other adult relative among 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024



SECTION 7: Overlap of types of violence: sexual, physical and emotional

7.1. OVERLAP OF TYPES OF VIOLENCE IN CHILDHOOD AND IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Table 7.1 (see Appendix A) and Figure 7.1 include data on the overlap of different forms of violence among 18- to 24-year-olds in childhood and in the past 12 months. Nearly one-third of females (31.9%) and one in four males (26.4%) experienced at least one type of violence before age 18. Among females, 5.2% experienced sexual violence only, 12.4% experienced physical violence only, and 1.9% experienced emotional violence only before age 18. Among males, 0.6% experienced sexual violence only, 13.8% experienced physical violence only, and 1.5% experienced emotional violence only before age 18.

There was some overlap in violence experienced in childhood among 18- to 24-year-old females:

8.3% experienced sexual and physical violence, 3.4% experienced sexual and emotional violence, 6.9% experienced physical and emotional violence, and 3.2% experienced all three types of violence. Among males, 1.5% experienced sexual and physical violence, 1.3% experienced sexual and emotional violence, 10.3% experienced physical and emotional violence, and 1.3% experienced all three types of violence.

About one in three females (33.8%) and males (33.5%) aged 18-24 experienced any violence in the past 12 months. Among females, 1.1% experienced sexual violence only, and 6.0% experienced physical violence only in the past 12 months. Among males, 2.5% experienced sexual violence only, and 11.8% experienced physical violence only in the past 12 months. Among females, 6.0% experienced sexual and physical violence. Among males, 2.5% experienced sexual and physical violence.

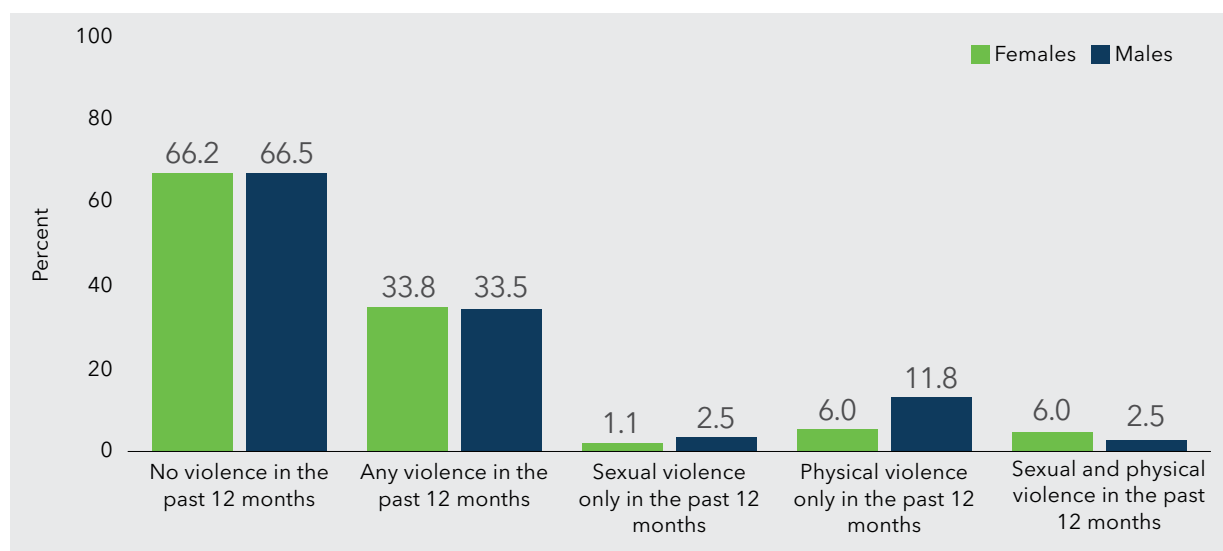


Figure 7.1. Prevalence of any violence and overlap of different types of violence in the past 12 months among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

The prevalence of childhood violence (sexual, physical, or emotional) among young people aged 18-24 varied by region (Figure 7.2). The highest prevalence of childhood violence was reported in the Semera (Afar) region (females 65.1%; males 80.3%). 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.

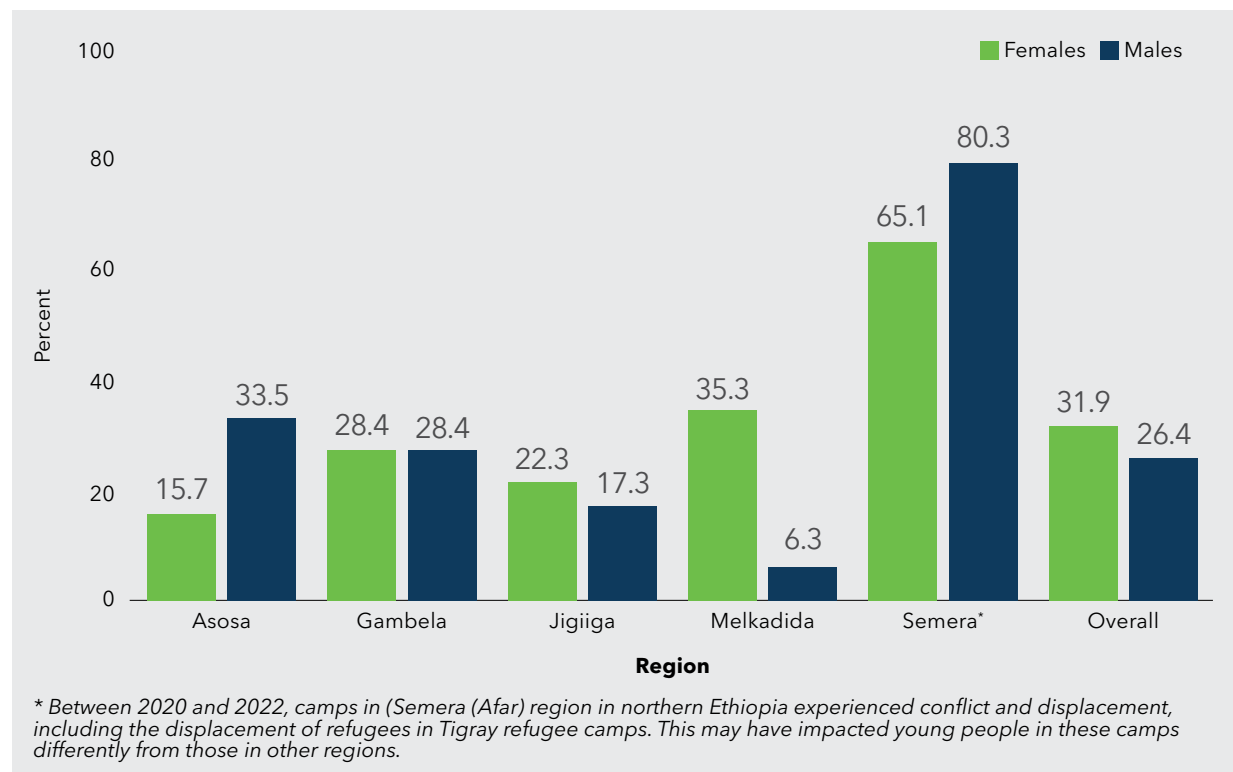


Figure 7.2. Prevalence of any childhood violence among 18- to 24-year-olds by region - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

7.2. OVERLAP OF TYPES OF VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Table 7.2 (see Appendix A) and Figure 7.3 include data on overlap among types of violence in the past 12 months for 13- to 17-year-olds. About a third of females (30.5%) and 36.6% of males aged 13–17 experienced a form of violence in the past 12 months. Among females, 0.6% experienced sexual violence only, 12.6% experienced physical violence only, and 4.5% experienced emotional violence only in the past 12 months. Among males, 0.9% experienced sexual violence only, 14.0% experienced physical violence only, and 3.6% experienced emotional violence only. Among females, 3.5% experienced both sexual and physical violence in the past 12 months, 0.4% experienced sexual and emotional violence, 8.9% experienced physical and emotional violence, and 3.1% experienced all three types of violence. Among males, 2.7% experienced both sexual and physical violence in the past 12 months, 0.1% experienced sexual and emotional violence, 15.1% experienced physical and emotional violence, and 1.9% experienced all three types.

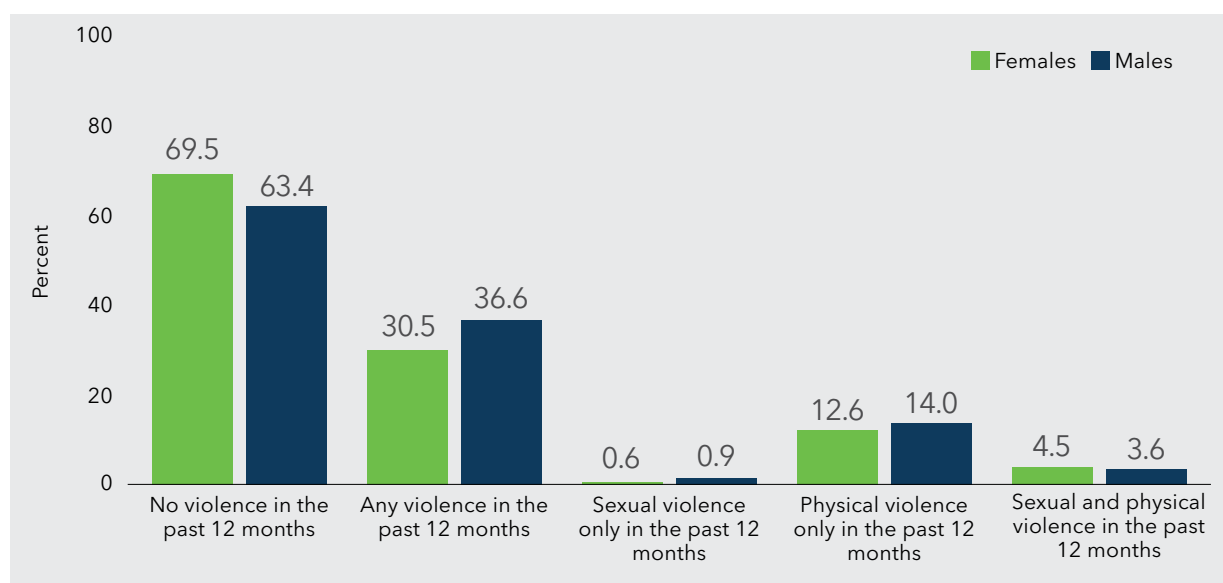
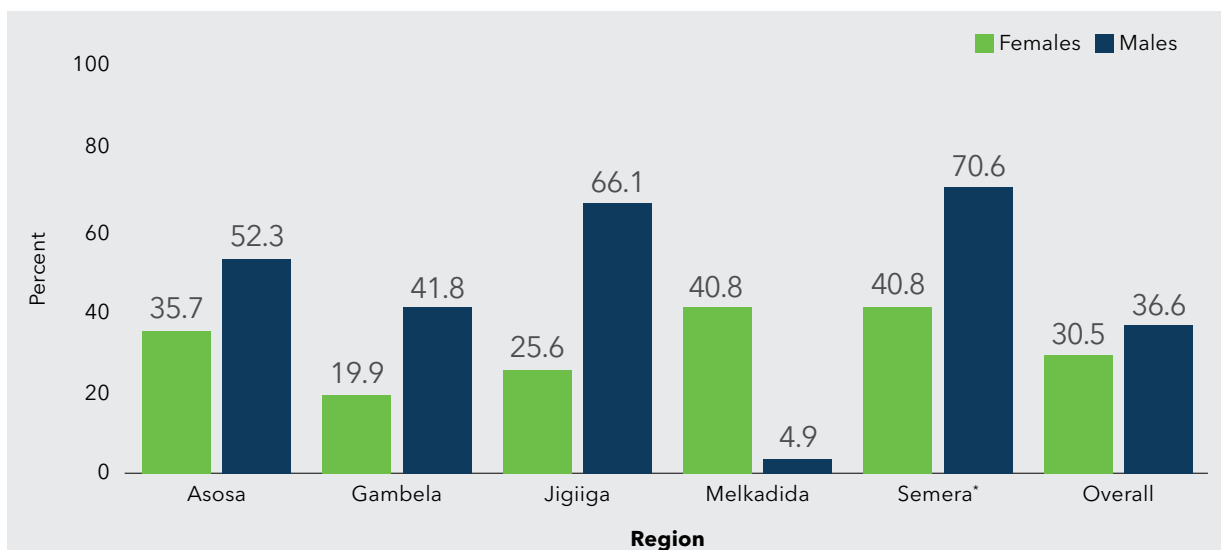


Figure 7.3. Prevalence of any violence and overlap of different types of violence in the past 12 months among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

The prevalence of violence among 13- to 17-year-olds in the past 12 months varied across regions (Figure 7.4). Semera (Afar) reported the highest rates, with 40.8% of females and 70.6% of males 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.



* Between 2020 and 2022, camps in (Semera (Afar) region in northern Ethiopia experienced conflict and displacement, including the displacement of refugees in Tigray refugee camps. This may have impacted young people in these camps differently from those in other regions.

Figure 7.4. Prevalence of any childhood violence in the past 12 months by region among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



SECTION 8: Other forms of violence

This section describes other forms of violence that children and youth are likely to experience, including abduction, child marriage, and female genital mutilation/cutting.



8.1. ABDUCTION

Table 8.1 presents prevalence of abduction among 13- to 17-year-olds and 18- to 24-year-olds. Among 18- to 24-year-olds, more males than females had been abducted once (2.3% versus 2.0%) or more than once (2.9% versus 1.1%). Among those who had been abducted, about half of females (55.5%) and males (51.9%) were abducted after arrival in the camp. Among 13- to 17-year-olds, 1.9% of males and 0.2% of females had been abducted once, while 2.9% of males and 2.4% of females had been abducted multiple times.

8.2. CHILD MARRIAGE

About three in five females (58.2%) and 17.0% of males aged 18–24 years had been married (Table 8.2). Among females who had been married, 6.8% were married before age 15, while 57.0% were married before age 18 (Figure 8.1). Among ever-married males, 15.3% were married before age 18. For nearly three in four (73.5%) ever-married females, their partners were five years or more older than them, while only 5.5% of ever-married males indicated that their partners were five years or more older than them.

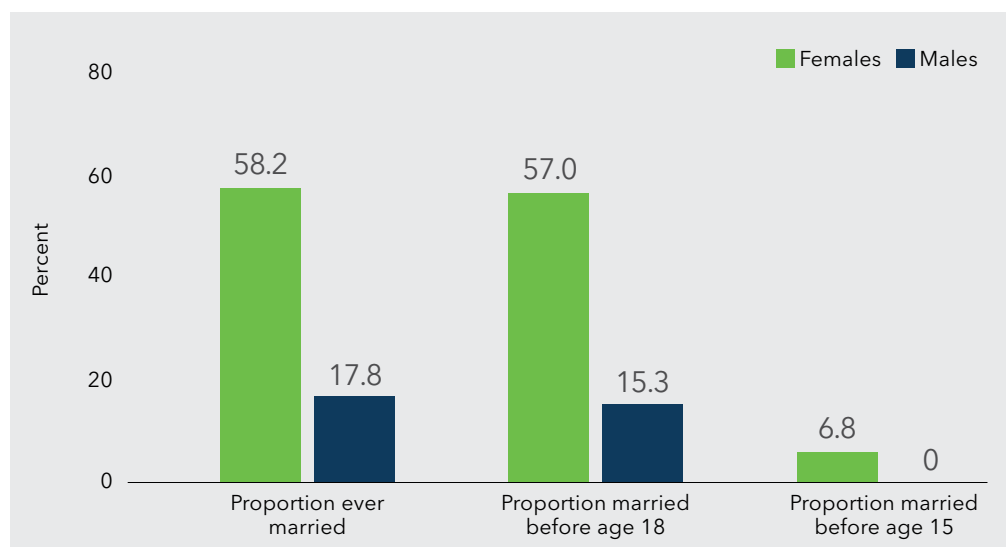


Figure 8.1.
Prevalence of child marriage before age 18 among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

8.3. FEMALE GENITAL MUTILATION/CUTTING

About half of females (50.4%) aged 18–24 and 43.0% of females aged 13–17 had heard of female genital mutilation/cutting (Table 8.3). Among females who had heard of female genital mutilation/cutting, 85.5% of those aged 18–24 and 86.7% of those aged 13–17 had been cut.

For both the 18–24 and 13–17 age groups, most individuals were circumcised between ages five and nine. The majority of those aged 18–24 (57.6%) were circumcised before arrival in the camp, while the majority of those aged 13–17 were circumcised after arrival in the camp. The circumcision was done largely by traditional circumcisers and traditional birth attendants.



SECTION 9: Outcomes and health-related conditions associated with sexual, physical, and emotional violence

This section describes the relationships between outcomes and health-related conditions with exposure to violence. The health-related conditions assessed include mental distress in the past 30 days; alcohol intoxication in the past 30 days; cigarette smoking in the past 30 days; substance use in the past 30 days; self-harm behaviours, suicidal ideation, and suicide attempts; and symptoms or diagnosis of sexually transmitted infections (STIs). Health-related conditions not specific to “the past 30 days” may have occurred at any time in the person’s life (ever). This section also describes sexual risk-taking behaviours by experience of sexual, physical, or emotional violence, and school absenteeism due to violence.



9.1. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN CHILDHOOD AND MENTAL AND PHYSICAL HEALTH AMONG 18- TO 24-YEAR-OLDS

Tables 9.1.1 through 9.1.6 (see Appendix A) include findings of health conditions and experiences of sexual, physical, and emotional violence among 18- to 24-year-olds.

9.1.1. HEALTH CONDITIONS AND SEXUAL VIOLENCE IN CHILDHOOD

Females aged 18–24 who experienced sexual violence in childhood were significantly more likely to have mental distress in the past 30 days (97.0% versus 75.9%; Figure 9.1), to have ever intentionally hurt oneself in any way (50.1% versus 7.2%), and to have ever thought of suicide (46.5% versus 5.2%) compared to those who did not experience sexual

violence in childhood. The proportion of females aged 18–24 who had ever had symptoms or been diagnosed with an STI was significantly higher among those who experienced sexual violence (48.2% versus 22.7%) compared to those who did not experience sexual violence in childhood.

Males aged 18–24 who experienced sexual violence in childhood were more likely to have mental distress in the past 30 days (92.9% versus 73.8%) and to have ever intentionally hurt themselves (34.4% versus 10.1%) compared to those who did not experience sexual violence in childhood. Males aged 18–24 who experienced sexual violence in childhood were significantly more likely to have ever had symptoms or been diagnosed with an STI (66.2% versus 15.3%) compared to those who did not experience sexual violence in childhood.

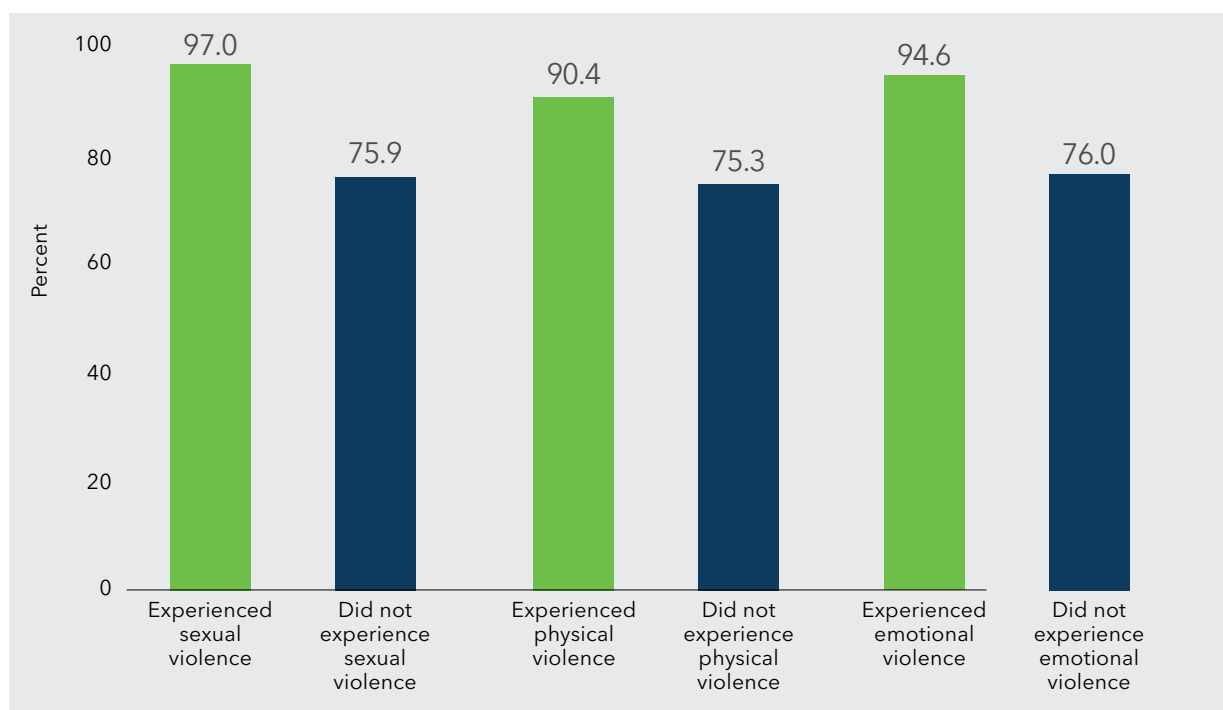


Figure 9.1. Prevalence of mental health distress in the past 30 days, by experience of sexual, physical, or emotional violence before age 18 among 18- to 24-year-old females – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

9.1.2. HEALTH CONDITIONS AND PHYSICAL VIOLENCE EXPERIENCED IN CHILDHOOD

Females aged 18–24 who experienced physical violence before age 18 were more likely to have mental distress in the past 30 days compared to those who did not experience physical violence in childhood (90.4% versus 75.3%). Females who experienced physical violence in childhood were also more likely to have ever thought about suicide (22% versus 7.4%) and to have ever intentionally hurt themselves (25.3% versus 9.3%) compared to those who did not experience physical violence in

childhood. The proportion of females aged 18–24 who had ever had symptoms or been diagnosed with an STI was significantly higher among those who experienced physical violence compared to those who did not experience physical violence in childhood (40.1% versus 21.4%).

Males aged 18–24 who experienced physical violence before age 18 were more likely to have mental distress in the past 30 days compared to those who did not experience physical violence in childhood (87.3% versus 69.5%). Males who experienced physical violence in childhood were

also more likely to have ever had thoughts of suicide (21.8% versus 4.4%) and to have ever intentionally hurt themselves (21.3% versus 7.1%), compared to those who did not experience physical violence in childhood. Males aged 18–24 who experienced physical violence in childhood were more likely than those who did not experience violence to be current smokers (15.4% versus 5.2%), use drugs in the past 30 days (3.5% versus 0.9%), and ever have symptoms or a diagnosis of an STI (34.5% versus 10.4%).

9.1.3. HEALTH CONDITIONS AND EMOTIONAL VIOLENCE IN CHILDHOOD

Females aged 18–24 who experienced emotional violence in childhood were more likely to experience mental distress in the past 30 days (94.6% versus 76.0%), to have ever had thoughts of suicide (20.9% versus 9.4%), and to have ever intentionally hurt themselves (37.6% versus 9.3%) than those who did

not experience emotional violence in childhood. Females aged 18–24 who experienced emotional violence in childhood were more likely to have ever had symptoms or a diagnosis of an STI compared to those who did not experience emotional violence in childhood (43.1% versus 23.5%).

Males aged 18–24 who experienced emotional violence in childhood were significantly more likely to have mental distress in the past 30 days (90.0% versus 70.9%), have ever thought of suicide (27.1% versus 5.3%), and have ever intentionally hurt themselves (30.3% versus 6.9%) compared to those who did not experience emotional violence in childhood. Males aged 18–24 who experienced emotional violence in childhood were more likely to be current smokers (17.3% versus 5.9%), have used drugs in the past 30 days (5.5% versus 0.8%), and ever have had symptoms or a diagnosis of an STI (27.4% versus 14.3%) than those who did not experience emotional violence in childhood.

