Gendering Mass Starvation

July 2026

Gendering Mass Starvation:

Violence, Survival Systems, and Cumulative Harm in Contemporary Wars in Tigray, Gaza, and Sudan

Seminar Synthesis Report

BRIDGET CONLEY, DYAN MAZURANA, and TOM DANNENBAUM, with research and editorial support from COURTNEY ROSARI

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About

This report is based on an expert seminar hosted by the World Peace Foundation at the Fletcher School of Global Affairs at Tufts University, October 8-10, 2025. Both the seminar and report are part of a World Peace Foundation project, "**Gendering Mass Starvation**," led by Bridget Conley, Dyan Mazurana, and Tom Dannenbaum, and which is partially funded by the Andrew Carnegie Foundation.

Essays authored by several seminar participants are available on **Reinventing Peace**, the World Peace Foundation's blog. These include:

- Fevin Araya, "Enduring the Unthinkable: The Intersecting Impact of Wartime Sexual and Reproductive Violence and Starvation in Tigray" (March 2, 2026).
- Alex de Waal, "Gender and Famine: Reflections on Hunger and Humiliation" (Feb. 16, 2026).
- Merry Fitzpatrick, "Gender Suffering in Famine: the Other Side of Gendered Norms" (Feb. 9, 2026).
- Niku Jafarnia, "Israeli Forces' Acts of Genocide in Gaza: Deliberate Deprivation of Water and Impacts on Pregnant and Breastfeeding Women" (March 16, 2026).
- Yousuf Syed Khan, "Reframing Medical Deprivation Within the Starvation War Crime Paradigm" (April 6, 2026).
- Kathleen Kuehnast, "Integrating Issues of Reproductive Violence & Starvation into the WPS Agenda" (April 13, 2026).
- Birhan Gebrekirstos Mezgbo, "The Nexus of Sexual and Gender-Based Violence and Starvation in Tigray: Immediate and Long-Term Consequences for Women and Children," (Feb. 23, 2026).
- Omima Jabel Omer, "Surviving War: Women's Dual Crisis in Sudan" (March 23, 2026).
- Palestinian Initiative for the Promotion of Global Dialogue and Democracy (MIFTAH), "Sexual and Gender-Based Violence, Reproductive Violence & Starvation: Mutually Reinforcing Crimes- Gaza," (March 9, 2026).
- Manal Taha, "War, SGBV and Starvation manifested structure interdependence, amplify each-others in vicious cycle" (March 30, 2026).

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1.
Introduction

Mass starvation and gender-based violence intersect in ways that shape how these harms are inflicted and how they are experienced by those who endure them. Yet these connections are rarely examined together. Research on famine and starvation has traditionally focused on food scarcity, malnutrition, and mortality. Legal debates have concentrated on the prohibition of starvation as a method of warfare, but paid insufficient attention to gendered dynamics. At the same time, gender analysis in conflict has largely centered on conflict-related sexual violence. As a result, the gendered nature of mass starvation—particularly its relationship to sexual, reproductive, and obstetric violence—has remained insufficiently explored.

This report draws on discussions from an expert seminar convened by the World Peace Foundation at the Fletcher School at Tufts University in October 2025 to examine these intersections. The seminar convened scholars and practitioners working across famine research, international criminal law, humanitarian response, and gender and conflict analysis. Participants were united by a shared concern: that mass starvation and gender-based violence are often treated as separate phenomena in research, law, and policy, even though in practice they frequently occur together and exacerbate one another.

Two central questions guided the seminar and this report. First, how does gender shape the ways in which mass starvation is inflicted, experienced, and survived in contexts of armed conflict? Second, how might legal and policy frameworks addressing mass starvation more fully recognize the gendered realities of these harms, including the ways they intersect with sexual, reproductive, and obstetric violence?

Addressing these questions requires attention to the process of starvation in contemporary warfare. Starvation rarely results from an intractable scarcity of food. Rather, it emerges when belligerents attack, destroy, or weaken the systems that sustain life—food production and distribution, water access, healthcare, markets, shelter, and social protection. These processes often occur in conjunction with other forms of violence that reshape civilian survival. As the cases examined in this report demonstrate, mass starvation frequently intersects with gender-based violence in ways that deepen vulnerability and compound harm.