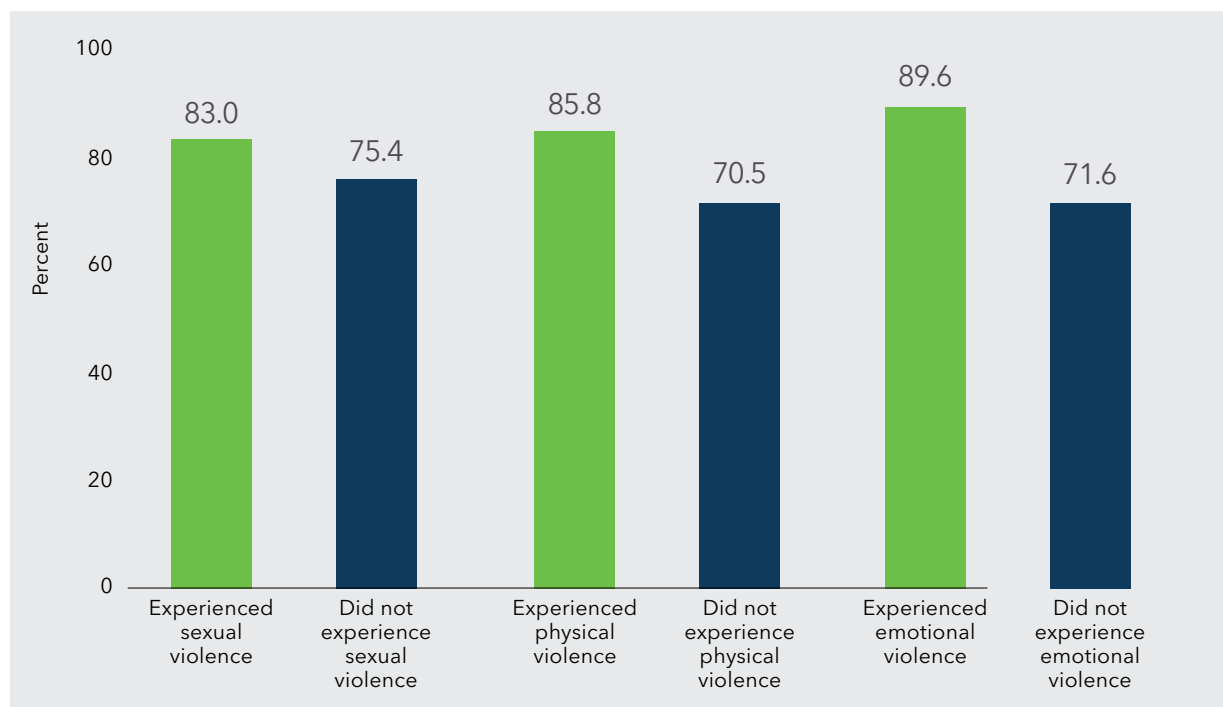


Figure 9.2. Prevalence of mental health distress in the past 30 days by experience of sexual, physical, or emotional violence in the past 12 months among 13- to 17-year-old females – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

9.2. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AND MENTAL AND PHYSICAL HEALTH AMONG 13- TO 17-YEAR-OLDS

Tables 9.2.1 through 9.2.6 (see Appendix A) include findings related to health conditions and sexual, physical, and emotional violence in the past 12 months among 13- to 17-year-olds.

9.2.1. HEALTH CONDITIONS AND SEXUAL VIOLENCE

Females aged 13-17 who experienced sexual violence in the past 12 months were more likely to have experienced mental distress in the past 30 days (96.6% versus 73.6%; Figure 9.2) than those who did not experience sexual violence in the past 12 months. They also reported higher rates of thinking about suicide (34.6% versus 2.0%) and were more likely to have hurt themselves intentionally (34.5% versus 2.8%) and to have ever attempted suicide (70.0% versus 60.5%) compared to those who did not experience sexual violence in the past 12 months. Females aged 13-17 who experienced sexual violence in the past 12 months were more likely to have had symptoms or a diagnosis of an STI (32.6% versus 12.1%) compared to those who did not experience sexual violence in the past 12 months. Estimates for females for binge drinking in the past 30 days, being a current smoker, or use of drugs in the past 30 days were unreliable.

Males aged 13-17 who experienced sexual violence in the past 12 months were more likely to have experienced mental distress in the past 30 days (83.0% versus 75.4%; Figure 9.2) and more likely to have intentionally hurt themselves (12.8% versus 8.8%) than those who did not experience sexual violence in the past 12 months. The estimates for binge drinking in the past 30 days showed no difference for those who had experienced sexual violence in the past 12 months and those who did not (0.5% and 0.1%, respectively).

Figure 9.2. Prevalence of mental health distress in the past 30 days by experience of sexual, physical, or emotional violence in the past 12 months among

13- to 17-year-old females – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

9.2.2. HEALTH CONDITIONS AND PHYSICAL VIOLENCE

Females aged 13-17 who experienced physical violence in the past 12 months were more likely to experience mental distress in the past 30 days (79.4% versus 73.0%), to have ever thought about suicide (9.8% versus 1.3%), and to have ever intentionally hurt themselves (11.5% versus 1.7%) than those who did not experience physical violence in the past 12 months. Females aged 13-17 who experienced physical violence in the past 12 months were also more likely to have had symptoms or a diagnosis of an STI (24.6% versus 9.2%) than those who did not experience physical violence in the past 12 months. The estimates for binge drinking in the past 30 days and current smoking were unreliable.

Males aged 13-17 who experienced physical violence in the past 12 months were more likely to report mental distress in the past 30 days (85.8% versus 70.5%), to have intentionally hurt themselves (25.9% versus 1.0%), or to have thought about suicide (16.7% versus 1.4%) than those who did not experience physical violence in the past 12 months. Males aged 13-17 who experienced physical violence in the past 12 months were more likely to be current smokers (3.5% versus 0.6%) and more likely to have had symptoms or been diagnosed with an STI (8.0% versus 6.2%) than those who did not experience physical violence in the past 12 months. The estimates for binge drinking in the past 30 days showed no difference for those who had experienced physical violence in the past 12 months and those who did not (0.1% for both).

9.2.3. HEALTH CONDITIONS AND EMOTIONAL VIOLENCE

Females ages 13-17 who experienced emotional violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (85.7% versus 72.3%), ever intentionally hurt themselves (18.7% versus 1.2%), ever thought of

suicide (18.2% versus 0.4%), or ever attempted suicide (66.3% versus 51.1%) than those who did not experience emotional violence over the same period. Females aged 13-17 who experienced emotional violence in the past 12 months were more likely to have had symptoms or a diagnosis of an STI (27.7% versus 10.0%) than those who did not experience emotional violence during the same period. The estimates for binge drinking in the past 30 days and being a current smoker, with the experience of emotional violence in the past 12 months, were unreliable.

Males aged 13-17 who experienced emotional violence in the past 12 months were more likely to experience mental distress in the past 30 days (89.6% versus 71.6%), to have thought of suicide (17.0% versus 3.5%), or to have intentionally hurt themselves (27.5% versus 4.1%) compared to those who did not experience emotional violence in the past 12 months. Males aged 13-17 who experienced

emotional violence in the past 12 months were more likely to be current smokers (5.2% versus 0.5%) and were more likely to have had symptoms or a diagnosis of STI (9.7% versus 6.1%) compared to those who did not experience emotional violence in the past 12 months.

9.3. MISSING SCHOOL DUE TO SEXUAL OR PHYSICAL VIOLENCE

Table 9.3.2 (see Appendix A) includes estimates of missing school due to sexual or physical violence. Among 18- to 24-year-olds, 44.2% of females and 8.1% of males missed school as a result of sexual violence in childhood. Among 13- to 17-year-olds, 43.2% of females and 0.2% of males missed school as a result of experiencing sexual violence. Among 18- to 24-year-olds, 39.4% of females and 32.1% of males missed school as a result of physical violence in childhood.



SECTION 10: Sexual risk-taking behaviours and HIV

This section examines the association between exposure to violence in childhood and sexual risk-taking behaviours such as having multiple sexual partners, infrequent condom use, and sexual exploitation in young adulthood. Having multiple sexual partners is defined as two or more sexual partners in the past 12 months. Infrequent condom use is defined as never or sometimes using condoms if unmarried, or if married and had sex with more than one person and did not use condoms consistently.

The analyses were restricted to youth aged 19-24 to ensure that the exposure to violence in childhood and risk-taking behaviours are separated in time. The inclusion of only those age 19 or older ensures that violence in childhood preceded involvement in current sexual risk-taking behaviours.

10.1. SEXUAL RISK-TAKING BEHAVIOURS IN THE PAST 12 MONTHS AMONG 19- TO 24-YEAR-OLDS

Findings related to sexual risk-taking behaviours, overall and by experience of different types of violence, are included in Tables 10.1.1 and 10.1.2 (see Appendix A). Overall, 74.4% of females and 63.1% of males aged 19-24 had had sex (Figure

10.1). Among 19- to 24-year-olds who had had sex, 88.6% of females and 70.0% of males were sexually active in the past 12 months. Among 19- to 24-year-olds who had sex in the past year, a significantly higher proportion of males than females had two or more sex partners in the past year (males, 13.9%; females, 2.7%). About 6.2% of females reported having engaged in transactional sex in the past 12 months compared to 2.3% of males.

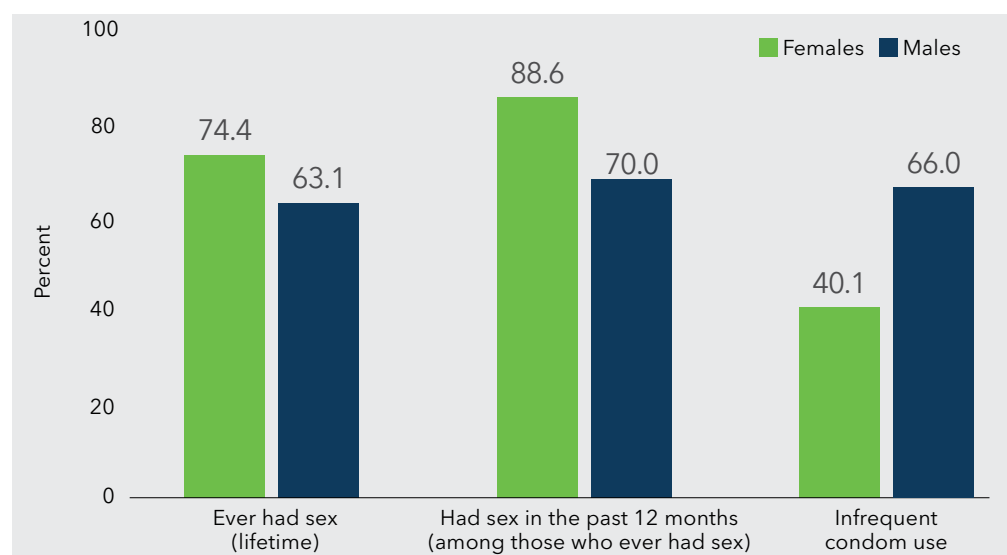


Figure 10.1.
Sexual risk-taking behaviours among 19- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

➔ **Sexual violence and sexual risk-taking behaviour:** Among 19- to 24-year-old females, 0.7% of those who experienced sexual violence in childhood and 2.8% of those who did not experience sexual violence in childhood had multiple sexual partners in the past 12 months (Figure 10.2). Among 19- to 24-year-old males, 54.9% of those who experienced sexual violence in childhood and 9.0% of those who did not experience sexual violence in childhood had multiple sexual partners in the past 12 months.

➔ **Physical violence and sexual risk-taking:** Among 19- to 24-year-old females, 0.9% of those who experienced physical violence in childhood and 3.0% of those who did not experience physical violence in childhood had multiple sexual partners in the past 12 months. Among

19- to 24-year-old males, 15.2% of those who experienced physical violence in childhood and 8.8% of those who did not experience physical violence in childhood had multiple sexual partners in the past 12 months.

➔ **Emotional violence and sexual risk taking:** Among 19- to 24-year-old females, 0.8% of those who experienced emotional violence in childhood and 2.8% of those who did not experience emotional violence in childhood had multiple sexual partners in the past 12 months. Among 19- to 24-year-old males, 24.0% of those who experienced emotional violence in childhood and 8.1% of those who did not experience emotional violence in childhood had multiple sexual partners in the past 12 months.

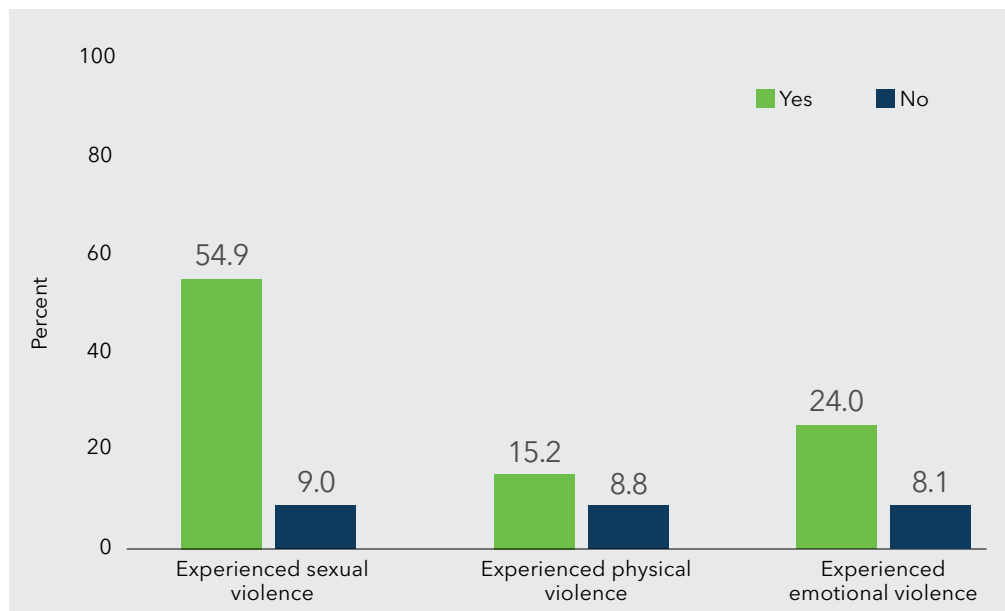


Figure 10.2. Multiple sexual partnerships in the past 12 months among 19- to 24-year-old males by experience of violence in childhood – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

10.2. HIV/AIDS TESTING BEHAVIOURS

Findings related to HIV testing behaviours among females and males ages 13-24 are included in Tables 10.2.3 and 10.2.4 (see Appendix A). This section describes HIV testing behaviours among females and males overall and among those who experienced any sexual violence before age 18, compared to those who did not experience sexual violence in childhood. Although unwanted sexual touching and unwanted attempted sexual intercourse are considered low risk for direct HIV transmission, those findings are still presented, as all forms of sexual violence may increase the risk of HIV indirectly, for example through diminished ability to negotiate safer sex and engagement in sexual risk-taking behaviours later in life. Data are presented in a single age range of 13-24 years.

10.2.1. HIV TESTING AND HISTORY BY EXPERIENCE OF SEXUAL VIOLENCE

Among 13- to 24-year-olds, 30.8% of females and 26.8% of males had ever tested for HIV. More than two in five females (46.1%) who experienced sexual violence in childhood ever tested for HIV compared to only 29.1% of those who did not experience sexual violence in childhood. Among males, 15.9% of those who experienced sexual violence in childhood had ever tested for HIV compared to 27.2% of those who did not experience sexual violence in childhood (Figure 10.3).

Among females who experienced sexual violence in the past 12 months, 39.2% had tested for HIV compared to 30.2% of those who did not experience sexual violence in the past 12 months. Among males who experienced sexual violence in the past 12 months, 21.4% had tested for HIV compared to 27.1% of those who did not experience sexual violence in the past 12 months.

Figure 10.3. HIV testing behaviour among 13- to 24-year-olds by experience of sexual violence - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

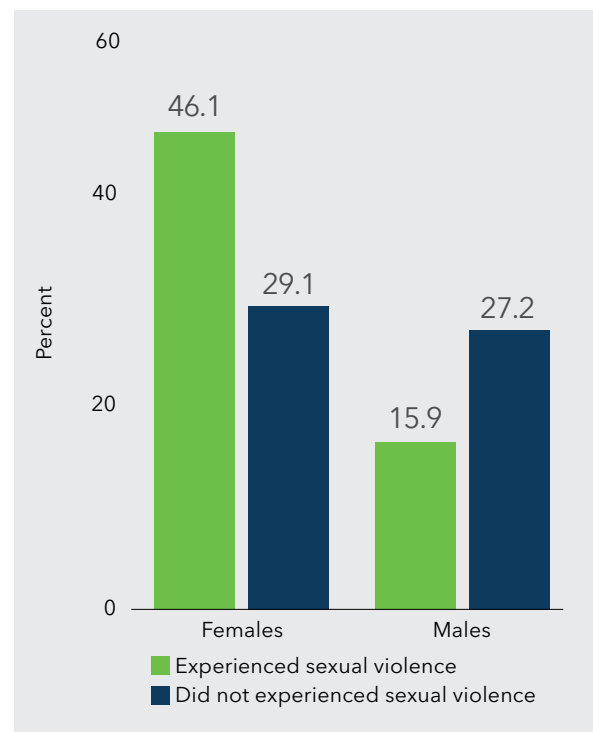


Figure 10.3. HIV testing behaviour among 13- to 24-year-olds by experience of sexual violence - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

10.2.2. REASONS FOR NOT TESTING FOR HIV AMONG 13- TO 24-YEAR-OLDS WHO EVER HAD SEX

The reasons for not testing for HIV varied. Among females who had not tested for HIV, 46.7% did not have knowledge about HIV testing, 26.0% did not know where to get the HIV test, 1.3% indicated that tests cost too much, 1.7% indicated that transport cost was too much, 2.3% indicated that the test site was too far away, 2.5% were afraid of their spouse/partner finding out about the results, 25.5% did not perceive a need for the test, and 3.5% did not want to know if they had HIV. Among males who had not tested for HIV, 52.6% did not have knowledge about the HIV test, 31.8% did not know where to get the HIV test, 4.3% indicated that tests cost too much, 8.9% indicated that transport cost was too much, 1.9% indicated that the test site was too far away, 0.3% were afraid of their spouse/partner finding out about the results, 0.3% were afraid of others knowing the test results, 13.5% did not perceive a need for the test, 4.5% did not want to know if they have HIV, and 0.2% felt that they would not get treatment if they had HIV.

SECTION 11: Beliefs and attitudes about gender and violence and violence perpetration

This section examines attitudes and beliefs related to violence. Questions assessed attitudes justifying the use of physical violence by husbands against their wives. All participants were asked if it was right for a husband to hit or beat his wife under five different circumstances: if she goes out without telling him, if she does not take care of the children, if she argues with him, if she refuses to have sex with him, or if she is suspected of having an affair.

The survey also examined the endorsement of traditional norms about gender and sexual behaviour and intimate partner violence. These included: men, not women, should decide when to have sex; a boy or man should defend his reputation with force if insulted; there are times a woman should be beaten; women who carry condoms have sex with a lot of men; a woman should tolerate violence to keep her family together; women and men should share authority in the family; and a woman should be able to spend her own money according to her own will.



11.1. BELIEFS ABOUT WIFE-BEATING AND TRADITIONAL GENDER NORMS

Findings related to attitudes about domestic violence and traditional gender norms are included in Table 11.1.1 (see Appendix A) and Figure 11.1. Among females, 61.7% of 13- to 17-year-olds and 63% of 18- to 24-year-olds indicated it was acceptable for a husband to beat his wife for one or more reasons (Figure 11.1). Among males, 66.0% of 13- to 17-year-olds and 67.3% of 18- to 24-year-olds

indicated it was acceptable for a husband to beat his wife for one or more reasons. Among 13- to 17-year-olds, almost all females (96.9%) and males (95.5%) endorsed one or more traditional beliefs about gender, sexual behaviour, and intimate partner violence. Among 18- to 24-year-olds, a lower proportion of males (92.6%) than females (96.9%) endorsed one or more traditional beliefs about gender, sexual behaviour, and intimate partner violence, which was statistically significant.

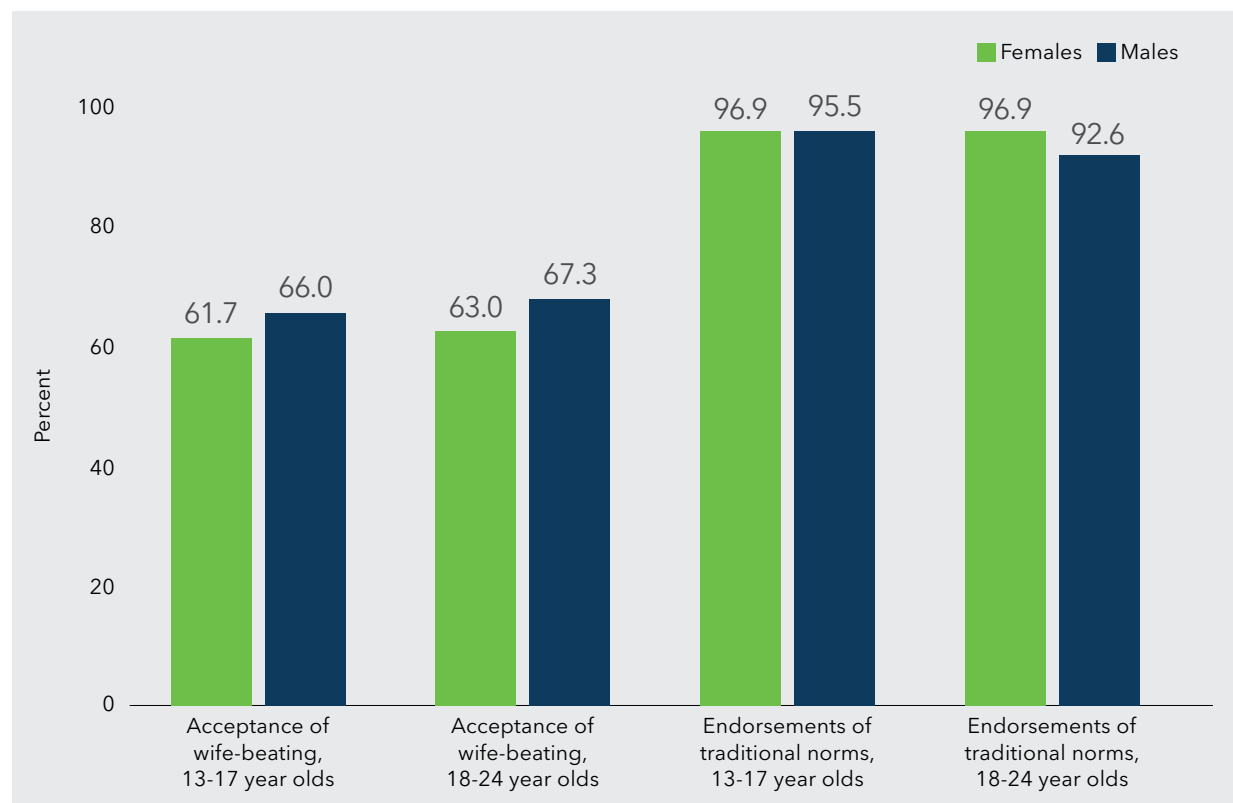


Figure 11.1. Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13- to 17-year-olds and 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

11.2. PREVALENCE OF VIOLENCE PERPETRATION

This section presents the prevalence of sexual and physical violence perpetration among 18- to 24-year-old and 13- to 17-year-old females and males. Here, violence includes the physical violence measures of slapping, pushing, shoving, shaking, or intentionally throwing something at someone to hurt them; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown, or burning intentionally; and using or threatening with a knife, gun, or other weapon. Similarly, sexual violence perpetration was asked about in terms of forcing a current or former intimate partner or someone else to have sex when they did not want to. This section also presents data on perpetration of violence by experiences of sexual and physical violence as well as victimisation in childhood. Participants were not asked if they had ever perpetrated these measures of violence, so it is not possible to determine when the perpetration happened in relation to timing of experiences of violence in childhood. Tables 11.2.1 through 11.2.3

(see Appendix A) and Figure 11.2 include findings of violence perpetration.

Among 18- to 24-year-olds, a higher proportion of females (18.8%) than males (16.0%) ever perpetrated physical violence (Figure 11.2). About one in two (56.0%) females who experienced sexual violence in childhood and 12.8% who did not experience sexual violence in childhood perpetrated physical violence in their lifetime. Among males, 75.0% of those who experienced sexual violence in childhood and 14.8% of those who did not experience sexual violence in childhood perpetrated physical violence. The difference in proportions was statistically significantly different. For females, 38.7% of those who experienced physical violence in childhood and 11.9% of those who did not experience physical violence in childhood perpetrated physical violence in their lifetime. Among males, about two in five (41.3%) who experienced physical violence in childhood and 7.9% of those who did not experience physical violence in childhood perpetrated physical violence, which is a statistically significant difference.

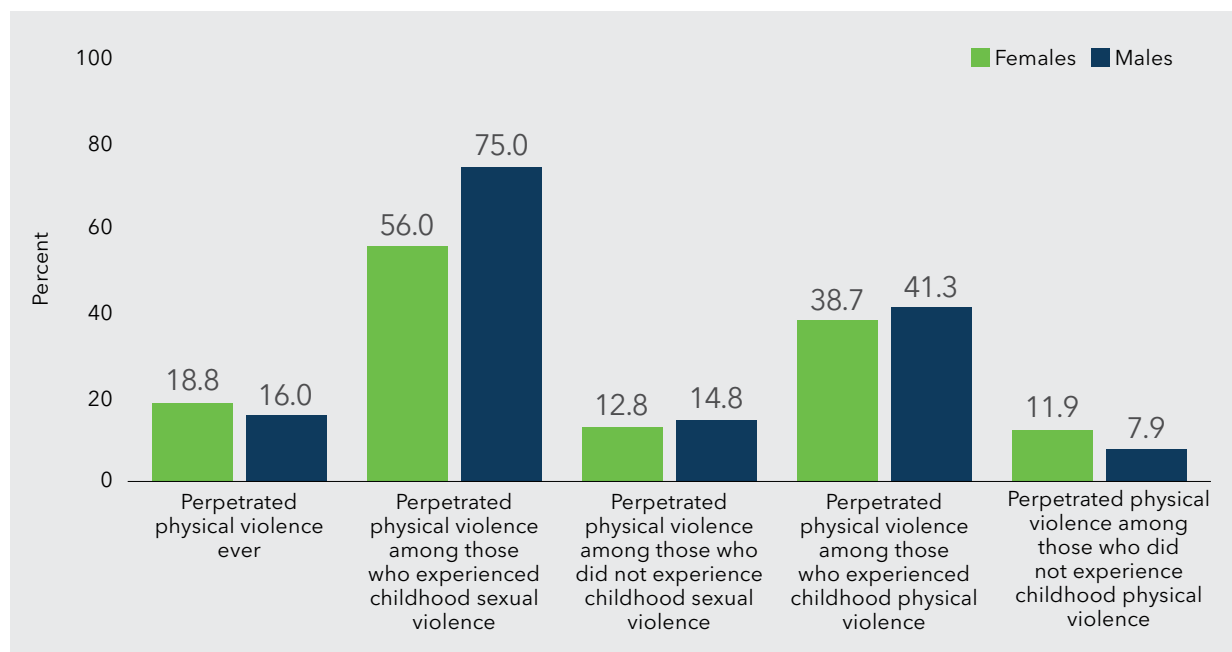


Figure 11.2. Physical violence perpetration among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Among 13- to 17-year-olds, 5.9% of females and 12.6% of males perpetrated physical violence in their lifetime. Among females, 50.0% of those who experienced sexual violence in the past 12 months and 3.8% of those who did not experience sexual violence in the past 12 months perpetrated lifetime physical violence. Among males, 18.2% of those who experienced sexual violence in the past 12 months and 12.4% of those who did not experience sexual violence in the past 12 months perpetrated lifetime physical violence.

11.3. PREVALENCE OF INTIMATE PARTNER VIOLENCE PERPETRATION

Intimate partner violence, or violence perpetration against intimate partners, is described in this section. Intimate partner violence measured in the Ethiopia HVACS 2024 included both forcing an intimate partner to have sex and/or perpetrating physical violence against an intimate partner. As in previous sections, an intimate partner refers to a current or previous boyfriend, girlfriend, romantic partner, husband, or wife, while ever partnered refers to someone who has ever had an intimate partner. Intimate partner violence perpetration findings are provided in Table 11.3.1 (see Appendix A).

Among 18- to 24-year-olds who ever had a partner, slightly more females reported perpetrating physical intimate partner violence compared to males (20.7% versus 16.2%). Among 18- to 24-year-old ever-partnered females, 52.3% of those who experienced sexual violence in childhood perpetrated physical intimate partner violence, while 14.3% of 18- to 24-year-old ever-partnered females who did not experience sexual violence in childhood perpetrated physical intimate partner violence. For males, 72.6% of those who experienced sexual violence in childhood perpetrated physical intimate partner violence, while 14.5% of 18- to 24-year-old ever-partnered males who did not experience sexual violence in childhood perpetrated physical intimate partner violence. Among 18- to 24-year-old ever-partnered males, 40.8% of those who experienced physical violence in childhood perpetrated physical intimate partner violence, while 7.0% of 18- to 24-year-old ever-partnered males who did not experience physical violence in childhood perpetrated physical intimate partner violence. Among 18- to 24-year-old ever-partnered females, 35.2% of those who experienced physical violence in childhood perpetrated physical intimate partner violence, while 14.9% of 18- to 24-year-old ever-partnered males who did not experience physical violence in childhood perpetrated physical intimate partner violence.

SECTION 12: Characteristics associated with violence

This section presents experiences of violence in the past 12 months by characteristics of youth, including: orphan status, school attendance and completion, employment status, ever witnessing violence at home, marriage or cohabitation status, and disability status. Although cross-sectional surveys do not allow for statements of causality, evaluating associations between characteristics of youth by violence in the past 12 months allows for a separation in the characteristics (youth) and the violence outcome (recent). As such, this section does not include associations between characteristics of youth and 18- to 24-year-old and violence outcome prior to age 18.



12.1. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Table 12.1 includes findings of characteristics of 18- to 24-year-olds by experience of violence in the past 12 months. Among 18- to 24-year-old females, those who witnessed violence in the home before age 18 were significantly more likely to experience physical or sexual violence in the past 12 months (36.9%) compared to those who did not witness violence at home (14.2%; Figure 12.1).

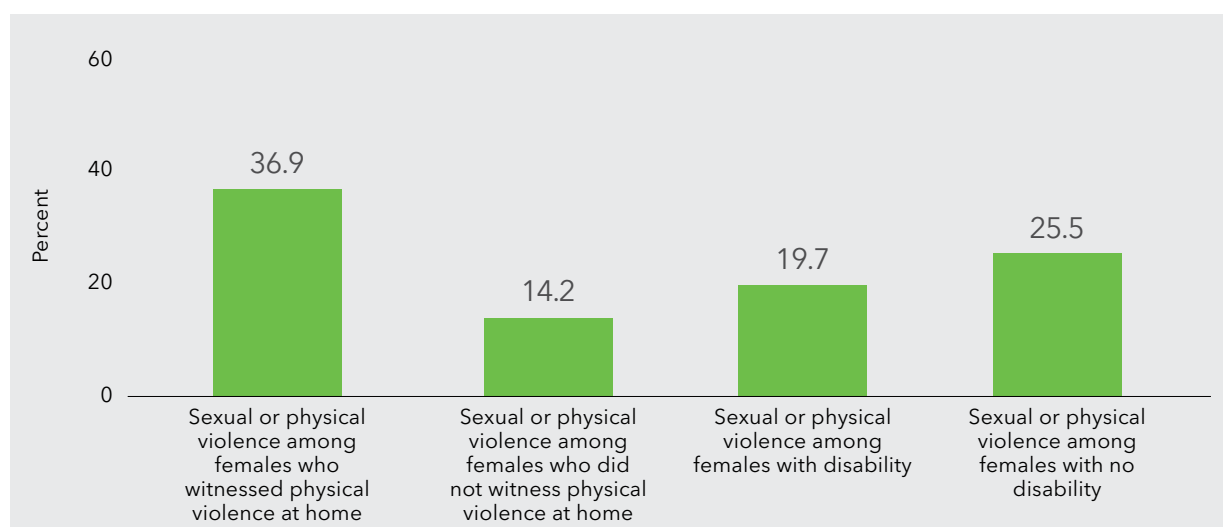


Figure 12.1. Childhood characteristics of 18- to 24-year-old females by experience of sexual or physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

Males who witnessed violence in the home before age 18 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 (43.6% versus 16.6%; Figure 12.2). Among males, those who had any form of disability were significantly more likely than those with no disability to have experienced sexual or physical violence in the past 12 months (59.7% versus 22.5%). However, there was no statistically significant difference of the experience of physical or sexual violence by disability status for females.

Among 18- to 24-year-old females, those who experienced arranged or forced marriage were more likely to experience sexual or physical violence in the past 12 months compared to those in a marriage that was not arranged (50.1% versus 25.2%; Figure 12.3). Similarly, males who experienced arranged or forced marriage were more likely to have experienced sexual or physical violence in the past 12 months compared to those in a marriage that was not arranged (32.2% versus 19.7%; Figure 12.3).

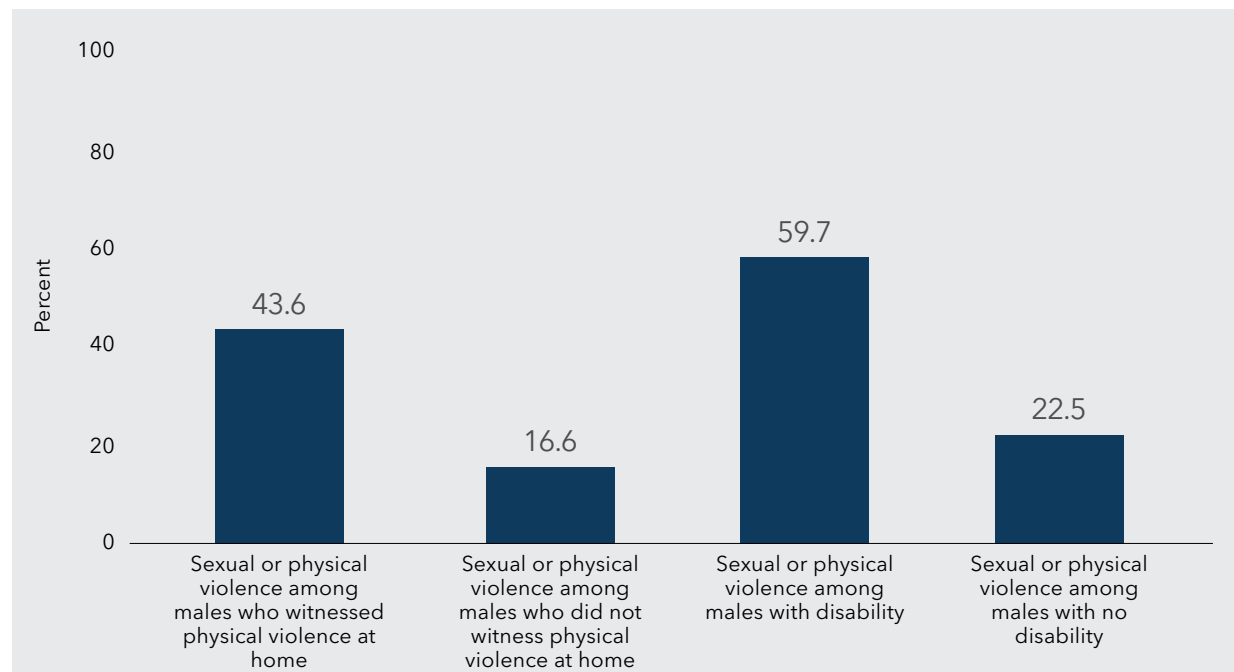


Figure 12.2. Childhood characteristics of 18- to 24-year-old males by experience of sexual or physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

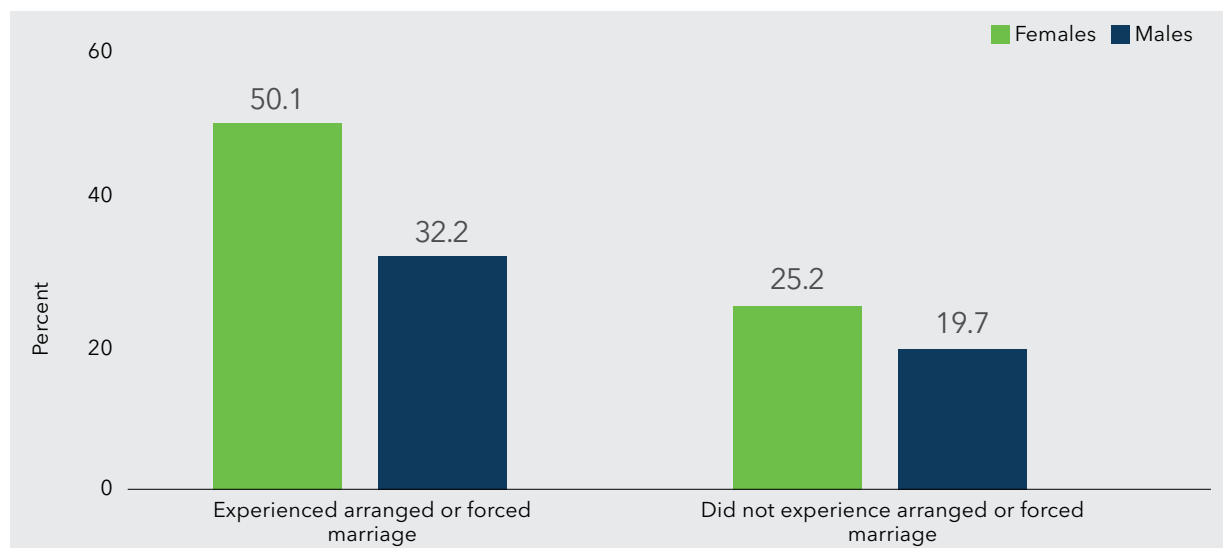


Figure 12.3. Childhood characteristics of 18- to 24-year-old females and males by experience of sexual or physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

12.2. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Table 12.2 includes findings of characteristics of 13- to 17-year-olds by experience of violence in the past 12 months. Among females, those who witnessed violence at home were significantly more likely to have experienced sexual or physical violence in the past 12 months (40.5% versus 12.1%; Figure 12.4). Similarly, males who witnessed violence at home were significantly more likely than males who did not witness violence to have experienced sexual or physical violence in the past 12 months (50.1% versus 22.2%; Figure 12.5). There were no other statistically significant differences in experience of violence in the past 12 months by characteristics for 13- to 17-year-old females.



Among males, those who had any form of disability were significantly more likely than those with no disability to have experienced sexual or physical violence in the past 12 months (65.3% versus 28.2%; Figure 12.3). However, there were no significant differences in the experience of sexual or physical violence in the past 12 months by disability status among females.

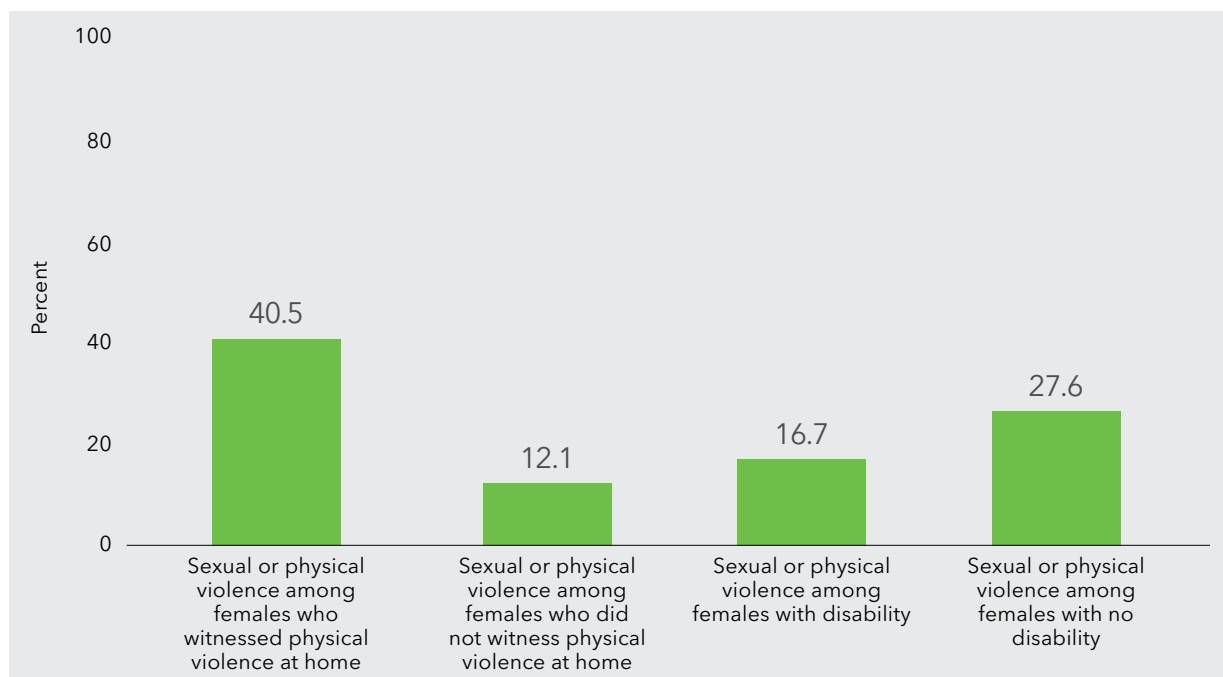


Figure 12.4. Characteristics of 13- to 17-year-old females by experience of sexual or physical violence in the past 12 months - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

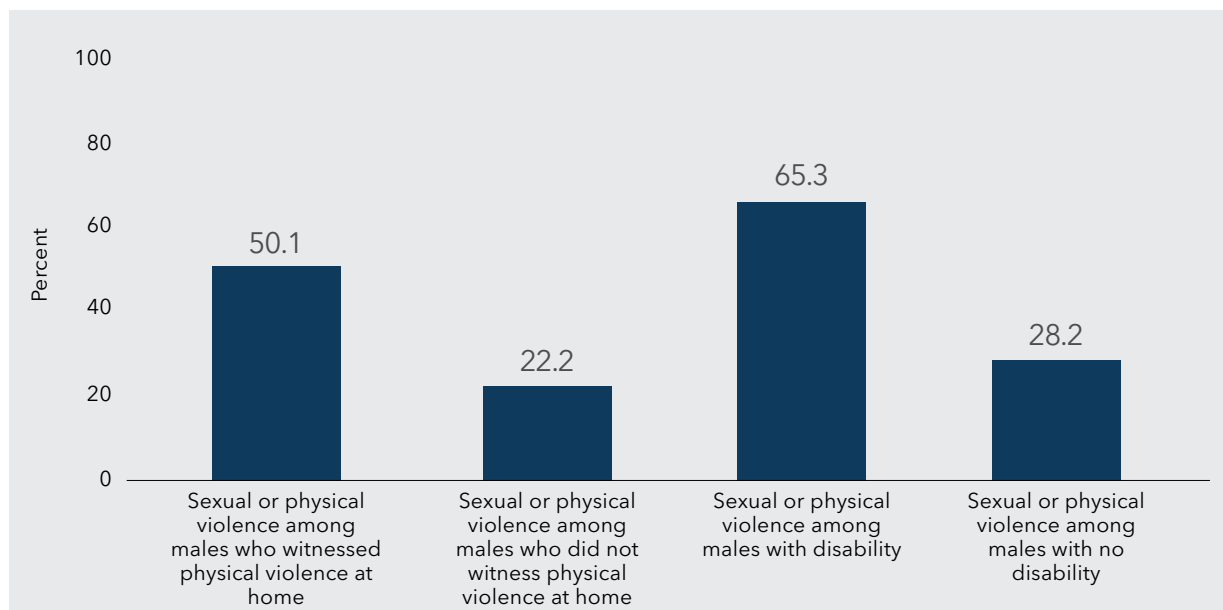


Figure 12.5. Characteristics of 13- to 17-year-old males by experience of sexual or physical violence in the past 12 months - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024



SECTION 13: Inspire indicators

In 2016, the Global Partnership to End Violence Against Children released INSPIRE: Seven Strategies for Ending Violence Against Children, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood (WHO, 2016). INSPIRE was co-developed through a collaboration with key partner organisations, including the CDC, the President's Emergency Plan for AIDS Relief (PEPFAR), USAID, the World Health Organization, UNICEF, the World Bank, and others. It reflects the best available evidence on effective strategies to prevent violence against children, with a particular focus on programmes and approaches with proven success in low-resource settings. INSPIRE encompasses seven strategies, but this section presents indicators for five strategies: Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; and Education and life skills. Data on the Response and support services indicators are provided in Sections 4 and 5 of this report and include: disclosure, knowledge of services, service seeking, and receipt of services for sexual and physical violence. Data on the INSPIRE indicators capture key opportunities to inform evidence-based interventions and approaches. They are also aligned with the INSPIRE Indicator Guidance and Results Framework, designed to measure and monitor progress on the implementation and impact of INSPIRE (WHO, 2016). Table 13.1 includes findings of INSPIRE indicators among 18- to 24-year-olds, and Table 13.2 includes findings of INSPIRE indicators among 13- to 17-year-olds. Findings are reported in this section by INSPIRE strategy and may include data from either or both tables in each section.

Indicators provided include:

- ➔ Disclosure,
- ➔ Knowledge of services,
- ➔ Service seeking, and receipt of services for sexual and physical violence.



13.1. NORMS AND VALUES

Among 18- to 24-year-olds, 34.5% of females and 30.1% of males agreed it was necessary for parents to use corporal punishment to raise children (Figure 13.1). Nearly one in three females (33.0%) and one in three males (29.1%) agreed it was necessary for teachers to use corporal punishment. About two in three females (63.0%) and males (67.3%) accepted wife beating in one or more circumstances. A high proportion of females (96.9%) and males (92.6%) endorsed traditional norms about gender, sexual behaviour, and violence. The patterns of norms and values are also similar for the 13- to 17-year-olds (Table 13.2).