The seminar explored these dynamics through case studies of wars in Tigray (2020 – 2022), Sudan (2023 – present), and Gaza (2023 – 2025). In each context, experts documented patterns in which the destruction of food systems, health infrastructure, and civilian survival networks coincided with widespread gender-based violence, including sexual, reproductive,

and obstetric violence. Starvation weakens bodies and disrupts livelihoods. It forces civilians—often with strikingly gendered patterns—into dangerous spaces in search of food, water, fuel, or assistance. At the same time, sexual and reproductive violence can immobilize survivors, isolate them socially, and undermine their capacity to care for themselves and others. The destruction of health systems further compounds these harms by denying treatment for injuries, reproductive care, and basic medical support. Together, these processes create conditions in which mass starvation and gender-based violence reinforce one another, producing cumulative impacts that extend beyond individual suffering to threaten the survival of families and communities.

This report proceeds in three parts. The first outlines key concepts and analytical frameworks that underpin the seminar discussions, including definitions of famine, starvation, mass starvation, and gender-based violence. The second presents case studies from Tigray, Gaza, and Sudan, with particular attention to the intersections of starvation and gender-based violence, including sexual, reproductive, and obstetric violence. The third section draws together cross-cutting insights from the seminar and considers the implications for law, policy, and research aimed at preventing and responding to mass starvation. The final section offers seven key takeaways.

2.
Key Concepts and Analytical Frameworks

Famine, Starvation, and Mass Starvation

The dominant definition of famine today is a specific technical classification used in food security analysis. The most widely recognized framework is the Integrated Food Security Phase Classification (IPC), which identifies famine when three thresholds are simultaneously met within a defined population: extreme food consumption gaps, acute malnutrition levels exceeding critical thresholds, and excess mortality associated with hunger and disease.[1] Famine therefore represents the most severe stage of food insecurity within a formal monitoring system used by governments, United Nations agencies, and humanitarian organizations to guide emergency responses.

1 Integrated Food Security Classification [IPC], *Famine Review Committee Report: Sudan* (2024), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Sudan_July2024.pdf, 1.

Starvation as an analytical lens points our attention to policies: the condition in which one set of actors deprives others of the means for sustaining life. It may occur in contexts of, for example, prisons, siege warfare, blockades, forced displacement, destruction of agricultural systems, or obstruction of humanitarian aid. The term "mass starvation,"[2] as used in this report, clarifies the reference to situations in which state or non-state actors' policies and practices systematically deprive large populations of essentials, such as food and the systems required for survival. Importantly, famine (in its technical application) and mass starvation today overwhelmingly occur in the context of armed conflict or political repression, not from food scarcity alone.[3] These crisis situations emerge through the breakdown or deliberate destruction of the broader systems that sustain life, including food production, safe water access, healthcare, markets, shelter, and humanitarian assistance.

It is also important to note that populations experience intense deprivation and even elevated mortality without necessarily crossing the formal thresholds required for a famine declaration.[4] The humanitarian and social consequences—including malnutrition, disease, displacement, and death—may be profound even in the absence of a famine declaration. For this reason, the seminar focused primarily on starvation (see below) and mass starvation (as defined above) as analytical concepts capable of capturing the lived realities of civilian populations experiencing sustained deprivation.

Starvation in International Law

International humanitarian law explicitly prohibits the starvation of civilians as a method of warfare. This prohibition is reflected in Additional Protocol I to the Geneva Conventions and codified as a war crime under the Rome Statute of the International Criminal Court. United Nations Security Council Resolution 2417 (2018) further reinforced the international community's recognition that the use of starvation against civilian populations constitutes a grave violation of international law. Despite these legal prohibitions, significant uncertainty remains regarding how starvation crimes should be investigated, documented, and prosecuted in practice.[5] In particular, international law has historically focused on discrete acts, rather

2 Alex de Waal, *Mass Starvation: The History and Future of Famine* (Polity Books, 2017).

3 de Waal, *Mass Starvation*, 67.