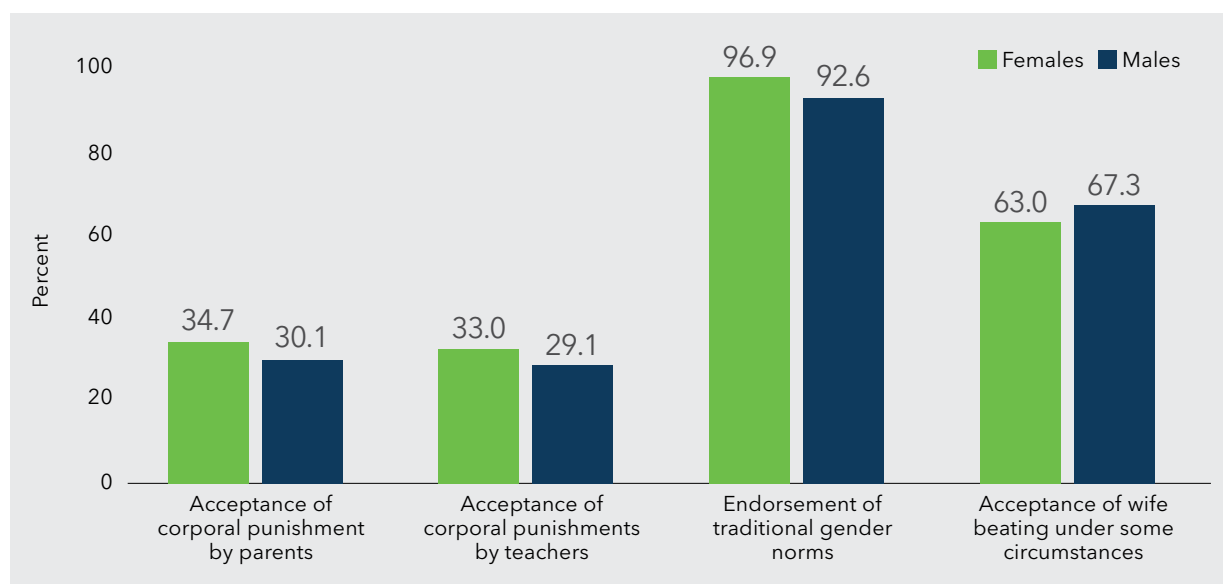


Figure 13.1. Norms and values related to violence among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

13.2. SAFE ENVIRONMENTS

Data on the indicator for Safe environments indicate that 17.1% of females and 15.0% of males ages 13-17 who are enrolled in school missed school or did not leave the home due to fear of violence in the past 12 months. About one in five (19.4%) females and 29.1% of males reported that they had witnessed violence in the neighbourhood (Figure 13.2).

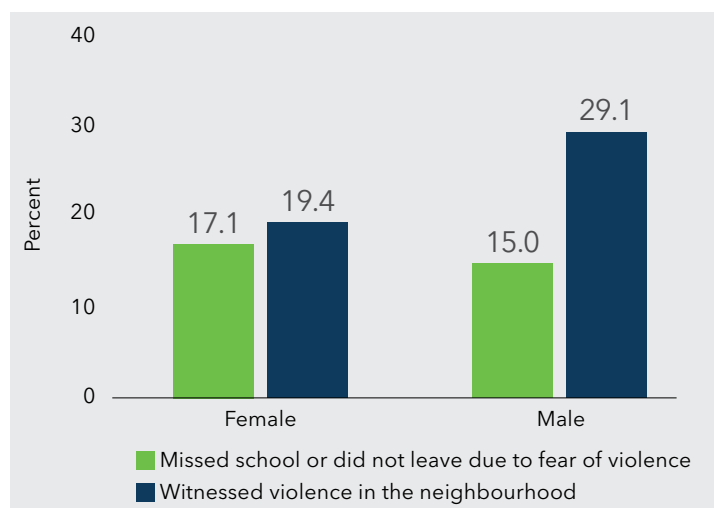


Figure 13.2. Safety of environment related to violence among 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children and Youth Survey (HVACS), 2024

13.3. PARENT AND CAREGIVER SUPPORT

Among 13- to 17-year-olds, 75.9% of females and 70.4% of males said their parents used positive discipline strategies in the past 12 months. In contrast, nearly one in four females (23.9%) and one in three males (29.1%) experienced physical discipline or verbal aggression by a parent in the past 12 months. More than four in five females (86.1%) and 89.2% of males said they were close or very close to their mothers, and 70.3% of females and 73.3% of males said it was easy to talk to their mothers about something that was really bothering them. More than two in five females (43.7%) and 47.9% of males indicated that their parents had high parental monitoring and supervision.

13.4. INCOME AND ECONOMIC STRENGTHENING

The survey included questions about work, food insecurity, and who makes economic decisions in the household as indicators of Income and economic strengthening. Among 13- to 17-year-olds, 9.7%

of females and 22.7% of males experienced food insecurity. The question about women's economic empowerment assessed the extent to which married or cohabitating females indicated that they have a say in how money is spent in the household. Among 18- to 24-year-old married or cohabitating females who worked for money or other payment in the last 12 months, 16.8% indicated they have a say in how money is spent.

13.5. EDUCATION AND LIFE SKILLS

Indicators of Education and life skills assess both engagement and participation in education and risk behaviors. Among 13- to 17-year-olds, 76.7% of females and 86.3% of males are currently enrolled in school. Binge drinking is rare among adolescents in refugee settings in Ethiopia; the estimates for both females and males engaged in binge drinking in the past 30 days were below 1%. Among 18- to 24-year-olds, 7.8% of females and 5.2% of males had early sexual debut, defined as first sex at or before age 15. About 57.0% of females and 15.3% of males were married or cohabitated before age 18.



SECTION 14: Summary and discussion

The 2024 Ethiopia HVACS was a representative survey on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male children and youth in refugee camps in Ethiopia. This report describes the burden, context, and consequences for violence against children and youth. It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilised for incidents of sexual and physical violence. The wealth of information provided by the survey can guide prevention and response efforts that are uniquely adapted to the humanitarian context in Ethiopia.

14.1. PRIORITY FINDINGS FOR NATIONAL RESPONSE

The findings paint a complex and nuanced picture of the experiences of violence among children, its impact, and its drivers. Several notable findings point to unique aspects of the lives and environments that girls and boys in refugee camps live in and how violence affects their lives.

1 Magnitude of Violence Against Children

- ➞ 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 having experienced at least one form of violence (sexual, physical, or emotional) before the age of 18. About a third of females and nearly two in five males aged 13-17 experienced at least one form of violence in the past 12 months.

2 Violence in home settings

- ➞ The prevalence of physical violence against children in the home setting is high. Parents and caregivers who should be the primary protectors of children often perpetrated physical violence in childhood against both females and males aged 18-24.

- ➞ In addition, a considerable proportion of females and males aged 13-17 experienced emotional violence by a parent, adult caregiver, or other adult relative in the past 12 months, having been told that either they were unloved or did not deserve to be loved, that the parent or caregiver wished they were dead or had never been born, or were ridiculed or put down.

- ➞ The prevalence of violent discipline including corporal punishment and psychological aggression against children is also high. About a quarter of females and a third of males aged 13-17 experienced physical discipline or verbal aggression by parents or caregivers in the past 12 months.

- ➞ Children's exposure to violence at home is high. Witnessing violence in the home in childhood is common among both among females and males aged 18-24.

- ➞ Despite these results, one of the encouraging findings involved close relationships that children have with their mothers, which is a key protective factor. Children aged 13-17 had a close relationship with their mothers

and found their mothers easy to talk to. Parental monitoring and supervision were moderate among both females and males. In addition, about three in four 13- to 17-year-old females and males had parents and caregivers who used positive discipline.

- ➔ When children disclose incidents of violence, they mostly talk to family members or relatives. Half of females ages 18-24 told someone about an experience of sexual violence in childhood. Most of them told a relative or a friend or neighbor about the incident. Similarly, about one in five females and a few males told someone about the experience of any physical violence in childhood. Many females and males told a relative. This is another finding that points to the importance of nurturing children's relationships with parents and family members as a protective factor that can build resilience among youth.

3 Children's experience of violence in early childhood

- ➔ Children's exposure to violence starts early in the refugee camps in Ethiopia. The HVACS indicates that children's exposure to physical and emotional violence begins at young ages.

4 Intergenerational cycles of violence

- ➔ One of the findings of the HVACS is the indication of a cycle of violence affecting children in refugee camps in Ethiopia. As survivors or witnesses of violence, children and youth are at a higher risk of further victimization or perpetration. Children who experienced violence are at a higher risk of perpetrating violence themselves. Equally, youth who witnessed violence in childhood are at a higher risk of

becoming perpetrators in young adulthood, carrying forward the impact of violence they experienced in childhood to their own relationships. Witnessing violence at home in childhood is also significantly associated with victimization in childhood as well as in young adulthood.

- ➔ **Perpetration:** A higher proportion of males aged 18-24 who experienced physical violence in childhood perpetrated physical violence compared to males who did not experience physical violence in childhood.
- ➔ **Victimization:** The HVACS identified a high level of association between witnessing violence at home and experiencing sexual and physical violence victimization in childhood for both 13- to 17-year-olds and 18- to 24-year-olds.

5 Violence in school settings

- ➔ Children spend most of their waking hours in pre-school and school. When children are exposed to violence at school, they are denied their right not only to protection but also to education. Some children in refugee camps in Ethiopia are exposed to violence in school settings. In addition, there is a high level of acceptance of corporal punishment by teachers. Positive findings in school settings are that more than half of children ages 13-17 have been taught some life skills in school, including anger management, how to avoid physical fights and violence in school, and how to avoid bullying in school.

6 Violence by peers

- ➔ Children are also exposed to violence from their peers, which include people of the same age, not including a boyfriend/girlfriend, spouse, or romantic partner.

7 Violence by boyfriends, girlfriends, and romantic partners

- ➔ Violence perpetrated by romantic partners is equally noteworthy. Among 18- to 24-year-olds who experienced sexual violence in childhood, about three in four females and one-third of males first experienced sexual violence by their current or previous spouses, boyfriends and girlfriends, or romantic partners.

8 Attitudes, values, and social norms

- ➔ High level of acceptance and normalization of violence against children and women by adolescents and young people was also revealed. About one-third of the 18- to 24-year-olds, females and males, agreed that corporal punishment by parents is necessary; about two in three justified wife beating by a husband. Furthermore, most females and males endorsed traditional norms and beliefs about gender, sexuality, and violence.

9 Differences between boys and girls in disclosure and service seeking for violence

- ➔ Males are less likely to disclose, while females are less likely to seek services, especially when they suffer from sexual violence. A lower percentage of females compared to males ages 18-24 who experienced sexual violence in childhood knew of a place to seek help for sexual violence. Similarly, a lower

percentage of females compared to males sought help.

10 Linkages between disability and violence

- ➔ The Ethiopia HVACS results confirmed an association between disability and experiences of violence, especially for males. Males with disability were more likely to report physical or sexual violence compared to males with no disability.
- ➔ **Poly-victimisation:** Children experience overlapping forms of violence in multiple settings including home, school, and communities.

14.2. STRENGTHS AND LIMITATIONS

The 2024 Ethiopia HVACS is the first representative household study on the burden of sexual, physical, and emotional violence against children and youth in refugee camps in the country. There are important strengths and limitations to consider when interpreting the data. The sampling strategy ensured the data are representative of households in refugee camps, and random sampling using a stratified three-stage cluster design allowed for calculation of weighted estimates. Another benefit of the survey is the level of detail obtained on the context of violence. The rich, contextualized data in the Ethiopia HVACS can inform programmatic and policy strategies to prevent and respond to violence against children and youth in humanitarian settings. Another strength of the HVACS is that it relies on a core questionnaire that has been adapted from VACS conducted in several countries and informed by global guidance on conducting such surveys in humanitarian settings. Most importantly, the process of planning the HVACS – thorough engagement with the stakeholders, including the Refugees and Returnees Service as well as UNHCR and its implementing partners – can bolster ownership of the data and results, encouraging efforts to use the data to prevent and respond to violence against children and youth in humanitarian settings.

There are also limitations that must be considered. First, because the HVACS involved a household survey, other vulnerable populations (such as children residing in institutions, residential care, or justice systems, as well as those living on the street) have been excluded or missed. Similarly, children and youth who are away from home to attend school or for other reasons for an extended period of time would not have been available to participate in the survey. Children were also excluded from the study if they had a disability that prevented them from understanding or responding to the interview questions or from being interviewed in private. Children residing outside of the home in vulnerable settings, or living with disabilities, could be at higher risk for violence. Future studies should address the burden of violence among these special populations.

Second, the survey collected contextual information only on the first and most recent episodes of each type of violence when individuals reported multiple instances of a form of violence. This potentially results in missing important contextual detail on certain violent events affecting participants. The HVACS is also vulnerable to recall bias. The study does not include participants over the age of 24 to maximise participants' ability to recall events from childhood. However, there is still a chance that participants do not accurately recall the details of their experiences, particularly those very early in childhood.

Third, some participants may not have been comfortable disclosing personal and sensitive life experiences to strangers, resulting in an underestimate of the prevalence of violence. The survey was conducted only if interviewers could ensure privacy and reduce the risk of retaliation for participation in the survey. Interviewers underwent extensive training on how to maximise rapport with participants. Finally, the survey moved through sensitive questions in a graduated manner to help comfort participants and facilitate trust building with their interviewer. These strategies were in place to facilitate disclosure.

14.3. IMPLICATIONS FOR PREVENTION AND RESPONSE

The key findings from the 2024 Ethiopia HVACS have important implications for governments and stakeholders working in humanitarian settings to accelerate efforts to prevent and effectively respond to violence against children and youth. These are outlined below.

- ➔ Parenting education is needed to promote positive parenting and to prevent all forms of violence at home. The survey results indicate that home is not safe for many children in refugee camps, where they directly experience physical and emotional violence and are violently disciplined. At the same time, many children witness domestic violence and may accept norms that condone violent discipline against them as well as wife beating by a husband. There is an urgent need to sensitise parents and other caregivers on positive parenting, prevention, and response resources on violence against children and other forms of violence within a family, including violence against women. Addressing all forms of violence in family environments is critical for meaningful impact on the safety and security of children.
- ➔ From the policy level to service provision on the ground, efforts to prevent and respond to violence against children and those to address violence against women and gender-based violence could be coordinated to take into consideration their co-occurrence, shared risk factors, and common consequences. Patterns of violence against children and violence against women indicate intergenerational effects, fuelling cycles of violence. For example, research has shown that children in families where the mother is abused are more likely to experience

violent discipline themselves. In addition, partner violence and violence against children can take place in the same households, given shared risk factors such as harmful use of alcohol and drugs and male dominance in the household. Frontline workers responsible for supporting victims of domestic violence and gender-based violence survivors can work closely with those responsible for child protection to provide children who witness domestic violence with psychosocial and other necessary support. Children exposed to domestic violence are at a higher risk of directly experiencing violence against themselves and becoming perpetrators. Both female survivors of gender-based violence and their children should be supported to de-normalise acceptance of violence.

- ➔ Children require age-appropriate life skills to protect themselves from experiencing and perpetrating violence from an early age. Children need to be empowered with life skills to protect themselves from both experiencing and perpetrating all forms of violence. Children need to be equipped with knowledge to protect themselves from violence perpetrated by parents, relatives, teachers, and other adults in different settings. At the same time, given a high level of perpetration of violence by intimate partners, children and adolescents need to have knowledge and skills to prevent and respond to intimate partner violence, dating violence, peer violence, and bullying, including online violence. Life-skills programmes designed in an age-appropriate manner and those that start early have the greatest potential for success, given that many sexual violence survivors suffered the first experience at the age of 15 or younger. In addition, programmes that are contextualised can

address the high levels of acceptance of the existing harmful attitudes and social norms around violence against children (corporal punishment), violence against women (wife beating by husband), and gender inequality. To the extent possible, the content of life skills for children and adolescents should be aligned to the content of parenting education so that both children and adults learn consistent messages.

- ➔ Psychosocial support and mental health services for survivors of violence is critical. Mental distress and suicidal ideation are alarmingly high among survivors of all forms of violence. While emotional violence is often not visible, the HVACS revealed the severe impact of emotional violence on the mental health condition of child survivors. Children and adolescents who suffer from emotional violence can benefit from psychosocial support and mental health interventions. At the same time, efforts to educate social workers and child protection workers who directly support child survivors of violence about the impact of violence on mental health can improve the services they provide. Such efforts can relate how to be caring and sensitive to survivors throughout the process of case management and how to ensure that they have access to appropriate psychosocial support and mental health treatment.
- ➔ Both demand- and supply-side impediments to service seeking and receipt of services need to be addressed. Service-seeking behaviour for violence is low among children despite knowledge of where to seek help. Children and adolescents need to be given information on where to contact and seek support in cases of violence, and service seeking for violence should be encouraged and

normalised. Efforts to reach parents are also important, given findings that child survivors who tell anyone about incidents of violence most often confide in their family, friends, and peers. At the same time, service providers in relevant sectors (such as education, health, judicial, law enforcement, and social protection) can benefit from strategies to strengthen knowledge and skills for early identification, reporting, and referral.

- ➔ Attitudes, values, and social norms that condone violence against children and women need to be addressed at different levels – children, parents/ caregivers, and community. Acceptance of corporal punishment, wife beating, and traditional gender norms was high among children and young adults. Normalisation and acceptance of violence can also affect nonreporting, hinder service seeking, and lead to future violence perpetration and victimisation. Age-appropriate programmes for young children can target norms that are formed at an early age. Children in early adolescence can also be targeted through social media platforms and in youth-friendly settings, such as at school. At the same time, parents and caregivers could be sensitised on the existence and negative impact of some social norms. Community-wide interventions to address acceptance of violence, harmful attitudes, and social norms are needed at the community or societal level. Efforts should be made to address both violence against children and violence against women in the context of harmful gender norms.
- ➔ Violence prevention would benefit from understanding and preventing children's experience of violence in early childhood. Early childhood is a

time of tremendous physical, cognitive, and socio-emotional development. Prevention, early identification, response, and referral of cases of violence against young children can be mainstreamed in an existing platform, especially health services, which has access to parents and caregivers of young children. Equipping the child protection workforce with knowledge of the special vulnerability of young children to violence as well as prevention and response strategies working with multi-sector stakeholders can promote well-being and health.

- ➔ A gender-sensitive approach is needed to address specific vulnerability of both boys and girls. Boys are less likely to disclose, while girls are less likely to seek services when they suffer from sexual violence. Traditional social norms that endorse masculinity, which tend to expect boys to be strong and not show emotion and to use violence as an acceptable strategy in peer, partner, and parenting interactions, need to be addressed. Life-skills training for boys can address boys' rights to protection and the importance of discussing and seeking support when they encounter challenges including violence. The distinct vulnerability of girls can also continue to be prioritised to improve awareness of help-seeking behaviours.
- ➔ Special attention should be given to children with disability. The survey findings confirmed an association between disability and exposure to violence in childhood, especially for males. This underscores the value of special attention to children who have disability. These efforts should consider the unique needs of children affected by humanitarian situations, such as internally displaced persons and refugees as well as children on the

streets, in institutions, and in labour situations.

- ➞ Violence prevention efforts need to include primary, secondary, and tertiary prevention. A comprehensive prevention response must approach the problem from multiple levels to mitigate the severe consequences of violence. As shown in the HVACS results, violence affects children's mental health, school attendance, acceptance and normalisation of violence, and perpetration and victimisation at later stages. In addition to primary prevention, secondary and tertiary prevention can address the consequences of violence that last into adolescence and adulthood by mitigating its effects. Secondary prevention refers to early identification and management of violence against children to break the progress of the problem. Tertiary prevention refers to efforts to respond to, protect, and rehabilitate child survivors. Tertiary prevention is often referred to as response; it is critical to remember its importance as part of prevention of the recurrence of violence – not only against the same survivor, but also their normalisation of violence and further victimisation or future perpetration. At the same time, care should be taken not to stigmatise child survivors or witnesses of violence, as not all of them become victims of other forms of violence and perpetrators in the future.

While the 2024 Ethiopia HVACS data did not capture situations of children in refugee camps who are not residing in households, it is important to remember the specific vulnerabilities that these children face and prioritise vulnerable populations for research, prevention, and response efforts.

- ➞ Children in residential care institutions, including charitable children's

institutions and statutory institutions such as remand homes and correction centres, are known to be at high risk of violence. Development and implementation of child protection policies in residential care institutions as well as training of caregivers is necessary in addition to monitoring of the minimum standard of care. It is equally important to ensure children are protected from violence in all family-based alternative care as well as the home they will be reintegrated into. Biological parents, relatives, and caregivers of children with protection concerns can be included in parenting programmes to teach positive parenting skills and prevention of violence in family settings.

14.4. PREVENTION AND RESPONSE PRIORITIES

Key stakeholders came together in a data-to-action workshop at the end of the survey to review and interpret the 2024 Ethiopia HVACS results and to identify sector-specific priorities for preventing or responding to violence against children with a focus on humanitarian settings as well as strategies for implementing interventions. The stakeholders included the Refugees and Returnees Service; Ethiopia Ministries of Women and Social Affairs, Health, Education, and Justice; and UNHCR Ethiopia implementing partners. In addition to the INSPIRE Framework, the priorities and strategies for implementation were informed by the Child Protection Minimum Standards (CPMS), which aims to strengthen child protection in humanitarian settings (The Alliance for Child Protection in Humanitarian Action, 2020). The recommendations from the data-to-action workshop were intended to inform programme directions and resource mobilisation for effective prevention and response to violence against children in refugee settings in the country.



APPENDIX A: Ethiopia 2024 HVACS data tables

Section 3: Background characteristics of youth

Background characteristics of 18- to 24-year-olds

Table 3.1.1. Background characteristics of 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Education Status	Females (n=941)	Males (n=682)
Never attended school	30.4 (24.3-37.3)	10.6 (6.8-16.1)
Less than or attending primary school	17.6 (13.4-22.7)	21.3 (16.2-27.4)
Completed primary school	22.9 (16.9-30.3)	27.5 (21.3-34.8)
Completed or attending secondary school	20.2 (13.5-29.0)	33.6 (26.4-41.6)
Higher than secondary school	8.6 (6.3-11.6)	7.1 (4.3-11.4)
Orphan Status Before Age 18	Females (n=941)	Males (n=682)
Not an orphan before age 18	71.5 (65.0-77.3)	75.8 (64.9-84.2)
Lost one parent before age 18	16.8 (12.9-21.5)	19.7 (12.4-30.0)
Lost both parents before age 18	3.3 (2.2-5.1)	3.0 (1.5-5.9)
Socioeconomic Conditions	Females (n=941)	Males (n=682)
Worked for money or other payment in the past 12 months	18.7 (12.4-27.0)	41.2 (30.5-52.8)
Experienced food insecurity in the past month	Females (n=941)	Males (n=682)
	8.1 (4.5-14.0)	24.2 (18.3-31.2)
Relationship Status	Females (n=941)	Males (n=682)
Ever been married or lived with someone as if married	58.2 (53.0-63.3)	17.8 (10.5-28.7)
Married or lived with someone as if married before age 18	Females (n=941)	Males (n=682)
	33.2 (27.9-39.0)	2.7 (1.3-5.5)
Arranged marriage (of those who are married)	Females (n=538)	Males (n=134)
	26.9 (19.0-36.6)	32.2 (25.1-40.2)
Current Marital Status	Females (n=941)	Males (n=682)
Never married	39.9 (35.4-44.6)	82.2 (71.3-89.5)
Married or cohabiting	42.3 (36.2-48.6)	14.7 (8.0-25.4)
Divorced/separated	14.6 (10.2-20.4)	3.1 (1.6-6.1)
Widowed	1.4 (0.8-2.4)	**
Sexual History	Females (n=941)	Males (n=682)
Ever had sex [1]	69.6 (62.6-75.7)	59.5 (51.4-67.2)
Had first sex before age 16	Females (n=941)	Males (n=682)
	16.0 (12.8-19.7)	8.3 (4.9-13.7)
Median age at first sex (among those who ever had sex)	Females (n=624)	Males (n=373)
	17 (17-17)	18 (18-18)

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Country of Origin (Household Head)	Females (n=941)	Males (n=682)
South Sudan	47.1 (27.4-67.7)	48.5 (27.9-69.6)
Somalia	38.8 (21.9-58.8)	34.1 (18.2-54.6)
Sudan	4.2 (1.1-14.2)	8.5 (4.1-16.9)
Eritrea	8.9 (2.3-29.2)	7.9 (1.9-27.2)
Other	0.2 (0.0-1.6)	0.2 (0.0-0.8)
Unspecified	0.9 (0.4-1.9)	0.9 (0.4-2.1)
	Females (n=927)	Males (n=671)
Median duration of stay in camp in years (Household Head)	11 (10-12)	12 (11-12)

Note: CI = confidence interval.

[1] Sex includes vaginal, oral, or anal intercourse.

**Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Table 3.1.2. Location of work among 18- to 24-year-olds who have worked in the past year – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

		Females		Males
	n§	Weighted % (95% CI)	n§	Weighted % (95% CI)
Earned money inside camp	106	64.6 (47.7-78.5)	147	49.9 (35.5-64.5)
Earned money outside camp	36	35.4 (21.5-52.3)	171	48.6 (33.8-63.7)

Note: CI = confidence interval.

n§ represents numerator

Table 3.1.3. Disability status of 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Disability Status	Females (n=941)	Males (n= 682)
Blind or has serious difficulty seeing even when wearing glasses	5.7 (3.6-8.7)	7.9 (3.5-17.0)
Serious difficulty concentrating, remembering, or making decisions	7.9 (4.3-14.1)	8.8 (4.9-15.4)
Serious difficulty walking or climbing stairs	4.6 (1.7-11.8)	8.0 (4.5-13.9)
Difficulty dressing or bathing	3.3 (1.4-7.6)	7.4 (3.5-15.0)
Difficulty doing errands alone	6.6 (2.8-14.5)	8.6 (4.3-16.5)
Difficulty communicating (understanding or being understood)	3.5 (0.9-12.4)	5.8 (2.5-12.9)
Any of the above forms of disability	14.3 (9.1-21.6)	16.3 (10.3-24.7)

Background characteristics of 13- to 17-year-olds

Table 3.2.1. Background characteristics of 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Education Status	Females (n=996)	Males (n=854)
Never attended school	13.3 (9.6-18.3)	13.5 (7.7-22.4)
Completed primary education or less	73.7 (67.1-79.3)	69.2 (63.3-74.6)
Some secondary education or more	13.0 (8.4-19.6)	17.3 (11.3-25.7)
Current School Enrolment Status		
	Females (n=870)	Males (n=771)
Currently enrolled in school	76.7 (67.1-84.2)	86.3 (78.5-91.6)
Orphan Status	Females (n=996)	Males (n=854)
Not an orphan	75.4 (68.9-80.9)	77.3 (66.3-85.5)
Lost one parent	21.1 (15.6-28.1)	21.9 (13.7-33.2)
Lost both parents	3.0 (1.6-5.7)	0.3 (0.1-1.1)
Socioeconomic Conditions	Females (n=996)	Males (n=854)
Worked for money or other payment in the past 12 months	6.3 (2.4-15.4)	26.9 (16.9-39.9)
	Females (n= 996)	Males (n= 854)
Experienced food insecurity in the past month	9.7 (4.7-18.9)	22.7 (17.1-29.5)
Relationship and Sexual History		
	Females (n=996)	Males (n=854)
Ever been married or lived with someone as if married	10.3 (7.4-14.2)	3.2 (1.3-7.4)
	Females (n=996)	Males (n=854)
Ever had sex [1]	16.7 (14.5-19.0)	18.1 (13.8-23.3)
	Females (n=131)	Males (n=107)
Median age at first sex (among those who ever had sex)	15 (15-15)	15 (14-15)
Country of Origin (Household Head)	Females (n=996)	Males (n=854)
South Sudan	55.7 (33.0-76.3)	53.3 (29.6-75.6)
Somalia	32.6 (16.0-55.1)	29.3 (13.9-51.6)
Sudan	2.1 (0.3-14.6)	6.9 (3.0-15.2)
Eritrea	8.5 (2.0-29.4)	8.8 (2.1-30.0)
Other	0.3 (0.0-1.7)	**
Unspecified	0.8 (0.4-1.6)	1.7 (0.5-5.3)
	Females (n=986)	Males (n=836)
Median duration of stay in camp (Household Head)	10 (10-11)	12 (12-12)

Note: CI = confidence interval.

[1] Sex includes vaginal, oral, or anal intercourse.

**Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Table 3.2.2. Location of work among 13- to 17-year-olds who have worked in the past year – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	n§	Weighted % (95% CI)	n§	Weighted % (95% CI)
Earned money inside camp	24	52.6 (19.6-83.5)	79	68.3 (47.6-83.6)
Earned money outside camp	14	47.4 (16.5-80.4)	92	31.7 (16.4-52.4)

Note: CI = confidence interval.
n§ represents numerator

Table 3.2.3. Disability status of 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Disability Status	Females (n=996)	Males (n=854)
Blind or has serious difficulty seeing even when wearing glasses	4.5 (1.7-11.2)	2.8 (1.5-5.2)
Serious difficulty concentrating, remembering, or making decisions	9.0 (4.1-18.4)	7.2 (4.4-11.5)
Serious difficulty walking or climbing stairs	5.2 (1.4-17.6)	6.3 (3.5-10.9)
Difficulty dressing or bathing	5.4 (1.2-20.9)	4.5 (1.4-13.3)
Difficulty doing errands alone	7.0 (1.9-22.6)	6.9 (3.0-15.5)
Difficulty communicating (understanding or being understood)	3.6 (1.1-11.8)	2.2 (0.9-5.3)
Any of the above forms of disability	14.9 (6.9-29.4)	12.9 (7.6-21.1)

Section 4: Sexual violence

Sexual violence in childhood among 18- to 24-year-olds

Table 4.1.1. Prevalence of different types of sexual violence [1] before age 18 among 18- to 24-year-olds – Ethiopia
Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
	Females (n=941)	Males (n=682)
Any type of sexual violence in childhood	13.9 (10.9-17.5)	2.2 (1.0-4.7)
	Females (n= 941)	Males (n= 682)
Unwanted sexual touching in childhood	7.0 (4.7-10.3)	1.0 (0.5-2.1)*
	Females (n= 941)	Males (n= 682)
Unwanted attempted sex in childhood	9.4 (7.1-12.4)	1.3 (0.6-2.8)*
	Females (n=941)	Males (n= 682)
Pressured sex [2] in childhood	10.4 (7.9-13.6)	1.3 (0.5-3.4)*
	Females (n= 941)	Males (n= 682)
Physically forced sex in childhood	9.7 (6.9-13.5)	0.7 (0.3-1.8)*
	Females (n= 941)	Males (n= 682)
Pressured or physically forced sex in childhood	11.6 (8.7-15.3)	1.3 (0.5-3.4)*
	Females (n= 941)	Males (n= 682)
Sex when survivor was too drunk to say no in childhood	3.1 (1.8-5.0)	0.6 (0.2-1.7)*
	Females (n= 941)	Males (n= 682)
Pressured or physically forced sex at first sexual experience [3]	7.8 (5.4-11.2)	0.0**

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[2] Pressured sex includes: harassment or threats.

[3] Among 18- to 24-year-olds who had sex before age 18.

* Unreliable estimate; result should be interpreted with caution.

Table 4.1.2. Characteristics of survivors at the first experience of sexual violence [1] among 18- to 24-year-olds who experienced any sexual violence before age 18 - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=129)	Males (n=22)
	Weighted % (95% CI)	Weighted % (95% CI)
Age at first experience of sexual violence in childhood		
13 or younger	38.9 (25.6-54.1)	17.1 (5.5-42.0)*
14-15	19.8 (11.4-32.1)	51.8 (19.2-82.9)*
16-17	41.3 (26.7-57.7)	31.1(8.1-69.7)*
Age at first experience of pressured or physically forced sex in childhood (among those who experienced pressured or physically forced sex in childhood)		
	Females (n=129)	Males (n=22)
13 or younger	40.7 (28.2-54.6)	17.1 (5.5-42.0)*
14-15	14.6 (8.2-24.8)	38.5 (7.3-83.2)*
16-17	25.4 (17.6-35.1)	4.6 (0.5-33.5)*
	Females (n=129)	Males (n=22)
Experienced multiple incidents of sexual violence in childhood	76.4 (63.9-85.5)	50.2 (27.8-72.5)

Note: CI = confidence interval.

(1) Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

* Unreliable estimate; result should be interpreted with caution.

Table 4.1.3. Characteristics of perpetrators of the first experience of sexual violence [1] among 18- to 24-year-olds who experienced any sexual violence before age 18 – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=129)	Males (n=22)
	Weighted % (95% CI)	Weighted % (95% CI)
Perpetrators of first incident of any sexual violence in childhood		
Current or previous spouse / boyfriend / girlfriend or romantic partner	69.8 (54.2-81.9)	**
Classmate / schoolmate	1.3 (0.3-6.3)	**
Stranger	5.4 (0.9-27.5)	**
Authority figure	9.7 (3.4-24.7)	**
Other [2]	13.5 (6.1-27.1)	**
Perpetrators of first incident of pressured or physically forced sexual violence in childhood		
	Females (n=100)	Males (n=10)
Current or previous spouse / boyfriend / girlfriend or romantic partner	89.1 (79.4-94.6)	**
Classmate / schoolmate	0.7 (0.1-5.7)	**
Stranger	1.7 (0.4-6.6)	**
Authority figure	2.1 (0.4-10.0)	**
Other [3]	6.4 (2.3-16.2)	**
Perpetrators of first incident of sexual violence in childhood who were 5 or more years older than the survivor		
	Females (n=129)	Males (n=22)
Perpetrator 5 or more years older at first incident of any sexual violence in childhood	80.8 (73.1-86.8)	30.4 (16.7-48.7)*
	Females (n=129)	Males (n=22)
Perpetrator 5 or more years older at first incident of pressured or physically forced sex in childhood	64.7 (52.0-75.7)	17.5 (3.7-54.2)*
	Females (n=129)	Males (n=22)
More than one perpetrator at first incident of sexual violence in childhood	76.2 (63.2-85.6)	66.2 (24.6-92.2)*

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Other includes: Family member, teacher, police/security person, employer, neighbourhood/religious leader, neighbour, friend, stranger.

[3] Other includes: teacher, police/security person, employer, neighbourhood/religious leader, stranger, other.

* Unreliable estimate; result should be interpreted with caution.

**Unreliable estimate; estimate is suppressed.

Table 4.1.4. Location and time of day of first incident of sexual violence [1] among 18- to 24-year-olds who experienced sexual violence before age 18 – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=129)	Males (n=22)
	Weighted % (95% CI)	Weighted % (95% CI)
Location of first incident of sexual violence in childhood		
Respondent's home	39.1 (25.4-54.8)	**
Perpetrator's home	21.8 (10.3-40.4)	**
Someone else's home	14.2 (8.6-22.4)	**
Outside location [2]	23.3 (12.3-39.7)	**
Other [3]	1.5 (0.3-7.5)	**
Time of day [4] of first incident of sexual violence in childhood		
Morning	15.6 (7.4-30.0)	**
Afternoon	26.4 (17.5-37.8)	**
Evening	37.2 (22.3-55.1)	**
Late at night	20.8 (12.9-31.6)	**
Whether the first incident of sexual violence in childhood happened before/after arriving in the camp		
Before	67.7 (52.7-79.8)	34.1 (10.1-70.4)
After	32.3 (20.2-47.3)	65.9 (29.6-89.9)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[2] Outside location includes: On a road/street, market/shop, school, lake/river or other body of water, field/other natural area.

[3] Other includes inside a car/bus, alcohol outlet (e.g., restaurant, bar, disco, club), religious institutions, office.

[4] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.

Note: Percents may sum to >100% because some survivors may have experienced multiple forms of sexual violence that may have occurred at different locations or at different time of the day.

**Unreliable estimate; estimate is suppressed.

Sexual violence in the past 12 months among 18- to 24-year-olds**Table 4.1.5.** Prevalence of different types of sexual violence [1] in the past 12 months among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Any type sexual violence in the past 12 months	9.4 (7.0-12.6)	5.1 (2.1-11.7)
	Females (n=941)	Males (n=682)
Unwanted sexual touching in the past 12 months	4.8 (3.1-7.4)	3.5 (1.2-9.8)*
	Females (n=941)	Males (n=682)
Unwanted attempted sex in the past 12 months	5.8 (3.9-8.6)	2.7 (1.0-6.6)*
	Females (n=941)	Males (n=682)
Pressured sex [2] in the past 12 months	5.2 (3.1-8.5)	1.0 (0.3-3.5)*
	Females (n=941)	Males (n=682)
Physically forced sex in the past 12 months	6.2 (4.1-9.3)	2.3 (1.0-5.3)*
	Females (n=941)	Males (n=682)
Pressured or physically forced sex in the past 12 months	7.1 (4.9-10.2)	2.3 (1.0-5.3)
	Females (n=941)	Males (n=682)
Transactional sex [3] in the past 12 months	4.1 (2.3-7.2)	1.2 (0.5-3.3)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Pressured sex includes: threats, harassment, or tricking.

[3] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

* Unreliable estimate; result should be interpreted with caution.

Table 4.1.6. Characteristics of perpetrators of the most recent incident of sexual violence [1] among 18- to 24-year-olds who experienced sexual violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=86) Weighted % (95% CI)	Males (n=24) Weighted % (95% CI)
Perpetrators of the most recent incident of sexual violence in the past 12 months		
Current or previous spouse / boyfriend / girlfriend or romantic partner	74.6 (58.0-86.2)	**
Authority figure [2]	3.4 (1.4-7.7)	**
Neighbour	6.7 (2.3,18.2)	**
Classmate / schoolmate	2.8 (0.8-9.6)	**
Friend	5.1 (0.6-33.6)	**
Stranger	4.9 (1.1-20.2)	**
Other	2.5 (0.6-10.2)	**
Perpetrators of the most recent incident of pressured or physically forced sex in the past 12 months		
	Females (n=86)	Males (n=24)
Current or previous spouse / boyfriend / girlfriend or romantic partner	72.3 (52.8-86.0)	**
Authority figure	0.8 (0.1-5.5)	**
Classmate / schoolmate / friend / neighbour	4.5 (1.7-11.4)	**
Others	22.4 (10.0-42.8)	**
Perpetrators of most recent incident of sexual violence who were 5 or more years older than the survivor		
	Females (n=86)	Males (n=24)
Perpetrator was 5 or more years older at the most recent incident of any sexual violence in the past 12 months	39.5 (26.8-53.9)	1.2 (0.1-11.2)
Sex of the perpetrator of the most recent incident of sexual violence		
	Females (n=86)	Males (n=24)
Female	0.0	0.0
Male	100.0	100.0

Note: CI = confidence interval. The estimate for perpetrators of male sexual violence is unreliable.

[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Authority figure: includes teacher, police/security person, employer, neighbourhood/religious leader.

** Unstable estimate; estimate is suppressed.

Table 4.1.7. Disclosure, service seeking, and receipt of services for any incident of sexual violence [1] among 18- to 24-year-olds who have experienced any sexual violence and pressured or physically forced sex - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Disclosure, service seeking, and receipt of services for any incident of sexual violence		
	Females (n=178)	Males (n=41)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about an experience of any sexual violence	50.0 (39.3-60.8)	6.5 (1.1-29.7)*
	Females (n=178)	Males (n=41)
Knew of a place to seek help for any experience of sexual violence	27.9 (18.1-40.4)	62.2 (27.0-88.0)*
Sought help for any experience of sexual violence	24.1 (16.9-33.0)	39.2 (22.2-59.4)*
Received help for any experience of sexual violence	22.0 (12.1-36.6)	3.9 (3.0,35.4)
Disclosure, service seeking, and receipt of services for any incident of sexual violence among those who have experienced any pressured or physically forced sex		
	Females (n=124)	Males (n=15)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about experience of any sexual violence	46.9 (33.5-60.7)	3.9 (0.4-31.2)*
Knew of a place to seek help for any experience of any sexual violence	27.9 (18.1-40.4)	62.2 (27.0-88.0)*
Sought help for experience of any sexual violence	23.9 (14.7-36.5)	3.9 (0.4-31.2) *
Received help for experience of any sexual violence	22.0 (12.1-36.6)	3.9 (0.4-31.2)*

Note: CI = confidence interval.
 [1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.
 * Unreliable estimate; result should be interpreted with caution.

Table 4.1.8. Relationship with the person the survivor told about any incident of sexual violence [1] among 18- to 24-year-olds who experienced any sexual violence and who told someone - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Person the survivor told about sexual violence	Females (n=70)	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Relative [2]	72.5 (46.9-88.7)	**
Friend or neighbour	22.7 (8.6-47.8)	**
Service provider or authority figure [3]	4.8 (0.8-23.8)	**

Note: CI = confidence interval.
 (1) Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.
 (2) Relative includes: mother, father, brother, sister, and other relatives.
 (3) Service provider or authority figure includes: traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.
 **Unreliable estimate; estimate is suppressed.

Table 4.1.9. Source of service received for any incident of sexual violence [1] among 18- to 24-year-olds who experienced any sexual violence and received help – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n= 33)	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	79.9 (48.1-94.5)	**
Police or other security personnel	84.4 (56.5-95.8)	**
Legal professional	74.5 (34.7-94.2)	**
Social worker or counsellor	60.7 (33.5-82.5)	**
Aid worker	62.2 (35.2-83.3)	**
Community leader	68.2 (46.8-84.0)	**

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

**Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Note: Percents may sum to >100% because some survivors may have received service from multiple providers.

Table 4.1.10. Reasons for not seeking services for sexual violence [1] among 18- to 24-year-olds who experienced any sexual violence and did not seek services – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Reasons for not seeking services	Females (n=95)	Males (n=13)
	Weighted % (95% CI)	Weighted % (95% CI)
Services too far	3.9 (1.3-11.2)	27.4 (2.9-82.6)*
Could not afford services / transport	3.5 (1.0-11.2)	1.7 (0.1-17.2)*
Services not high quality	7.6 (1.9-25.2)	5.9 (1.1-25.7)*
Afraid of getting in trouble	33.5 (20.8-49.2)	25.5 (8.6-55.6)*
Told not to seek services / tell anyone	15.0 (7.7-27.1)	**
Dependent on perpetrator / fear abandonment	6.1 (1.7-19.9)	**
Did not think it was a problem	8.4 (2.1-27.8)	4.6 (0.4-36.9)*
Did not want / need services	13.1 (2.4-48.2)	5.9 (1.1-25.7)*
Felt it was my fault	0.9 (0.2-4.3)	**
Embarrassed for self / family	14.6 (5.9-31.6)	18.1 (5.5-45.5)*
Afraid of perpetrator	26.5 (12.4-47.9)	7.0 (1.0-35.6)*

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

* Unreliable estimate; result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Sexual violence in the past 12 months among 13- to 17-year-olds**Table 4.2.1.** Prevalence of different types of sexual violence [1] in the past 12 months among 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=996)	Males (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Any type of sexual violence in the past 12 months	4.4 (3.0-6.4)	3.8 (2.0-7.0)
	Females (n=996)	Males (n=854)
Unwanted sexual touching in the past 12 months	2.4 (1.5-3.8)	1.3 (0.4-3.7)
	Females (n=996)	Males (n=854)
Unwanted attempted sex in the past 12 months	2.9 (1.8-4.8)	2.7 (1.0-6.6)
	Females (n=996)	Males (n=854)
Pressured sex in the past 12 months	2.1 (1.3-3.3)	0.1(0.0-0.3)
	Females (n=996)	Males (n=854)
Physically forced sex in the past 12 months	2.8 (1.7-4.6)	0.1 (0.0-0.7)
	Females (n=996)	Males (n=854)
Pressured or physically forced sex in the past 12 months	2.9 (1.8-4.6)	0.2 (0.0-1.0)
	Females (n=996)	Males (n=854)
Transactional sex in the past 12 months [2]	1.5 (0.5-4.6)	0.1 (0.0-0.9)
	Females (n=996)	Males (n=854)
Pressured or physically forced sex at first sexual experience among those who have ever had sex	2.9 (1.8-4.6)	0.0 (0.0-0.3)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[2] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

Table 4.2.2. Characteristics of perpetrators of the most recent experience of sexual violence [1] among 13- to 17-year-olds who experienced any sexual violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n= 54) Weighted % (95% CI)	Males (n= 19) Weighted % (95% CI)
Perpetrators of the most recent incident of sexual violence in the past 12 months		
Current or previous spouse / boyfriend / girlfriend	61.6 (46.6-74.6)	18.3 (2.8-63.4)
Family member	5.2 (2.1-12.5)	0.0
Neighbour	17.1 (6.3-38.8)	4.8 (0.4-36.9)
Classmate / schoolmate	1.9 (0.2-16.6)	0.0
Friend	3.6 (0.6-19.0)	13.6 (2.2-52.4)
Stranger	6.5 (2.0-19.5)	8.6 (1.4-39.3)
Other	4.1 (1.3-12.1)	54.6 (12.3-91.2)
Perpetrators of pressured /physically forced sexual violence in the past 12 months		
	Females (n=54)	Males (n=19)
Current or previous spouse / boyfriend / girlfriend or romantic partner	52.2 (35.0-68.9)	0.0
Authority figure	1.4 (0.1-12.6)	0.0
Classmate / schoolmate / friend / neighbour	15.1 (5.0-37.4)	0.0
Others	31.4 (17.5-49.5)	100.0
Perpetrators of the most recent incident of sexual violence in the past 12 months who were 5 or more years older than the survivor		
	Females (n=54)	Males (n=19)
Perpetrator 5 or more years older at the most recent incident of any sexual violence in the past 12 months	41.7 (27.6-57.3)	1.3 (0.1-13.9)
Sex of the perpetrator of the most recent incident of sexual violence		
	Females (n= 54)	Males (n= 19)
Female		
Male	100.0	94.7

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

Table 4.2.3. Location and time of day of the most recent incident of sexual violence [1] among 13- to 17-year-olds who experienced sexual violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=54) Weighted % (95% CI)	Males (n=19) Weighted % (95% CI)
Location of the most recent incident of sexual violence in the past 12 months		
Respondent's home	29.3 (16.7-46.1)	67.1 (21.6-93.8)
Perpetrator's home	13.8 (4.8-33.8)	0.9 (0.1-9.4)
Someone else's home	26.5 (17.2-38.4)	0.0
Outside location [2]	30.5 (19.0-45.1)	2.4 (0.4-13.2)
Other [3]	0.0	29.6 (5.3-76.1)
	Females (n=54)	Males (n=19)
Time of day [4] of most incidents of sexual violence in the past 12 months		
Morning	8.5 (2.8-23.1)	1.4 (0.1-13.7)
Afternoon	22.0 (12.3-36.3)	24.2 (6.8-58.0)
Evening	43.2 (26.2-62.0)	57.4 (13.3-92.2)
Late at night	26.3 (16.1-39.9)	17.0 (2.3-64.3)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Outside location includes: on a road/street, market/shop, school, lake/river or other body of water, field/other natural area.

[3] Other includes inside a car/bus, field or other natural area, bar/restaurant/disco club, other.

[4] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.

Table 4.2.4. Disclosure, service seeking, and receipt for any incident of sexual violence [1] among 13- to 17-year-olds who experienced any sexual violence or pressured or physically forced sex in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Disclosure, service seeking, and receipt of services for any incident of sexual violence		
	Females (n=54)	Males (n=19)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about experience of any sexual violence	53.8 (37.5-69.2)	29.8 (2.6,79.2)
	Females (n=54)	Males (n=19)
Knew of a place to seek help about experience of any sexual violence	22.0 (12.0-36.8)	3.6 (0.5-22.8)
Sought help for experience of any sexual violence	26.3 (10.6-51.8)	32.9 (4.3,84.4)
Received help for experience of any sexual violence	20.7 (9.3-40.0)	29.8 (3.2,84.7)
Disclosure, service seeking, and receipt of services for any sexual violence among those who experienced pressured or physically forced sex in the past 12 months		
	Females (n=33)	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about experience of any sexual violence	47.0 (26.0-69.1)	**
Knew of a place to seek help about experience of any sexual violence	23.7 (10.3-45.6)	**
Sought help for experience of any sexual violence	23.0 (8.0-50.8)	**
Received help for experience of any sexual violence	23.0 (8.0-50.8)	
Note: CI = confidence interval.		
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.		
**Unreliable estimate (RSE is greater than 50%); estimate is suppressed.		