4 IPC, Technical Manual, v 3.1 (2021), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf, 35.

5 Special Issue on Starvation in International Law, *Journal of International Criminal Justice* 17 (2019); Bridget Conley, Alex de Waal, Catriona Murdoch, and Wayne Jordash, eds. *Accountability for Mass Starvation: Testing the Limits of the Law* (Oxford University Press, 2022); Rogier Bartels, "Denying Humanitarian Access as an International Crime in Times of Non-International Armed Conflict," *Israel Law Review* 281 (2015): 281 - 307; Richard Cottier and Susann Aboueldahab, "Article 8(2)(b)(xxv): Starvation of Civilians as a Method of Warfare", in *Rome Statute of the International Criminal Court: Article by Article Commentary*, ed. Kai Ambos ed. 4th edition (Beck/Hart/Nomos, 2022); Tom Dannenbaum, "Criminalizing Starvation in an Age of Mass Deprivation in War:

than the process or cumulative effects of multiple actions that together produce and sustain conditions of starvation.[6] If viewed in isolation and without clear evidence of intent, practices that restrict humanitarian access, destroy food systems, damage infrastructure, or displace populations may be difficult to characterize legally, yet their combined impact can produce sustained deprivation across entire civilian populations.

Gender-Based Violence in Conflict

Gender-based violence refers to violence directed against individuals because of their gender or that disproportionately affects individuals of a particular gender. In conflict settings, this includes a wide range of abuses, including sexual violence, reproductive violence, forced marriage, sexual exploitation, and other forms of coercion and abuse.

International policy and legal frameworks addressing gender in conflict have historically focused on conflict-related sexual violence, particularly rape.[7] While this approach has advanced recognition of sexual violence as a serious violation of international law, it has had the unintended effect of narrowing attention to a limited set of harms.

Other forms of gender-based violence—including reproductive violence, obstetric violence, and gendered patterns of deprivation—have received far less attention in legal and policy discussions.[8] As a result, many of the ways in which armed conflict reshapes women's bodies, health, caregiving responsibilities, and social roles remain insufficiently examined. This includes the ways in which deprivation of food, healthcare, water, and shelter can produce gender-specific forms of harm, particularly for pregnant women, nursing mothers, and those responsible

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Intent, Method, Form, and Consequence," *Vanderbilt Journal of Transnational Law* 55 no. 3681 (2022): 681-755; Tom Dannenbaum, "Starvation and International Crime," *Revista Diecisiete* 9 no. 135 (2023): 135 – 156; Tom Dannenbaum, "Legal Frameworks for Assessing the Use of Starvation in Ukraine," *Just Security*, April 22, 2022, https://www.justsecurity.org/81209/legal-frameworks-for-assessing-the-use-of-starvation-in-ukraine/; Randle DeFalco, "Conceptualizing Famine as a Subject of International Criminal Justice," *Univ. Penn. J. Int'l L* 38, no 4 (2017): 1113 – 1187; David Marcus, "Famine Crimes in International Law," *Am. J. Int'l L.* 97, no 2 (2003): 245 – 281; Beth Van Schaack, "Siege Warfare and the Starvation of Civilians as a Weapon of War and War Crime", *Just Security,* February 4, 2016, https://www.justsecurity.org/29157/siege-warfare-starvation-civilians-war-crime/; Sean Watts, "Humanitarian Logic and the Law of Siege: a Study of the *Oxford Guidance* on Relief Actions," *Int'l L. Studies* 95 (2019): 1 - 48.

6 Fionnuala D. Ní Aoláin and Amanda McAlister, "Maternal Loss in Situations of Conflict: A Case Study," SSRN Electronic Journal, ahead of print, 2022. https://doi.org/10.2139/ssrn.4277904.

7 Gloria Gaggioli, "Sexual violence in armed conflicts: A violation of international humanitarian law and human rights law," *International Review of the Red Cross* 96, no 894 (2014): 503–538; Nicola Henry, (2014). "The Fixation on Wartime Rape: Feminist Critique and International Criminal Law: Feminist Critique and International Criminal Law," *Social & Legal Studies 23* no.1 (2013): 93-111.

8 Fionnuala Ní Aoláin, "A Zone of Silence: Obstetric Violence in Gaza and Beyond," *Just Security*, February 21, 2024, https://www.justsecurity.org/92562/a-zone-of-silence-obstetric-violence-in-gaza-and-beyond/.

for sustaining households during crisis. Similarly, little attention has been paid to the intersection between deprivation and other forms of gendered harm, including of men and boys.

Gendering Starvation

A central aim of the seminar was therefore to "gender" the analysis of starvation by examining how gender shapes both the production and the experience of mass deprivation.

Across the cases examined in this report, the destruction of food systems, water infrastructure, healthcare, and livelihoods interacted with patterns of gender-based violence to produce cumulative and compounding harms. Exposure to violence while searching for food, water, or fuel was often gendered, although varied across situations. Survivors of sexual violence frequently experienced untreated injuries, unwanted pregnancies, and social exclusion that further undermined their access to food and assistance. The collapse of healthcare systems intensified these harms by denying reproductive care, maternal health services, and treatment for trauma.

These dynamics reveal that starvation is not only a humanitarian crisis but also a profoundly gendered form of violence. It reshapes the roles individuals occupy within households and communities, alters survival strategies, and creates conditions in which sexual exploitation, forced marriage, and reproductive harm become more likely. Understanding these relationships requires moving beyond treating starvation and gender-based violence as separate issues and instead examining how they interact within broader patterns of civilian harm.

The conceptual distinctions outlined above help clarify how starvation, famine, and gender-based violence are understood within humanitarian, legal, and policy frameworks. Seminar participants repeatedly emphasized that these categories often fail to capture how such harms are experienced in practice. Starvation is not a single, discrete act. It is a process that unfolds through the cumulative destruction of the systems necessary for civilian survival—food production and distribution, water access, healthcare, shelter, markets, and social protection.[9] As these systems collapse, starvation emerges alongside other forms of violence that reshape the conditions under which civilians struggle to survive.

9 Bridget Conley and Alex de Waal, "What is Starvation?" in eds. Conley, Bridget, Alex de Waal, Wayne Jordash, and Catriona Murdoch *Accountability for Starvation: Testing the Limits of the Law* (Oxford University Press, 2022); Dannenbaum, "Criminalizing Starvation in an Age of Mass Deprivation in War," 681-756, 726 – 740.

3.
Gendering Starvation in Tigray (Ethiopia), Gaza (Occupied Palestinian Territories) and Sudan

Case Study: Tigray

This paper focuses on the war that began when Tigrayan armed forces attacked a government garrison on 3 November 2020, following a dispute over regional autonomy and that ended with a permanent cessation of hostilities in November 2022. Tigrayan forces were composed of soldiers and material from Tigrayan elements in the national army, Tigrayan regional defense forces, and popular resistance groups at the village level, which operated together under the umbrella of the Tigrayan Defense Force (TDF). The Ethiopian government responded by deploying its army, the Ethiopian National Defense Forces (ENDF), and allying with Eritrean Defense Forces (EDF) and sub-national armed groups, including the Amhara Special Forces and irregular militia. According to multiple credible reports and analyses, the Ethiopian government and allied forces systematically targeted civilians and civilian infrastructure (schools, hospitals, agriculture production, food storage sites, water, irrigation, roads, communications, electricity, banking and more).[10]

The IPC's Famine Review Committee (FRC) examined Tigray and neighboring regions of Amhara and Afar in their report of July 2021.[11] They found that roughly 400,000 people were

10 United Nations Office of the High Commissioner for Human Rights and Ethiopian Human Rights Commission, *Report of the Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR) Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by All Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia* (Geneva: United Nations, November 3, 2021), https://digitallibrary.un.org/record/3947207; Kenneth Roth, "Confronting Ethiopia's Abusive Siege," Human Rights Watch (August 31, 2022). https://www.hrw.org/news/2022/08/31/confronting-ethiopias-abusive-siege; Human Rights Watch and Amnesty International, *"We Will Erase You from This Land": Crimes against Humanity and Ethnic Cleansing in Ethiopia's Western Tigray Zone* (2022), https://www.hrw.org/sites/default/files/media_2022/06/ethiopia0422_web_0.pdf ; Birhan Mezgbo and Teklehaymanot G. Weldemichel, "Starvation as a Weapon of War: How Ethiopia Created a Famine in Tigray," *The Conversation*, November 2, 2025, https://doi.org/10.64628/AAJ.j4uyppkqu.; Hailay Gesesew, Kiros Berhane, Elias S. Siraj, *et al.*, "The Impact of War on the Health System of the Tigray Region in Ethiopia: An Assessment," *BMJ Global Health* 6, no. 11 (2021): e007328. https://doi.org/10.1136/bmjgh-2021-007328.