Table 4.2.5. Relationship with the person the survivor told about any incident of sexual violence [1] among 13- to 17-year-olds who experienced any sexual violence in the past 12 months and who told someone – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Person the survivor told about sexual violence	Females (n=26)	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Relative	79.1 (39.8-95.6)	--
Spouse, boyfriend / girlfriend, or partner	20.9 (4.4-60.2)	--
Note: CI = confidence interval.		
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.		

Table 4.2.6. Reasons for not seeking services for sexual violence [1] among 13- to 17-year-olds who experienced any sexual violence in the past 12 months and did not seek services - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Reasons for not seeking services	Females (n=42)	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Services too far	7.3 (3.8-13.6)	**
Services not high quality	11.9 (6.5-20.7)	**
Afraid of getting in trouble	52.2 (33.9-69.8)	**
Told not to seek services/tell anyone	16.4 (8.6-29.0)	**
Dependent on perpetrator / fear / abandonment	5.6 (0.4- 45.2)	**
Did not think it was a problem	0.0	**
Did not want / need services	3.6 (0.3-30.1)	**
Felt it was my fault	1.3 (0.1-13.3)	**
Embarrassed for self / family	19.1 (10.1-33.2)	**
Afraid of perpetrator	18.5 (5.6-46.5)	**

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

**Unreliable estimate; estimate is suppressed.

Section 5: Physical violence

Physical violence in childhood among 18- to 24-year-olds

Table 5.1.1. Prevalence and age of first experience of physical violence [1] before age 18 among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Childhood physical violence, any perpetrator	24.4 (18.5-31.4)	24.4 (16.4-34.6)
Perpetrators of first incident of physical violence		
	Females (n=731)	Males (n=433)
Intimate partner [2] physical violence	28.5 (22.7-35.1)	15.8 (8.9-26.3)
	Females (n=941)	Males (n=682)
Parent or adult relative physical violence	25.1 (19.0-32.4)	23.8 (15.6-34.5)
	Females (n=941)	Males (n=682)
Adult in the community or neighbourhood physical violence	11.3 (7.3-17.2)	22.0 (13.7-33.3)
	Females (n=941)	Males (n=682)
Peer physical violence	23.5 (17.5-30.9)	31.8 (23.6-41.4)
Age of first experience of physical violence among those who experienced physical violence before age 18		
	Females (n=224)	Males (n=140)
5 or younger	2.3 (0.3-13.3)	0.5 (0.1-4.7)
6-11	5.8 (3.0-11.1)	13.3 (4.6-32.8)
12-17	91.9 (84.5-95.9)	86.2 (66.7-95.1)
First incident of physical violence in childhood happened before / after arriving in the camp		
	Females (n= 224)	Males (n=140)
Before	13.1 (6.8-23.7)	14.9 (5.8-33.4)
After	74.7 (58.0-86.3)	43.9 (28.2-60.9)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Among those who have an intimate partner.

Physical violence in the past 12 months among 18- to 24-year-olds**Table 5.1.2.** Prevalence of physical violence [1] in the past 12 months among 18- to 24-year-olds - Ethiopia
Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Physical violence in the past 12 months	21.2 (15.7-27.8)	26.0 (17.3-36.9)
	Females (n=731)	Males (n=433)
Intimate partner [2] physical violence	15.1 (10.9-20.4)	7.5 (2.7-19.6)
	Females (n=941)	Males (n=682)
Adult in the community or neighbourhood physical violence	4.8 (2.6-8.6)	13.0 (7.0-22.8)
	Females (n=941)	Males (n=682)
Peer physical violence	9.8 (6.8-13.9)	21.8 (13.7-32.8)
	Females (n=941)	Males (n=682)
Parent/adult caregivers and other relatives	8.9 (5.6-13.9)	13.1 (8.7-19.2)
	Females (n=218)	Males (n=162)
Prevalence of experiencing harm or injury as a result of physical violence among those who experienced physical violence in the past 12 months	88.9 (84.1-92.4)	81.6 (67.6-90.4)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Among those who have an intimate partner.

Table 5.1.3. Prevalence of experiencing physical harm or injury as a result of physical violence [1] among 18- to 24-year-olds who experienced any physical violence before age 18, by perpetrator -Ethiopia Violence Against Children Survey (HVACS), 2024

	Females (n=224)	Males (n=140)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced injury as a result of physical violence by any perpetrator	68.4 (58.2-77.0)	70.8 (52.9-84.0)
	Females (n=73)	Males (n=37)
Injured by intimate partner [2]	63.1 (44.5-78.5)	21.2 (8.3-44.3)
	Females (n=139)	Males (n=77)
Injured by parent or caregiver or adult relative	55.8 (43.5-67.4)	71.7 (54.6-84.2)
	Females (n=52)	Males (n=52)
Injured by adult in the community or neighbourhood	62.3 (42.2-78.9)	70.2 (32.6-92.0)
	Females (n=107)	Males (n=110)
Injured by peer	59.3 (47.8-69.9)	75.4 (50.9-90.0)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Among those who have an intimate partner.

Table 5.1.4. Service seeking and receipt for any incident of physical violence [1] among 18- to 24-year-olds who experienced physical violence before 18 – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=224)	Males (n=140)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about experience of any physical violence	21.5 (16.0-28.3)	1.3 (0.2-7.4)
	Females (n=224)	Males (n=140)
Knew of a place to seek help for any experience of physical violence	20.4 (15.1-27.0)	39.9 (24.1-58.1)
Sought help for any experience of physical violence	42.3 (25.1-61.5)	52.2 (33.6-70.1)
Received help for any experience of physical violence	38.5 (21.5-59.0)	42.9 (26.1-61.6)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun or other weapon.

Table 5.1.5. Relationship with the person the survivor told about any incident of physical violence [1] 18- to 24-year-olds who experienced any physical violence before age 18 and who told someone – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Person the survivor told about physical violence	Females (n=105)	Males (n=52)
	Weighted % (95% CI)	Weighted % (95% CI)
Relative	88.1 (51.6-98.1)	91.5 (69.6-98.1)
Friend / neighbour	29.1 (9.6-61.3)	45.3 (18.3-75.3)
Service provider or authority figure [2]	6.2 (3.0-12.5)	3.4 (0.6-16.3)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Service provider or authority figure includes: traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.

Note: Percents may sum to >100% because some survivors may have experienced physical violence multiple times and may have told multiple people.

Table 5.1.6. Source of services received for any incident of physical violence [1] among 18- to 24-year-olds who experienced physical violence before age 18 and received help – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n= 76)	Males (n= 65)
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	34.8 (14.1-63.3)	28.5 (10.1-58.5)
Police or other security personnel	32.5 (12.6-61.5)	14.5 (4.7-36.8)
Legal professional	23.5 (7.5-53.8)	1.5 (0.4-4.9)
Aid worker	23.0 (10.4-43.3)	11.2 (4.2-26.4)
Social worker or counsellor	26.6 (9.0-57.0)	14.4 (5.4-33.1)
Community leader	29.8 (10.6-60.2)	31.0 (12.4-59.0)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Note: Percents may sum to >100% because some survivors may have received service from multiple providers.

Table 5.1.7. Reasons for not seeking services for physical violence [1] among 18- to 24-year-olds who experienced physical violence before age 18 and did not seek services – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Reasons for not seeking services	Females (n= 83)	Males (n= 57)
	Weighted % (95% CI)	Weighted % (95% CI)
Did not know who to go to	12.9 (6.0-25.6)	10.7 (2.6-35.1)
Afraid of getting in trouble	11.4 (4.5-26.1)	6.6 (3.3-12.7)
Embarrassed for self / family	6.0 (3.0-11.9)	1.9 (0.4-8.6)
Dependent on perpetrator	0.8 (0.1-6.8)	0.0
Perpetrator threatened me	3.2 (1.0-9.5)	0.2 (0.0-1.3)
Did not think it was a problem	12.4 (6.3-23.0)	7.9 (3.5-16.7)
Felt it was my fault	4.5 (1.7-11.4)	2.7 (1.0-6.7)
Afraid of being abandoned	3.3 (0.8-13.0)	0.6 (0.1-3.2)
Did not need / want to tell anyone	1.5 (0.3-5.8)	20.1 (10.1-36.1)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Physical violence in the past 12 months among 13- to 17-year-olds**Table 5.2.1.** Prevalence and age at first experience of physical violence [1] in the past 12 months among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n= 996)	Males (n= 854)
	Weighted % (95% CI)	Weighted % (95% CI)
Physical violence in the past 12 months, any perpetrator	25.0 (18.0-33.6)	31.9 (21.0-45.1)
	Females (n=996)	Males (n=854)
Intimate partner [2] physical violence	11.2 (7.4-16.5)	14.4 (6.2-30.1)
	Females (n=996)	Males (n=854)
Parent, caregiver, or adult relative physical violence	14.8 (10.5-20.3)	25.5 (15.5-38.9)
	Females (n=996)	Males (n=854)
Adult in the community or neighbourhood physical violence	6.9 (3.7-12.6)	13.8 (8.1-22.6)
	Females (n=996)	Males (n=854)
Peer physical violence	13.9 (9.1-20.6)	22.4 (14.0-33.7)
Age at first experience of physical violence among those who experienced physical violence in the past 12 months		
	Females (n=322)	Males (n=364)
5 or younger	0.8 (0.1-6.6)	1.0 (0.2-5.6)
6-11	19.3 (13.2-27.2)	16.3 (5.7-38.5)
12-17	79.9 (71.7-86.2)	82.7 (61.5-93.4)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Among those who have an intimate partner.

Table 5.2.2. Prevalence of experiencing physical harm or injury as a result of any physical violence [1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months, by perpetrator - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=286)	Males (n=327)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced injury as a result of physical violence by any perpetrator in the past 12 months	68.3 (59.0-76.4)	75.8 (59.6-86.9)
	Females (n=204)	Males (n=258)
Injured by parent or caregiver or adult relative	61.6 (50.3-71.7)	55.0 (45.0-64.6)
	Females (n=95)	Males (n=132)
Injured by adult in the community or neighbourhood	75.3 (54.8-88.4)	60.8 (46.0-73.8)
	Females (n=189)	Males (n=258)
Injured by peer	69.7 (62.5-76.0)	73.5 (58.0-84.8)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

Table 5.2.3. Disclosure, service seeking, and receipt for any incident of physical violence [1] among 13- to 17-year-olds who experienced physical violence in the past 12 months - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=286)	Males (n=327)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about an experience of any physical violence	9.6 (7.4-12.5)	1.5 (0.2-10.9)
	Females (n=286)	Males (n=327)
Knew of a place to seek help for an experience of any physical violence	21.5 (13.6-32.3)	23.1 (16.3-31.7)
Sought help for experience of any physical violence	21.4 (13.0-33.2)	32.2 (18.2-50.3)
Received help for experience of any physical violence	17.8 (10.9-27.6)	25.0 (12.0-44.9)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Table 5.2.4. Relationship with the person the survivor told about any incident of physical violence [1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months and who told someone - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Person the survivor told about physical violence	Females (n=129)	Males (n=107)
	Weighted % (95% CI)	Weighted % (95% CI)
Relative	95.8 (83.0-99.1)	90.7 (76.8-96.7)
Friend / neighbour	16.0 (4.9-41.5)	38.2 (28.9-48.3)
Service provider or authority figure [2]	2.9 (0.3-21.1)	19.2 (4.5-54.6)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

[2] Service provider or authority figure includes: traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.

Note: Percents may sum to >100% because some survivors may have experienced multiple sexual violence and may have told multiple people.

Table 5.2.5. Source of service receipt for any incident of physical violence [1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months and received help - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=53)	Males (n=91)
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	22.7 (8.2-49.2)	38.6 (11.0-76.2)
Police or other security personnel	22.6 (7.2-52.4)	15.6 (6.1-34.4)
Legal professional	17.6 (5.4-44.3)	0.0
Social worker or counsellor	18.0 (6.0-42.9)	10.4 (3.5-27.0)
Aid worker	16.5 (6.3-36.7)	12.8 (3.8-35.2)
Community leader	20.0 (6.8-46.1)	40.6 (15.3-72.2)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Note: Percents may sum to >100% because some survivors may have received service from multiple providers.

Table 5.2.6. Reasons for not seeking services for physical violence [1] among 13- to 17-year-olds who experienced physical violence in the past 12 months and did not seek services - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Reasons for not seeking services	Females (n=134)	Males (n=160)
	% cases	% cases
Did not know who to go to	10.2 (4.9-19.9)	16.0 (6.0-36.1)
Afraid of getting in trouble	8.2 (4.0-16.1)	16.4 (6.6-35.3)
Embarrassed for self / family	7.6 (3.4-16.1)	0.6 (0.1-4.1)
Dependent on perpetrator	0.2 (0.0-1.4)	0.1 (0.0-0.1)
Perpetrator threatened me	1.0 (0.3-3.6)	1.3 (0.2-10.1)
Did not think it was a problem	12.1 (6.2-22.2)	15.4 (7.0-30.7)
Felt it was my fault	4.0 (1.3-11.3)	12.1 (4.7-27.9)
Afraid of being abandoned	1.3 (0.4-4.0)	3.7 (0.8-15.3)
Did not need / want to tell anyone	6.4 (2.4-16.3)	4.2 (1.6-10.3)

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Table 5.3.1. Prevalence of witnessing physical violence in the home (1) and in the neighbourhood (2) among 18- to 24-year-olds before age 18 and among 13- to 17-year-olds in the past 12 months - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Witnessed physical violence in childhood (among 18- to 24-year-olds)		
	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
In the home	45.9 (38.4-53.5)	44.2 (32.6-56.5)
In the neighbourhood	28.8 (23.2-35.0)	41.8 (32.5-51.7)
Witnessed physical violence in the past 12 months (among 13- to 17-year-olds)		
	Females (n=461)	Males (n=321)
	Weighted % (95% CI)	Weighted % (95% CI)
In the home	61.8 (50.9-71.6)	65.7 (48.3-79.8)
	Females (n= 209)	Males (n= 293)
In the neighbourhood	62.8 (48.4-75.2)	75.2 (63.0-84.4)

Note: CI = confidence interval.

[1] Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick, or beat your other parent, their boyfriend or girlfriend, or your brothers or sisters.

[2] Witnessing physical violence in the neighbourhood includes: seeing someone get attacked outside of your home and family environment.

Section 6: Emotional violence

Emotional violence in childhood among 18- to 24-year-olds

Table 6.1.1. Prevalence and age at first experience of emotional violence [1] before age 18 among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Emotional violence by a parent, adult caregiver, or other adult relative in childhood	9.1 (6.1-13.3)	11.7 (5.2-24.5)
Age at first experience of emotional violence		
	Females (n=70)	Males (n=53)
	Weighted % (95% CI)	Weighted % (95% CI)
5 or younger	-	-
11 or younger	3.2 (1.2-8.4)	17.2 (4.3-49.4)
12-17	96.8 (91.6-98.8)	82.8 (50.6-95.7)
First incident of emotional violence in childhood happened before / after arriving in the camp		
Before	9.7 (3.1-26.8)	-
After	33.3 (14.9-58.6)	16.2 (7.8-30.6)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

Emotional violence in the past 12 months among 18- to 24-year-olds

Table 6.2.1. Prevalence of emotional violence [1] in the past 12 months among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n= 731)	Males (n= 433)
	Weighted % (95% CI)	Weighted % (95% CI)
Emotional violence by an intimate partner [2] in the past 12 months (among those who ever had an intimate partner)	22.2 (17.2-28.1)	11.6 (6.5-19.9)
	Females (n=941)	Males (n=682)
Emotional violence by a peer [3] in the past 12 months	10.4 (7.7-14.1)	14.9 (8.7-24.4)

Note: CI = confidence interval.

[1] Emotional violence includes any emotional violence by a parent, adult caregiver, or adult relative, or by an intimate partner or by a peer.

[2] Emotional violence by an intimate partner includes: being insulted, humiliated, or made fun of in front of others; keeping you from having your own money; tried to keep you from seeing or talking to family or friends; keeping track of you by demanding to know where you were and what you were doing; made threats to physically harm you.

[3] Emotional violence by a peer in the past 12 months includes: a) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; b) told lies or spread rumours about you, or tried to make others dislike you; c) kept you out of things on purpose, excluded you from their group of friends or completely ignored you.

Emotional violence in the past 12 months among 18- to 24-year-olds**Table 6.3.1.** Prevalence of emotional violence in the past 12 months among 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=996)	Males (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Emotional violence by a parent, adult caregiver, or other adult relative [1] in the past 12 months	9.8 (7.3-13.0)	15.4 (8.4-26.7)
	Females (n=227)	Males (n=169)
Emotional violence by an intimate partner [2] in the past 12 months (among those who ever had an intimate partner)	18.8 (11.3-29.5)	14.1 (6.7-27.2)
	Females (n=996)	Males (n=854)
Emotional violence by a peer [3] in the past 12 months	8.1 (4.7-13.5)	13.4 (7.6-22.5)

Note: CI = confidence interval.

(1) Emotional violence by a parent, adult caregiver, or other adult relative includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[2] Emotional violence by an intimate partner includes: being insulted, humiliated, or made fun of in front of others; keeping you from having your own money; tried to keep you from seeing or talking to family or friends; keeping track of you by demanding to know where you were and what you were doing; made threats to physically harm you.

[3] Emotional violence by a peer in the past 12 months includes: a) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; b) told lies or spread rumours about you, or tried to make others dislike you; c) kept you out of things on purpose, excluded you from their group of friends or completely ignored you.

Table 6.3.2. Age at first experience of emotional violence [1] by a parent, adult caregiver, or adult relative among 13- to 17-year-olds who experienced emotional violence in the past 12 months - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Female (n=28)	Male (n=51)
	Weighted % (95% CI)	Weighted % (95% CI)
11 or younger	0.0	0.0
12-17	100.0	89.1 (62.2-97.6)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved; being told that they wished you were dead or had never been born; or being ridiculed, put down, or insulted.

Section 7: Overlap of types of violence: sexual, physical, and emotional

Overlap among different forms of violence among 18- to 24-year-olds

Table 7.1. Prevalence and overlap of different types of violence among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Any violence	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
No childhood violence	68.1 (61.3-74.3)	73.6 (63.3-81.8)
Any childhood violence	31.9 (25.7-38.7)	26.4 (18.2-36.7)
One type of violence only	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Childhood sexual violence [1] only	5.2 (3.6-7.6)	0.6 (0.3-1.4)
Childhood physical violence [2] only	12.4 (9.7-15.7)	13.8 (9.4-19.8)
Childhood emotional violence [3] only	1.9 (0.9-4.0)	1.5 (0.5-4.0)
Multiple types of violence	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Childhood sexual and physical violence	8.3 (6.1-11.4)	1.5 (0.5-4.4)
Childhood sexual and emotional violence	3.4 (2.0-5.8)	1.3 (0.4-4.6)
Childhood physical and emotional violence	6.9 (4.2-11.3)	10.3 (4.1-23.4)
Childhood sexual, physical, and emotional violence	3.2 (1.8-5.7)	1.3 (0.4-4.6)
Overlap among different types of violence in the past 12 months		
Any violence	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
No violence	66.2 (59.4-72.5)	66.5 (55.8-75.8)
Any violence in the past 12 months	33.8 (27.5-40.6)	33.5 (24.2-44.2)
One type of violence only	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence [1] only in the past 12 months	1.1 (0.5-2.3)	2.5 (0.6-9.6)
Physical violence [2] only in the past 12 months	6.0 (3.7-9.5)	11.8 (7.1-19.2)
Two types of violence	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence and physical violence	6.0 (4.2-8.3)	2.5 (1.1-5.4)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

Overlap among different forms of violence among 13- to 17-year-olds**Table 7.2.** Prevalence and overlap of different types of violence experienced in the past 12 months among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Any violence	Female (n=996)	Male (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
No violence	69.5 (61.9-76.2)	63.4 (50.5-74.7)
Any violence	30.5 (23.8-38.1)	36.6 (25.3-49.5)
One type of violence only	Female (n=996)	Male (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence [1] only	0.6 (0.3- 1.4)	0.9 (0.3-3.3)
Physical violence [2] only	12.6 (8.4-18.5)	14.0 (9.8-19.7)
Emotional violence [3] only	4.5 (2.6-7.6)	3.6 (2.3-5.7)
Multiple types of violence	Female (n=996)	Male (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Sexual and physical violence	3.5 (2.1-5.7)	2.7 (1.2-5.9)
Sexual and emotional violence	0.4 (0.1-1.0)	0.1 (0.0-0.5)
Physical and emotional violence	8.9 (5.7-13.6)	15.1 (8.0-26.4)
Sexual violence and physical and emotional violence	3.1 (2.0-5.0)	1.9 (0.7-5.5)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

Section 8: Other forms of violence

8.1: Abduction

Table 8.1. Prevalence of abduction among 18- to 24-year-olds and among 13- to 17-year-olds - Ethiopia
Humanitarian Violence Against Children Survey (HVACS), 2024

Experiences of abduction among 18-24 years		
Abduction	Female (n=941)	Male (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Never abducted	96.6 (94.1-98.1)	92.6 (91.7-96.5)
Abducted once	2.0 (0.9-4.5)	2.3 (1.3-4.1)
Abducted multiple times	1.1 (0.3-3.8)	2.9 (1.7-5.1)
Abduction before or after arriving in camp	Female (n=18)	Male (n=39)
	Weighted % (95% CI)	Weighted % (95% CI)
Before	(6/18)	37.7 (8.8-79.2)
After	(10/18)	51.9 (17.9-84.2)
Before and after	(0/18)	2.0 (0.1-33.7)
Experiences of abduction among 13-17 years		
Abduction	Female (n=996)	Male (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Never abducted	95.6 (87.7-98.5)	93.8 (91.1-95.7)
Abducted once	0.2 (0.1-0.9)	1.9 (1.0-3.7)
Abducted multiple times	2.4 (0.6-9.7)	2.9 (2.0-4.4)
Abduction before or after arriving in camp	Female (n=9)	Male (n=34)
	Weighted % (95% CI)	Weighted % (95% CI)
Before	(1/9)	18.3 (1.2-80.1)
After	(7/9)	66.1 (21.8-93.2)
Before and after	(1/9)	9.8 (0.2-87.1)

8.2: Child Marriage

Table 8.2. Prevalence of child marriage among 18- to 24-year-olds and 20- to 24-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

18-24 years	Female (n= 941)	Male (n= 682)
	Weighted % (95% CI)	Weighted % (95% CI)
Proportion ever married	58.2 (53.0-63.3)	17.8 (10.5-28.7)
	Female (n=538)	Male (n=134)
Proportion married before age 15	6.8 (4.1-11.2)	0.0
Proportion married before age 18	57.0 (50.6-63.2)	15.3 (7.1-29.8)
Age difference 5 years or more	73.5 (64.0,81.2)	5.5 (2.3-12.9)
20-24 years	Female (n= 632)	Male (n= 441)
	Weighted % (95% CI)	Weighted % (95% CI)
Proportion ever married	68.8 (63.4-73.7)	23.9 (14.4-36.9)
	Female (n=428)	Male (n=119)
Proportion married before age 15	6.3 (3.7-10.6)	0.0
Proportion married before age 18	49.6 (43.8-55.4)	11.1 (4.2-26.1)
Age difference 5 years or more	74.0 (65.5-80.9)	6.6 (2.6-15.8)