11 IPC, "Famine Review of the IPC Acute Food Insecurity Analysis: Conclusions and Recommendations for Tigray Region, Ethiopia," (July 2021), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Ethiopia_Fa-

acutely food insecure in IPC Phase 5 (Catastrophe), in addition to 1.8 million in Emergency (Phase 4) and another 2.2 million in Crisis (Phase 3). The FRC did not reach a famine determination, because of its inability to meet the demanding data thresholds for such a finding, but it warned of a "Risk of Famine."[12] A key challenge Committee members faced was estimating malnutrition, given the destruction of the medical system. They noted: "as of March 2021, of 172 health facilities evaluated in Tigray, only 65 (38%) are fully or partially functioning: 18 (10%) were destroyed, and 21 (12%) were partially damaged. Four out of the five general hospitals and four of the twelve primary hospitals are functional; and only 55 of the 153 health facilities are functional."[13] Functioning medical facilities also faced a lack of energy, supplies, and communications.

At the time, the Ethiopian government was systematically obstructing international relief efforts.[14] In the rare instances of successful humanitarian access, damage to roads and bridges complicated distributions. Little to no relief reached regions Tigrayan occupied by Eritrean forces.[15] Other challenges included shortages in fuel, disruptions in communications, and the collapse of banking and cash distribution capacities, all of which significantly diminished people's access to essential supplies. By July 2021, humanitarian relief fell to about 5% of what was needed.[16]

Consistent patterns in women and girls' testimony about rape suggest that it was a strategic and ethnically targeted campaign of rape. One study that included 5,171 people randomly sampled across roughly two thirds of Tigray found that 9.7% of women of reproductive age had been raped.[17] Another study found that 91 percent of health care workers reported seeing patients who had experienced multiple perpetrator rape (with a median of three perpetrators per incident), and 10% of rape survivors had unwanted pregnancies.[18]

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12 IPC, "Famine Review of the IPC Acute Food Insecurity Analysis," 7.

13 IPC, "Famine Review of the IPC Acute Food Insecurity Analysis," 4.

14 David Del Conte, "100 Days of Blockade in Tigray," Refugees International, October 7, 2021, https://www.refugeesinternational.org/100-days-of-blockade-in-tigray/; Antony J. Blinken, "Continuing Atrocities and Denial of Humanitarian Access in Ethiopia's Tigray Region," U.S. Department of State, May 15, 2021, https://2021-2025.state.gov/continuing-atrocities-and-denial-of-humanitarian-access-in-ethiopias-tigray-region/; International Commission of Human Rights Experts on Ethiopia, UN Secretary General, "Secretary-General Sounds Alarm over Obstructed Aid Delivery, Rights Violations, Expulsion of United Nations Staff, Addressing Security Council on Ethiopia," SG/SM/20954, October 6, 2021, https://press.un.org/en/2021/sgsm20954.doc.htm.

15 IPC, "Famine Review of the IPC Acute Food Insecurity Analysis," 5.

16 IPC, "Famine Review of the IPC Acute Food Insecurity Analysis," 5 – 6.

17 Girmation Fisseha, Tesfay Gebregzabher Gebrehiwot, Mengistu Gebremichael, *et al*, "War related sexual and gender based violence in Tigray, Northern Ethiopia: a community based study." *BMJ Glob Health* 8:e010270 (2023): 1 – 14.