8.3: Female Genital Mutilation

Table 8.3. Knowledge and prevalence of female genital mutilation (FGM) among females 18 to 24 years and 13 to 17 years - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	18-24 years (n= 996)	13-17 years (n= 941)
	Weighted % (95% CI)	Weighted % (95% CI)
Ever heard of FGM	50.4 (31.5-69.2)	43.0 (23.6-64.8)
	18-24 years (n=540)	13-17 years (n=569)
Ever been circumcised	85.5 (76.0-91.7)	86.7 (76.7-92.8)
Type of circumcision	18-24 years (n=522)	13-17 years (n=494)
Flesh removed	88.5 (78.3-94.3)	87.8 (74.0-94.7)
Genital area nicked without removing flesh	62.8 (52.2-72.3)	70.8 (59.4-80.1)
Genital area sewn closed	72.9 (54.7-85.7)	75.4 (58.8-86.7)
Age of circumcision	18-24 years (n=522)	13-17 years (n=494)
0-4 years	15.8 (6.0-35.7)	12.1 (3.9-31.6)
5-9 years	59.2 (41.2-75.1)	61.4 (36.8-81.2)
10-14 years	16.3 (10.0-25.3)	12.1 (7.7-18.6)
15-24 years	-	0.1 (0.0-0.5)
Circumcision before or after arriving in camp	18-24 years (n=522)	13-17 years (n=494)
Before	57.6 (45.1-69.3)	42.1 (25.2-61.0)
After	42.4 (30.7-54.9)	57.9 (39.0-74.8)
Person who performed circumcision	18-24 years (n=522)	13-17 years (n=494)
Traditional circumciser / birth attendant	82.0 (64.6-91.9)	83.5 (68.3-92.2)
Family member / relative / neighbour	10.5 (3.8-26.1)	7.5 (3.4-15.5)
Doctor / nurse / midwife	3.3 (1.4-7.5)	5.7 (2.2-14.0)

Section 9: Outcomes and health-related conditions associated with sexual, physical, and emotional violence

Table 9.1.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old females – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	97.0 (92.1-98.9)	50.1 (33.9-66.3)	46.5 (31.5-62.2)	64.7 (44.0-81.1)
No sexual violence n¥	75.9 (68.5-82.1)	7.2 (4.8-10.7)	5.2 (3.0-8.9)	57.5 (36.7-76.0)
Physical violence in childhood				
Experienced physical violence n¥	90.4 (82.7-95.0)	25.3 (15.1-39.1)	22.0 (13.1-34.6)	46.8 (23.7-71.2)
No physical violence n¥	75.3 (67.8-81.5)	9.3 (6.2-13.7)	7.4 (4.5-11.8)	77.6 (49.0-92.6)
Emotional violence in childhood				
Experienced emotional violence n¥	94.6 (88.1-97.6)	37.6 (20.2-58.9)	20.9 (11.4-35.1)	51.1 (23.2-78.3)
No emotional violence n¥	76.0 (68.8-82.0)	9.3 (6.1-13.9)	9.4 (6.0-14.5)	65.8 (46.4-81.0)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Among those who experienced thoughts of suicide.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.1.2. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	92.9 (55.0-99.3)	34.4 (5.6-82.2)	34.4 (5.6-82.2)	**
No sexual violence n¥	73.8 (64.0-81.7)	10.1 (4.7-20.1)	8.1 (3.4-18.3)	**
Physical violence in childhood				
Experienced physical violence n¥	87.3 (74.2-94.3)	21.3 (5.4-56.0)	21.8 (7.0-50.9)	**
No physical violence n¥	69.5 (59.9-77.8)	7.1 (4.8-10.5)	4.4 (2.3-8.1)	**
Emotional violence in childhood				
Experienced emotional violence n¥	90.0 (78.7-95.6)	30.3 (8.2-67.8)	27.1 (7.4-63.3)	**
No emotional violence n¥	70.9 (60.8-79.2)	6.9 (4.5-10.3)	5.3 (2.9-9.3)	**

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Among those who experienced thoughts of suicide.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence. **Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Table 9.1.3. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old females – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	1.1 (0.3-4.9)	41.7 (25.4-59.9)	11.4 (6.1-20.3)	54.2 (41.5-66.4)
No sexual violence n¥	2.4 (0.8-7.4)	43.1 (33.5-53.2)	4.6 (2.1-10.0)	41.6 (30.7-53.4)
Physical violence in childhood				
Experienced physical violence n¥	1.1 (0.3-3.6)	42.1 (31.3-53.8)	6.9 (2.9-15.8)	54.8 (39.9-68.8)
No physical violence n¥	2.6 (0.8-8.3)	43.2 (32.4-54.6)	5.6 (2.5-11.7)	39.8 (29.4-51.3)
Emotional violence in childhood				
Experienced emotional violence n¥	1.2 (0.3-5.3)	39.1 (26.5-53.3)	5.3 (2.2-12.3)	54.1 (34.5-72.5)
No emotional violence n¥	2.4 (0.8-7.6)	43.2 (32.9-54.0)	6.2 (3.1-11.9)	41.4 (31.7-51.8)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at or hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condoms were included in the frequent condom user category.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.1.2. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	92.9 (55.0-99.3)	34.4 (5.6-82.2)	34.4 (5.6-82.2)	**
No sexual violence n¥	73.8 (64.0-81.7)	10.1 (4.7-20.1)	8.1 (3.4-18.3)	**
Physical violence in childhood				
Experienced physical violence n¥	87.3 (74.2-94.3)	21.3 (5.4-56.0)	21.8 (7.0-50.9)	**
No physical violence n¥	69.5 (59.9-77.8)	7.1 (4.8-10.5)	4.4 (2.3-8.1)	**
Emotional violence in childhood				
Experienced emotional violence n¥	90.0 (78.7-95.6)	30.3 (8.2-67.8)	27.1 (7.4-63.3)	**
No emotional violence n¥	70.9 (60.8-79.2)	6.9 (4.5-10.3)	5.3 (2.9-9.3)	**

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Among those who experienced thoughts of suicide.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence. **Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Table 9.1.4. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	39.8 (7.6-84.1)	89.7 (52.4-98.6)	42.1 (8.6-84.8)	37.8 (8.1-80.7)
No sexual violence n¥	10.1 (5.7-17.2)	65.4 (54.5-74.9)	0.6 (0.2-2.1)	38.9 (26.0-53.5)
Physical violence in childhood				
Experienced physical violence n¥	18.7 (7.2-40.5)	81.4 (66.7-90.5)	4.8 (0.8-23.2)	47.8 (22.2-74.6)
No physical violence n¥	7.9 (4.6-13.1)	59.1 (47.3-69.9)	0.9 (0.5-1.8)	35.8 (25.8-47.2)
Emotional violence in childhood				
Experienced emotional violence n¥	23.5 (8.9-49.2)	78.2 (59.3-89.8)	8.8 (1.7-35.3)	39.3 (11.9-75.5)
No emotional violence n¥	8.8 (5.0-14.8)	63.7 (52.3-73.7)	0.8 (0.4-1.5)	38.6 (27.1-51.4)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condoms were included in the frequent condom user category.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.1.5. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old females - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	2.3 (0.6-8.6)	3.0 (0.8-10.2)	5.0 (2.0-11.8)	48.2 (33.9-62.8)
No sexual violence n¥	0.4 (0.2-1.0)	0.4 (0.1-1.6)	0.3 (0.0-1.9)	22.7 (14.9-33.0)
Physical violence in childhood				
Experienced physical violence n¥	0.7 (0.1-4.7)	0.7 (0.1-4.7)	2.5 (0.6-9.4)	40.1 (25.7-56.4)
No physical violence n¥	0.7 (0.2-1.9)	0.6 (0.2-2.0)	0.5 (0.1-2.0)	21.4 (14.3-30.9)
Emotional violence in childhood				
Experienced emotional violence n¥	1.1 (0.2-7.3)	1.1 (0.2-7.3)	1.9 (0.5-6.7)	43.1 (26.3-61.8)
No emotional violence n¥	0.6 (0.2-1.7)	0.7 (0.3-2.1)	0.8 (0.3-2.3)	23.5 (16.0-33.1)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] STI (sexually transmitted infection) symptoms include: genital sore/ulcer.

[5] Binge drinking included drinking 4 or more drinks on one occasion.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.1.6. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence before age 18 among 18- to 24-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	1.0 (0.1-9.1)	59.8 (36.6-79.3)	24.3 (8.3-53.4)	66.2 (31.9-89.0)
No sexual violence n¥	0.6 (0.1-2.7)	6.5 (3.3-12.6)	1.0 (0.3-3.2)	15.3 (10.1-22.4)
Physical violence in childhood				
Experienced physical violence n¥	0.4 (0.1-2.0)	15.4 (5.0-38.5)	3.5 (1.1-10.9)	34.5 (19.0-54.2)
No physical violence n¥	0.7 (0.1-3.9)	5.2 (2.8-9.4)	0.9 (0.2-3.6)	10.4 (7.3-14.7)
Emotional violence in childhood				
Experienced emotional violence n¥	0.3 (0.0-2.6)	17.3 (3.6-54.3)	5.5 (2.0-13.9)	27.4 (9.7-57.1)
No emotional violence n¥	0.7 (0.1-3.2)	5.9 (3.4-10.0)	0.8 (0.2-3.2)	14.3 (10.1-19.8)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] STI (sexually transmitted infection) symptoms include genital sore/ulcer.

[5] Binge drinking included drinking 4 or more drinks on one occasion.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.2.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old females – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥	96.6 (90.7-98.8)	34.5 (20.8-51.3)	34.6 (21.8-50.1)	70.0 (39.2-89.4)
No sexual violence n¥	73.6 (66.0-80.0)	2.8 (1.5-5.2)	2.0 (1.0-4.1)	60.5 (17.2-91.8)
Physical violence in the past 12 months				
Experienced physical violence n¥	79.4 (70.0-86.4)	11.5 (7.2-17.9)	9.8 (5.3-17.3)	60.8 (37.7-79.9)
No physical violence n¥	73.0 (65.4-79.4)	1.7 (0.7-4.3)	1.3 (0.4-4.1)	74.3 (22.9-96.6)
Emotional violence in the past 12 months				
Experienced emotional violence n¥	85.7 (69.6-94.0)	18.7 (10.4-31.1)	18.2 (9.9-31.0)	66.3 (39.7-85.5)
No emotional violence n¥	72.3 (65.1-78.5)	1.2 (0.4-3.4)	0.4 (0.2-1.1)	51.1 (17.0-84.2)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Among those who experienced thoughts of suicide.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.2.2. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥	83.0 (39.4-97.3)	12.8 (2.1-49.9)	0.0	**
No sexual violence n¥	75.4 (60.7-85.8)	8.8 (3.2-22.0)	6.6 (2.5-16.2)	**
Physical violence in the past 12 months				
Experienced physical violence n¥	85.8 (72.7-93.2)	25.9 (10.3-51.6)	16.7 (5.7-39.8)	**
No physical violence n¥	70.5 (54.2-82.8)	1.0 (0.3-3.1)	1.4 (0.7-3.2)	**
Emotional violence in the past 12 months				
Experienced emotional violence n¥	89.6 (78.4-95.4)	27.5 (12.2-50.9)	17.0 (7.9-32.8)	**
No emotional violence n¥	71.6 (56.6-83.0)	4.1 (1.4-11.0)	3.5 (1.1-10.7)	**

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Among those who experienced thoughts of suicide.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence. **Unreliable estimate (RSE is greater than 50%); estimate is suppressed.

Table 9.2.3. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old females – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥	8.5 (1.9-30.6)	47.0 (26.5-68.6)	6.0 (1.0-29.0)	30.8 (16.7-49.8)
No sexual violence n¥	6.5 (0.9-35.4)	62.4 (40.2-80.4)	9.4 (2.2-32.4)	18.9 (10.7-31.2)
Physical violence in past 12 months				
Experienced physical violence n¥	2.5 (0.4-14.0)	49.9 (35.9-63.9)	7.0 (2.4-18.8)	16.3 (10.8-23.8)
No physical violence n¥	9.3 (1.5-41.2)	64.9 (44.0-81.3)	9.7 (1.7-40.5)	20.5 (11.1-34.8)
Emotional violence in the past 12 months				
Experienced emotional violence n¥	2.2 (0.3-15.2)	61.2 (43.8-76.1)	9.0 (3.7-20.4)	20.9 (12.3-33.2)
No emotional violence n¥	10.1 (1.9-38.8)	58.5 (36.5-77.6)	8.6 (1.3-40.6)	19.1 (10.5-32.4)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Infrequent condom use: never or sometimes used condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condoms were included in the frequent condom user category.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.2.4. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old males – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥	31.1 (3.1-86.3)	100.0	0.3 (0.0-4.2)	3.1 (0.5-15.7)
No sexual violence n¥	24.7 (9.6-50.1)	77.9 (59.7-89.3)	0.8 (0.1-7.0)	16.0 (7.8-30.1)
Physical violence in the past 12 months				
Experienced physical violence n¥	31.7 (12.8-59.4)	83.8 (71.0-91.6)	0.0	19.9 (8.4-40.2)
No physical violence n¥	20.8 (6.2-50.9)	78.9 (56.9-91.4)	1.2 (0.1-9.8)	13.5 (6.1-27.3)
Emotional violence in the past 12 months				
Experienced emotional violence n¥	30.9 (12.5-58.2)	83.0 (65.8-92.5)	0.0	22.3 (7.6-50.0)
No emotional violence n¥	21.0 (4.5-60.0)	79.5 (57.8-91.7)	1.3 (0.2-10.3)	13.8 (6.5-27.1)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] Infrequent condom use: never or sometimes used condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condoms were included in the frequent condom user category.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.2.5. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old females – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥		0.0	0.0	32.6 (17.4-52.5)
No sexual violence n¥		0.1 (0.0-0.3)	0.6 (0.2-2.1)	12.1 (7.3-19.6)
Physical violence in the past 12 months				
Experienced physical violence n¥		0.0	0.1 (0.0-1.1)	24.6 (14.7-38.1)
No physical violence n¥		0.1 (0.0-0.4)	0.4 (0.1-2.4)	9.2 (4.9-16.6)
Emotional violence in the past 12 months				
Experienced emotional violence n¥		0.0	0.1 (0.0-1.1)	27.7 (14.6-46.2)
No emotional violence n¥		0.1 (0.0-0.4)	0.4 (0.1-2.4)	10.0 (5.7-17.0)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] STI (sexually transmitted infection) symptoms include: genital sore/ulcer.

[5] Binge drinking included drinking 4 or more drinks on one occasion.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.2.6. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months among 13- to 17-year-old males - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in the past 12 months				
Experienced sexual violence n¥	0.5 (0.0-4.1)	0.0	0.0	2.2 (0.4-11.7)
No sexual violence n¥	0.1 (0.0-0.8)	1.5 (0.4-5.3)	0.4 (0.1-3.4)	6.7 (4.1-10.9)
Physical violence in the past 12 months				
Experienced physical violence n¥	0.1 (0.0-0.9)	3.5 (0.8-13.7)	1.3 (0.2-8.4)	8.0 (5.1-12.4)
No physical violence n¥	0.1 (0.0-0.9)	0.6 (0.1-3.3)	0.0	6.2 (3.3-11.4)
Emotional violence in the past 12 months				
Experienced emotional violence n¥	0.2 (0.0-2.1)	5.2 (1.2-19.6)	2.0 (0.3-11.8)	9.7 (5.9-15.5)
No emotional violence n¥	0.1 (0.0-0.6)	0.5 (0.1-2.6)	0.0	6.1 (3.2-11.0)

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

[4] STI (sexually transmitted infection) symptoms include: genital sore/ulcer.

[5] Binge drinking included drinking 4 or more drinks on one occasion.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 9.3.1. Pregnancy as a result of pressured or forced sex or alcohol-facilitated sex among 13- to 24-year-old females who experienced pressured or forced sex, or sex when survivor was too drunk to say no - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=224)
	Weighted % (95% CI)
Pregnancy as a result of pressured sex, forced sex, or alcohol-facilitated sex	26.4 (19.1-35.4)
<i>Note: CI = confidence interval.</i>	

Table 9.3.2. Missing school as a result of any sexual [1] or physical [2] violence - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Missed school due to any experience of sexual violence	Females (n=73)	Males (n=17)
	Weighted % (95% CI)	Weighted % (95% CI)
18- to 24-year-olds who experienced any childhood sexual violence	44.2 (27.3-62.6)	8.1 (0.7-53.4)
	Females (n=56)	Males (n=26)
13- to 17-year-olds who experienced any sexual violence	43.2 (22.6-66.4)	0.2 (0.0-1.9)
	Females (n=147)	Males (n=123)
	Weighted % (95% CI)	Weighted % (95% CI)
18- to 24-year-olds who experienced any childhood physical violence	39.4 (21.5-60.7)	32.1 (15.7-54.4)
	Females (n=321)	Males (n=338)
13- to 17-year-olds who experienced any physical violence	10.0 (5.5-17.3)	13.1 (6.1-25.8)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Section 10: Sexual risk-taking behaviours and hiv

Table 10.1.1. Sexual risk-taking behaviours among 19- to 24-year-olds who had sexual intercourse in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=752)	Males (n=536)
	Weighted % (95% CI)	Weighted % (95% CI)
Ever had sex (lifetime)	74.4 (67.2-80.5)	63.1 (53.1-72.1)
	Females (n=535)	Males (n=316)
Had sex in the past 12 months among those who ever had sex	88.6 (84.5-91.6)	70.0 (56.4-80.9)
Number of sexual partners in the past 12 months among those who had sex in the past 12 months	Females (n=475)	Males (n=253)
One	97.3 (92.0-99.1)	78.4 (68.6-85.8)
More than one	2.7 (0.9-8.0)	13.9 (7.8-23.5)
	Females (n=475)	Males (n=244)
Infrequent condom use in the past 12 months [1]	40.1 (30.4-50.7)	66.0 (56.2-74.7)
	Females (n=535)	Males (n=316)
Transactional sex in the past 12 months [2]	6.2 (3.4-11.0)	2.3 (0.7-7.0)

Note: CI = confidence interval.

[1] Infrequent condom use: never or sometimes used condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condoms were included in the frequent condom user category.

[2] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%); result should be interpreted with caution.

Table 10.1.2. Prevalence of having multiple sexual partners [1] and infrequent condom use [2] in the past 12 months by experience of sexual [3], physical [4], or emotional [5] violence before age 18 among 19- to 24-year-olds who had sexual intercourse in the past 12 months - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
Sexual violence in childhood				
Experienced sexual violence n¥	0.7 (0.1-5.5)	93.8 (81.2-98.1)	54.9 (13.6-90.4)	93.0 (45.8-99.5)
No sexual violence n¥	2.8 (0.9-8.6)	94.2 (88.5-97.2)	9.0 (4.7-16.5)	84.5 (75.7-90.5)
Physical violence in childhood				
Experienced physical violence n¥	0.9 (0.2-4.1)	95.7 (82.6-99.1)	15.2 (5.6-34.9)	91.4 (78.2-97.0)
No physical violence n¥	3.0 (0.9-9.5)	93.6 (86.8-97.0)	8.8 (5.0-15.1)	82.4 (72.6-89.1)
Emotional violence in childhood				
Experienced emotional violence n¥	0.8 (0.1-6.3)	96.3 (73.5-99.6)	24.0 (7.8-54.0)	85.6 (63.8-95.3)
No emotional violence n¥	2.8 (0.9-8.7)	93.6 (87.4-96.9)	8.1 (4.6-13.8)	84.6 (76.2-90.4)

Note: CI = confidence interval.

[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood, or peer.

[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 10.2.1. HIV testing behaviour among 13- to 24-year-olds [1] by experience of sexual violence [2] – Ethiopia
Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Ever tested for HIV	1,937	30.8 (22.3-40.8)	1,536	26.8 (16.7-40.1)
Ever tested for HIV by experience of sexual violence in childhood	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Experienced sexual violence	202	46.1 (36.0-56.5)	47	15.9 (4.1-45.6)
No sexual violence	1735	29.1 (20.1-40.2)	1,482	27.2 (16.7-41.2)
Ever tested for HIV by experience of sexual violence in the past 12 months	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Experienced sexual violence	140	39.2 (27.7-51.9)	43	21.4 (5.1-58.2)
No sexual violence	1,797	30.2 (21.1-41.2)	1,486	27.1 (16.6-41.0)

Note: CI = confidence interval.

[1] Age of consent for HIV testing in Ethiopia is 15.

[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 10.2.2. Reasons for not getting tested for HIV among 13- to 24-year-olds who ever had sex but were never tested for HIV – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

Reasons for not testing for HIV	Females (n=405)	Males (n=252)
	Weighted % (95% CI)	Weighted % (95% CI)
No knowledge about HIV test	46.7 (37.9-55.6)	52.6 (42.8-62.2)
Don't know where to get HIV test	26.0 (18.5-35.2)	31.8 (21.2-44.6)
Test costs too much	1.3 (0.4-4.4)	4.3 (1.9-9.2)
Transport to test site is too much	1.7 (0.7-4.2)	8.9 (2.8-25.1)
Test site too far away	2.3 (1.1-5.1)	1.9 (0.8-4.5)
Afraid husband / partner will know about test / test results	2.5 (0.9-6.5)	0.3 (0.1-1.8)
Afraid others will know about test / test results	0.0	0.3 (0.1-1.2)
Don't need test / low risk	25.5 (17.9-34.8)	13.5 (9.9-18.1)
Don't want to know if I have HIV	3.5 (1.3-9.6)	4.5 (1.4-13.3)
Cannot get treatment if HIV-positive	0.0	0.2 (0.0-1.8)
Other	1.1 (0.5-2.5)	9.4 (3.2-24.6)

Note: CI = confidence interval.

Section 11: Attitudes and beliefs about gender and violence and violence perpetration

Table 11.1.1. Attitudes and beliefs related to gender and violence among 13- to 17-year-olds and 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Acceptance of one or more reasons for wife beating [1], by age group: Q48		
	Females (n=996)	Males (n=854)
Acceptance of wife beating among 13- to 17-year-olds	61.7 (51.7-70.8)	66.0 (57.6-73.5)
	Females (n=941)	Males (n=682)
Acceptance of wife beating among 18- to 24-year-olds	63.0 (53.9-71.2)	67.3 (59.0-74.7)
Endorsement of one or more harmful beliefs about gender, sexual behaviour, and intimate partner violence [2], by age group:		
	Females (n=996)	Males (n=854)
Endorsement of traditional norms among 13- to 17-year-olds	96.9 (94.0-98.5)	95.5 (91.3-97.7)
	Females (n=941)	Males (n=682)
Endorsement of traditional norms among 18- to 24-year-olds	96.9 (93.7-98.5)	92.6 (83.9-96.8)

Note: CI = confidence interval.

[1] Includes respondents who endorsed one or more of the following: it is acceptable for a husband to beat his wife if she: goes out without telling him; neglects the children; argues with him; refuses to have sex with him; is suspected of having an affair.

[2] Includes respondents who endorsed one or more of the following: men decide when to have sex; men need more sex than women; men need other women; women who carry condoms are "loose"; women should tolerate violence to keep the family together.

Table 11.2.1. Physical violence [1] perpetration among 18- to 24-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=941)	Males (n=682)
	Weighted % (95% CI)	Weighted % (95% CI)
Perpetrated physical violence ever:	18.8 (14.6-23.8)	16.0 (9.4-26.0)
Physical violence [2] perpetration (ever) by experience of childhood sexual violence [3]	Females (n=129)	Males (n=22)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced childhood sexual violence	56.0 (42.9-68.3)	75.0 (42.9-92.3)
	Females (n=812)	Males (n=657)
No childhood sexual violence	12.8 (8.7-18.4)	14.8 (8.5-24.6)
Physical violence perpetration (ever) by experience of childhood physical violence	Females (n=224)	Males (n=140)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced childhood physical violence	38.7 (29.9-48.2)	41.3 (21.8-63.9)
	Females (n=703)	Males (n=540)
No childhood physical violence	11.9 (8.4-16.6)	7.9 (5.1-12.0)

Note: CI = confidence interval.

[1] Violence includes: slapping, pushing, shoving, shaking, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, tried to drown, or burned intentionally; used or threatening with a knife, gun, or other weapon; or forcing another person to have sex when they did not want to.

[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[3] Physical violence includes punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 11.2.2. Physical violence [1] perpetration among 13- to 17-year-olds – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=996)	Males (n=854)
	Weighted % (95% CI)	Weighted % (95% CI)
Perpetrated physical violence ever	5.9 (3.5-9.6)	12.6 (6.7-22.3)
Physical violence [2] perpetration (ever) by experience of sexual violence [3] in the past 12 months	Females (n=54)	Males (n=19)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced sexual violence	50.0 (33.9-66.2)	18.2 (4.8-49.9)
	Females (n=942)	Males (n=831)
No sexual violence	3.8 (1.8-8.0)	12.4 (6.2-23.1)
Physical violence perpetration (ever) by experience of physical violence in the past 12 months	Females (n=286)	Males (n=327)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced physical violence	20.9 (14.5-29.1)	37.0 (21.8-55.2)
	Females (n=710)	Males (n=527)
No physical violence	0.9 (0.3-2.2)	1.1 (0.5-2.6)

Note: CI = confidence interval.

[1] Violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon; or forcing another person to have sex when they did not want to.

[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through threats, harassment, or tricking) sex.

[3] Physical violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt, punching, kicking, whipping, or beating with an object, choking, suffocating, trying to drown or burn intentionally, using or threatening with a knife, gun, or other weapon.

Table 11.3.1. Physical intimate partner [1] violence perpetration [2] by experience of sexual violence [3] or physical violence [4] before age 18 among 18- to 24-year-olds who ever had a partner - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=731)	Males (n=433)
	Weighted % (95% CI)	Weighted % (95% CI)
Perpetrated physical intimate partner violence	20.7 (15.7-26.9)	16.2 (8.7-28.3)
Intimate partner violence perpetration (ever) by experience of childhood sexual violence [3]	Females (n=125)	Males (n=20)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced childhood sexual violence	52.3 (40.4-63.9)	72.6 (44.1-89.9)
	Females (n=606)	Males (n=413)
No childhood sexual violence	14.3 (9.1-21.8)	14.5 (7.4-26.5)
Intimate partner violence perpetration (ever) by experience of childhood physical violence [4]	Females (n=200)	Males (n=101)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced childhood physical violence	35.2 (25.3-46.6)	40.8 (19.4-66.4)
	Females (n=522)	Males (n=330)
No childhood physical violence	14.9 (10.0-21.8)	7.0 (4.8-10.2)

Note: CI = confidence interval.

[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.

[2] Violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon; or forcing another person to have sex when they did not want to.

[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[4] Physical violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Table 11.3.2. Physical intimate partner [1] violence perpetration [2] among 13- to 17-year-olds who ever had a partner - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females (n=227)	Males (n=169)
	Weighted % (95% CI)	Weighted % (95% CI)
Perpetrated physical intimate partner violence	14.1 (8.8-22.0)	13.7 (6.6-26.1)
Intimate partner violence perpetration (ever) by experience of any sexual violence [3]	Females (n=50)	Males (n=19)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced sexual violence	7.2 (4.9-10.4)	17.0 (3.6-53.1)
	Females (n=177)	Males (n=149)
No sexual violence	6.9 (2.8-16.2)	13.2 (5.5-28.8)
Intimate partner violence perpetration (ever) by experience of any physical violence [4]	Females (n=118)	Males (n=59)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced physical violence	13.8 (8.3-22.0)	33.9 (15.2-59.5)
	Females (n=109)	Males (n=110)
No physical violence	0.3 (0.0,2.9)	0.0

Note: CI = confidence interval.

[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.

[2] Violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon; or forcing another person to have sex when they did not want to.

[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex.

[4] Physical violence includes slapping, pushing, shoving, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown or burn intentionally; using or threatening with a knife, gun, or other weapon.

Section 12: Characteristics associated with violence

Characteristics associated with violence among 18- to 24-year-olds

Table 12.1. Characteristics of 18- to 24-year-olds by experience of sexual and physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Orphan status (lost one or both parents in childhood)				
Orphan	197	29.5 (19.8-41.5)	122	31.6 (21.8-43.3)
Non-orphan	679	23.7 (17.6-31.1)	552	27.7 (17.3-41.2)
School attendance				
Completed primary school or less	676	26.6 (20.7-33.6)	407	29.9 (18.2-45.1)
Completed secondary school or more	260	20.0 (11.2-33.0)	275	26.5 (17.1-38.6)
Working for money or other payment in the past year				
Worked	142	22.7 (11.7-39.4)	319	32.2 (19.8-47.8)
Did not work	797	25.1 (19.9-31.1)	363	25.9 (16.0-39.2)
Witnessed violence at home				
Witnessed violence at home	412	36.9 (26.0-49.3)	247	43.6 (30.7-57.4)
Did not witness violence at home	529	14.2 (9.4-20.9)	435	16.6 (10.1-26.0)
Marriage or cohabitation				
Married or cohabiting	398	28.7 (19.7-39.8)	108	25.1 (13.4-42.1)
Unmarried and not cohabiting	523	22.2 (16.6-29.2)	574	29.1 (19.1-41.7)
Arranged or forced marriage and violence				
Arranged marriage	138	50.1 (32.3-68.0)	38	32.2 (13.2-61.9)
In a marriage that was not arranged	400	25.2 (16.9-36.0)	96	19.7 (7.3-43.2)
Food or material insecurity				
Experienced food insecurity	87	19.5 (6.3-46.4)	158	37.5 (20.3-58.6)
Did not experience food insecurity	851	25.1 (19.2-32.0)	520	25.7 (16.8-37.1)
Disability status				
Has any form of disability	100	19.7 (10.8-33.0)	110	59.7 (45.8-72.2)
Has no form of disability	837	25.5 (19.4-32.8)	571	22.5 (13.8-34.5)

Note: CI = confidence interval.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

8.2: Child Marriage

Table 12.2. Characteristics of 13- to 17-year-olds by experience of sexual and physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Orphan status (lost one or both parents in childhood)				
Orphan	174	32.6 (22.9-44.1)	112	44.5 (15.6-77.6)
Non-orphan	778	26.3 (18.8-35.4)	729	29.6 (18.8-43.2)
School attendance				
Not attending school	147	23.4 (14.1-36.1)	111	26.3 (12.7-46.6)
Attending school	723	27.4 (19.0-37.8)		
	660	37.2 (24.1-52.5)		
Working for money or other payment in the past year				
Worked	38	17.8 (4.7-48.6)	171	43.7 (24.5-65.0)
Did not work	957	26.6 (19.7-34.7)	682	28.4 (18.7-40.5)
Witnessed violence at home				
Witnessed violence at home	461	40.5 (29.4-52.6)	321	50.1 (31.2-69.0)
Did not witness violence at home	535	12.1 (8.5-17.0)	533	22.2 (15.0-31.7)
Marriage or cohabitation				
Married or cohabiting	50	46.5 (31.2-62.6)	12	46.5 (18.6-76.8)
Unmarried and not cohabiting	925	25.1 (18.2-33.4)	839	32.4 (21.2-46.1)
Food or material insecurity				
Experienced food insecurity	102	25.2 (8.6-54.7)	196	30.1 (17.9-46.1)
Did not experience food insecurity	892	26.1 (19.3-34.2)	652	33.8 (21.5-48.7)
Disability status				
Has any form of disability	92	16.7 (5.6-40.2)	137	65.3 (47.4-79.7)
Has no form of disability	900	27.6 (19.9-36.9)	713	28.2 (18.1-41.1)

Note: CI = confidence interval.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Section 13: Inspire indicators

INSPIRE indicators among 18- to 24-year-olds

Table 12.1. Characteristics of 18- to 24-year-olds by experience of sexual and physical violence in the past 12 months – Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Orphan status (lost one or both parents in childhood)				
Orphan	197	29.5 (19.8-41.5)	122	31.6 (21.8-43.3)
Non-orphan	679	23.7 (17.6-31.1)	552	27.7 (17.3-41.2)
School attendance				
Completed primary school or less	676	26.6 (20.7-33.6)	407	29.9 (18.2-45.1)
Completed secondary school or more	260	20.0 (11.2-33.0)	275	26.5 (17.1-38.6)
Working for money or other payment in the past year				
Worked	142	22.7 (11.7-39.4)	319	32.2 (19.8-47.8)
Did not work	797	25.1 (19.9-31.1)	363	25.9 (16.0-39.2)
Witnessed violence at home				
Witnessed violence at home	412	36.9 (26.0-49.3)	247	43.6 (30.7-57.4)
Did not witness violence at home	529	14.2 (9.4-20.9)	435	16.6 (10.1-26.0)
Marriage or cohabitation				
Married or cohabiting	398	28.7 (19.7-39.8)	108	25.1 (13.4-42.1)
Unmarried and not cohabiting	523	22.2 (16.6-29.2)	574	29.1 (19.1-41.7)
Arranged or forced marriage and violence				
Arranged marriage	138	50.1 (32.3-68.0)	38	32.2 (13.2-61.9)
In a marriage that was not arranged	400	25.2 (16.9-36.0)	96	19.7 (7.3-43.2)
Food or material insecurity				
Experienced food insecurity	87	19.5 (6.3-46.4)	158	37.5 (20.3-58.6)
Did not experience food insecurity	851	25.1 (19.2-32.0)	520	25.7 (16.8-37.1)
Disability status				
Has any form of disability	100	19.7 (10.8-33.0)	110	59.7 (45.8-72.2)
Has no form of disability	837	25.5 (19.4-32.8)	571	22.5 (13.8-34.5)

Note: CI = confidence interval.

n¥ represents the denominator of the subgroup for which the analyses were run, such as those who experienced sexual violence.

Table 13.1. INSPIRE Indicators among 18- to 24-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Norms and Values		
	Females (n=941)	Males (n=682)
Agreement with the necessity of corporal punishment by parents	34.7 (25.6-45.1)	30.1 (22.6-38.8)
	Females (n=941)	Males (n=682)
Agreement with the necessity of corporal punishment by teachers	33.0 (24.1-43.4)	29.1 (21.2-38.5)
	Females (n=941)	Males (n=682)
Acceptance of wife beating [1]	63.0 (53.9-71.2)	67.3 (59.0,74.7)
	Females (n=941)	Males (n=682)
Endorsement of traditional norms and beliefs about gender, sexuality, and violence [2]	96.9 (93.7-98.5)	92.6 (83.9-96.8)
Income and Economic Strengthening		
	Females (n=398)	Males (n=380)
Married or cohabitating females who had some responsibility for how money was spent	16.8 (9.5-28.0)	5.2 (2.3-11.6)
Education and Life Skills		
	Females (n=627)	Males (n=380)
Early sexual debut: first sex at or before age 15	7.8 (5.1-11.9)	5.2 (2.3-11.6)
	Females (n=442)	Males
Early pregnancy: pregnant before age 18	43.0 (38.2 - 47.8)	NA
	Females (n=538)	Males (n=134)
Child marriage: married or cohabitating before age 18	57.0 (50.6-63.2)	15.3 (7.1,29.8)
	Females (n=300)	Males (n=401)
Ever been taught anger management in school	46.5 (35.8-57.5)	61.5 (50.9-71.1)
	Females (n=300)	Males (n=401)
Ever been taught how to avoid physical fights and violence in school	45.9 (35.1-57.2)	61.3 (48.6-72.6)
	Females (n=300)	Males (n=401)
Ever been taught how to avoid bullying in school	35.2 (24.5-47.6)	58.9 (45.5-71.1)

Note: CI = confidence interval.

[1] Includes respondents who endorsed one or more of the following: it is acceptable for a husband to beat his wife if she: goes out without telling him; neglects the children; argues with him; refuses to have sex with him; is suspected of having an affair.

[2] Includes respondents who endorsed one or more of the following: men decide when to have sex; men need more sex than women; men need other women; women who carry condoms are "loose"; women should tolerate violence to keep the family together.

INSPIRE indicators among 13- to 17-year-olds**Table 13.2.** *INSPIRE Indicators among 13- to 17-year-olds - Ethiopia Humanitarian Violence Against Children Survey (HVACS), 2024*

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
Safe Environments		
	Females (n=996)	Males (n=854)
Missing school or not leaving home due to fear of violence or safety problems in the past 12 months	17.1 (12.5-23.1)	15.0 (10.2-21.7)
	Females (n=996)	Males (n=854)
Witnessed violence in the neighbourhood in the past 12 months	19.4 (14.7-25.2)	29.1 (21.3-38.4)
Parent and Caregiver Support		
	Females (n=996)	Males (n=854)
Parents' use of positive parental discipline in the past 12 months	75.9 (67.9-82.4)	70.4 (59.6-79.4)
	Females (n=951)	Males (n=809)
Close relationship with mother	86.1 (78.3-91.4)	89.2 (80.9-94.2)
	Females (n=859)	Males (n=773)
Close relationship with father	70.3 (59.8-79.0)	73.3 (63.3-81.5)
	Females (n=996)	Males (n=854)
Easy to talk to mother	82.9 (76.2-88.1)	84.0 (77.0-89.2)
	Females (n=996)	Males (n=854)
Easy to talk to father	62.9 (54.7-70.4)	69.1 (60.0-77.0)
	Females (n=996)	Males (n=854)
High parental monitoring and supervision	43.7 (33.7-54.2)	47.9 (36.1-59.9)
	Females (n=996)	Males (n=854)
Parents' use of physical discipline or verbal aggression in the past 12 months	23.8 (17.3-31.7)	29.1 (20.2-40.0)
Income and Economic Strengthening		
	Females (n=996)	Males (n=854)
Experiencing food insecurity	9.7 (4.7-18.9)	22.7 (17.1-29.5)
Education and Life Skills		
	Females (n=870)	Males (n=771)
Currently enrolled in school	76.7 (67.1-84.2)	86.3 (78.5-91.6)
	Females (n=996)	Males (n=854)
Binge drinking [1] in the past 30 days	0.0	0.1 (0.0-0.8)

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
	Females (n=56)	Males (n=91)
In a physical fight in the past 12 months	91.5 (77.5-97.1)	88.1 (55.1-97.8)
	Females (n=723)	Males (n=660)
Ever been taught anger management in school	39.7 (31.4-48.8)	62.9 (52.4-72.3)
	Females (n=723)	Males (n=660)
Ever been taught how to avoid physical fights and violence in school	42.3 (33.0-52.1)	62.0 (53.8-69.6)
	Females (n=723)	Males (n=660)
Ever been taught how to avoid bullying in school	34.2 (26.2-43.3)	56.2 (46.3-65.6)

Note: CI = confidence interval.

[1] Binge drinking included drinking 4 or more drinks on one occasion.

Norms and Values for 13-17 years

	Females (n=996)	Males (n=854)
Agreement with the necessity of corporal punishment by parents	36.7 (27.5-47.0)	25.3 (20.4-31.1)
	Females (n=996)	Males (n=854)
Agreement with the necessity of corporal punishment by teachers	35.0 (25.0-46.5)	23.8 (18.6-30.0)



APPENDIX B: 2024 Ethiopia HVACS response plan for participants

In conducting any Violence Against Children Survey (VACS), it is anticipated that there will be participants who have experienced violence and will need intervention. The intervention is either to immediately remove children from danger or help them contend with the consequences of violence. All VACS include a detailed and specific protocol response plan to provide referrals to participants and address needs that may arise. The Ethiopia HVACS response plan was based on existing CDC and UNICEF VACS response plan guidance, as well as service provision protocols by UNHCR and its implementing partners. The response plan included development of criteria for offering referrals, establishment of protocols for providing referrals, and identification of potential danger to the participants.

B.1. REFERRALS FOR PARTICIPANTS AND SERVICES

Caseworkers affiliated with UNHCR implementing partners in charge of child protection and gender-based violence service provision were identified and assigned to data collection teams. The case workers provided immediate counselling to study participants who required it, in addition to referrals for further care when necessary. Any member of the household from which the respondent was recruited was also offered general psychosocial support not focused on violence but on any issue that the household head felt was relevant at the time. In addition, social workers (a lower cadre of psychosocial support providers available in selected camps) recorded identified cases during data collection and liaised with the caseworkers to ensure that support was offered at the actual service sites to each survivor who was willing to receive such services. A directory of services specific to each camp was also made available to survivors identified through the survey. These directories were a collation of community services offered by government and nongovernmental humanitarian agency services in each settlement, along with the contact information of the focal points concerned. A deliberate effort was made to include a range of available services in various sectors to ensure

that the directories did not appear to have been developed for a study on violence. Interviewers were trained to highlight VAC-related services in the directory for participants at the end of the interview.

B.2. DIRECT REFERRAL CRITERIA AND PROCEDURES

During the interview, participants who met any one or more of the following criteria were offered a referral to the case worker:

- ➔ The participant becomes upset during the interview (for example, tearful, angry, sad, shaking, difficulty breathing).
- ➔ The participant shares at any point during the interview that he or she does not feel safe in his or her current living situation, including in his or her home or community due to violence.
- ➔ The participant has experienced violence in the past 12 months.
- ➔ The participant is under the age of 18 and traded sex for money or goods in the past 12 months (i.e., sex trafficking of minors).

- ➔ The participant reports that he or she is in immediate danger.
- ➔ The participant asks for help for violence, regardless of what they may or may not have disclosed during the interview.

If the participant indicated that he or she wanted a direct referral, the interviewer obtained their consent and referred them to the caseworker. The caseworker gave first-line support. If a respondent needed more support, the caseworker referred him or her for further care. It is important to note that the interviewers did not give any of the information shared during the interview to the caseworker unless the participant requested that they do so.

B.3. MANAGING ACUTE CASES

An acute case refers to cases where:

- ➔ The participant shared at any point during the interview that he or she does not feel safe in his or her current living situation, including in his or her home or community due to violence; or
- ➔ The participant reported that he or she was in immediate danger.

If an acute case was identified, the interviewers followed the response plan: The interviewer (via mobile phone) immediately alerted the team leader and the caseworker to the fact that an acute case had been identified. With the participant's consent, the caseworker offered initial counselling followed by a referral for further care or other services for those participants who needed such help. If the participant declined the referral, then their wishes were respected and they were reminded to make use of the information in the directory of services if they ever changed their minds. The caseworker provided first-line support and referred participants who required further care or support.

APPENDIX C: Supplementary sampling method

The development and implementation of the 2024 Ethiopia HVACS was led by the Baobab Research Program Consortium in collaboration with the Refugees and Returnees Service, the UNHCR Regional Bureau, and UNHCR Ethiopia and its implementing partners with technical support from the CDC in Atlanta and Together for Girls. The 2024 Ethiopia HVACS methodology follows the VACS conducted in several low- and middle-income countries and builds on guidance on conducting VACS in humanitarian settings developed in 2020 by Together for Girls, CDC, International Rescue Committee, along with other partners. The survey was implemented between December 2023 and April 2024 in 20 out of 23 refugee camps in Ethiopia.

C.1. SAMPLING FRAME AND SAMPLE SIZE SELECTION

The sampling frame for the 2024 Ethiopia HVACS included all zones – as defined by RRS and UNHCR – in 20 of 23 refugee camps in five regions of the country. The camps included 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 Jijiga regional office; Melkadida, Buramino, Bokolmany, Hilaweyn, and Kobe under the Melkadida regional office; and Assaita, Berhale, and Serdo under the Semera/Afar regional office. The sample size was determined from a standard cluster sample formula where an estimated prevalence of 40% sexual violence in childhood for females and 17% sexual violence in childhood for males based on sub-national estimates from high-risk groups such as students and street children were used (Assabu et al., 2019; Tefera, 2017).

A three-stage cluster sampling method was used in the 2024 Ethiopia HVACS. In the first stage of selection, 82 zones were randomly selected from the list of 158 zones provided by RRS and UNHCR. In the second stage, households were sampled 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. In the third stage, one eligible respondent (male or female, depending on the zone) was randomly selected from among all eligible respondents ages 13–24 in each household for the participant interview questionnaire.

The Ethiopia HVACS used a split-sample approach, such that the survey for females was conducted in different zones than the survey for males. This approach was to protect the confidentiality of participants by eliminating the chance that perpetrators and survivors of violence would be interviewed in the same community and that perpetrators would discover the purpose of the study and possibly retaliate against participants.

C.2. INCLUSION CRITERIA AND SELECTION OF HOUSEHOLDS AND PARTICIPANTS

This survey included females and males living in selected households in refugee camps in Ethiopia who were between the ages of 13 and 24 at the time of the survey and who spoke one of the survey languages: English, Amharic, Arabic (Juba Arabic), Anuak (Anywaa), Nuer, Somali, Tigrinya, and Afar. Survey teams, to the extent possible, clarified questions when asked by a respondent with lesser proficiency in one of the survey languages. Females and males with mental disabilities who did not have the capacity to understand the questions and those with significant physical disabilities (e.g., hearing and speech impairment) were excluded from the study. Females and males living in institutions such as hospitals, prisons, nursing homes, and other such institutions were not included in the survey.

C.3. SAMPLE WEIGHTS

Weighting is a method used to obtain parameters from the dataset resulting from sampling in order to represent the total population. The HVACS used a three-step weighting procedure: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for differential nonresponse in the sample; and (Step 3) post-stratification calibration adjustment of weights to known population totals. Sample weighting provides representative parameter estimates from survey data. The Baobab research team weighted the data with technical support from the CDC to obtain parameters that represented the total population of adolescents and young adults aged 13–24 in refugee camps in Ethiopia.

The base weight of a respondent in any probability sample is one divided by the overall probability of selection for the respondent given the steps completed in selecting the respondent (Step 1). Included in the calculations of the base weight were the probabilities of selection of zones, selection of households, gender specification, and selection of eligible individuals. In Step 2, base weights were adjusted to account for the losses in the sample

outcome due to differential nonresponse. In this step, nonresponse adjustments were made for nonresponding households and nonresponding respondents. The household-level nonresponse adjustment was performed by using weighted data at the camp level. For the person-level nonresponse adjustment, weighting cells were formed taking into account age group (13–17 or 18–24) and sex. In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with 2024 data on the population of adolescents and youth in refugee camps distributed by age group (13–17 or 18–24) and gender. These variables were used to form weighting cells. The final weights assigned to each responding unit were computed as the product of the base weights, the nonresponse adjustment factors, and post-stratification calibration adjustment factors. The Baobab research team produced weighted point estimates and 95% confidence intervals using Stata statistical software (version 14.0) with technical support from the CDC. The Baobab research team produced a complete description of the findings, including reporting frequencies and percentages on the principal variables of interest. Charts and diagrams were used to display data. Tables were created to illustrate distributions of characteristics associated with sexual behaviour and practices; physical, emotional, and sexual violence; and utilisation of health care services, counselling services, and other services by respondents.

C.4. RESPONSE RATES

A total of 8,395 households were sampled (4,673 for females and 3,722 for males); 7,335 were visited during the study (4,215 for females and 3,120 for males). The household response rates were 82.8% for females and 76.1% for males. Within all visited households, a household member's listing was completed, from which one eligible respondent residing in the household was identified and interviewed. As a result, a total of 3,473 individuals aged 13-24 participated in the 2024 Ethiopia HVACS. This included 1,937 females and 1,536 males who completed the individual questionnaire, yielding an individual response rate of 89.0% for females and 91.8% for males, respectively. The combined household and individual response rates provide an overall response rate for females of 73.7% and for males of 69.9%.

C.5. WEIGHTED PERCENTAGES AND CONFIDENCE INTERVALS

The HVACS results are based on a sample of the population in refugee camps rather than a census; therefore, there is a degree of uncertainty and error associated with the point estimates. Survey weights were created and applied to each individual record to adjust for the probability of selection, differential nonresponse, and calibration to the 2024 population in refugee camps. The estimates in the 2024 Ethiopia HVACS are accompanied by a 95% confidence interval. This range indicates that, for 95 in 100 samples completed in the same way as the HVACS, the true population prevalence of violence will be between the upper and lower confidence interval values. For example, if the expected sexual violence prevalence in the refugee camps in Ethiopia is 30%, with a confidence interval of 4%, this means that, if we could survey all children in the refugee camps at the same time, the HVACS data estimate that between 26% and 34% of the total child population in the camps have experienced sexual violence. In short, the confidence interval helps determine how effectively prevalence is measured and how to make inferences about the population in the refugee camps.

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