18 Physicians for Human Rights (PHR) and The Organization for Justice and Accountability in the Horn of Africa (OJAHoA), *"You Will Never Be Able to Give Birth": Conflict-Related Sexual and Reproductive Violence in Ethiopia* (July 2025) https://phr.org/wp-content/uploads/2025/07/PHR-OJAH-Ethiopia-You-Will-Never-Be-Able-

Two experts, Birhan Gebrekirstos Mezgbo and Feven Araya, presented on the intersection between starvation and gender-based violence in Tigray.[19] Their analyses illustrated how mass starvation and sexual, reproductive, and obstetric violence operated together as part of a broader pattern of violence directed at the civilian population. Drawing on survivor testimonies they had collected and field documentation, both presenters demonstrated that the war in Tigray involved widespread food deprivation and systematic destruction of the systems necessary for survival, including agricultural livelihoods, health services, and social protection networks. Survivors testimony captured how sexual and reproductive violence intensified and became intertwined with the experience of mass starvation. These mutually reinforcing forms of violence weakened bodies, fractured families, and threatened the continuity of community life.

Survivor accounts of assaults suggest that forces aligned with the Ethiopian government explicitly sought to harm women's and girls' fertility and reproductive autonomy. One woman survivor of rape that Araya interviewed recounted what perpetrators told her: "Your womb should never carry Woyane[20] blood again… We will take your uterus out,"[21] before inflicting severe injuries to her reproductive organs. Sexual violence was strategically deployed to inflict long-term and potentially intergenerational harm.

Mezgbo analyzed how mass starvation was weaponized to induce physical exhaustion, psychological collapse, and social humiliation. Survivors described hunger not simply as scarcity but as coercive control: women and girls forced to travel long distances for food or firewood were made acutely vulnerable to sexual assault. One survivor recounted to Mezgbo, "When there was no food, I had to go far. Soldiers caught me, raped me, and they took everything. They told me, 'Go back and watch your children starve.'"[22] Starvation functioned as both a physical and psychological weapon—something perpetrators were aware of and exploited.

As Mezgbo and Araya argued, women's socially assigned roles as caregivers and food providers meant that hunger disproportionately impacted them, and that their attempts to fulfill these

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to-Give-Birth-ENG-2025.pdf, 5

19 Feven Araya, "Enduring the Unthinkable: The Intersecting Impact of Wartime Sexual and Reproductive Violence and Starvation in Tigray," World Peace Foundation, March 2, 2026, https://worldpeacefoundation.org/blog/enduring-the-unthinkable-the-intersecting-impact-of-wartime-sexual-and-reproductive-violence-and-starvation-in-tigray/; Birhan Gebrekirstos Mezgbo, "The Nexus of SGBV & Starvation in Tigray: Immediate and Long-Term Consequences for Women and Children," World Peace Foundation, February 23, 2026, https://live-tufts-flt-worldpeacefoundation.pantheonsite.io/blog/the-nexus-of-sexual-and-gender-based-violence-and-starvation-in-tigray-immediate-and-long-term-consequences-for-women-and-children/.

20 As Araya explained: "'Woyane' (also spelled "Weyane") has deep historical and political significance in Tigray. It refers to both a historic rebellion and a modern political movement, each rooted in resistance and regional pride. In contemporary Ethiopian politics, 'Woyane' is often associated with the Tigrayan People's Liberation Front (TPLF), which was founded in 1975 in Dedebit, Tigray."

21 Araya, "Enduring the Unthinkable."

22 Araya, "Enduring the Unthinkable."

roles exposed them to further violence. Hunger forced them into dangerous spaces in search of food and firewood, while their inability to gather those essentials left children at immediate risk of starvation. Pregnant and lactating women described watching their children weaken as starvation made breastfeeding impossible, while girls and young women were pushed into coerced marriages or sexual relationships in an attempt to secure food for their families.

Mezgbo showed how starvation weakened women's and girls' bodies, reducing their capacity to resist assault, while rape injuries immobilized some survivors, leaving their children to starve beside them. As survival systems collapsed, coerced marriage, transactional sex, and silence about abuse became survival strategies rather than choices. Untreated reproductive injuries and unwanted pregnancies further deepened dependency and exclusion, entrenching starvation and vulnerability. The systematic use of sexual and reproductive violence intersected with and compounded starvation tactics; these forms of harm were deployed concurrently and with shared intent to control, degrade, and destroy Tigrayan women, girls, and the larger civilian populations. Araya described how starvation and gender-based violence together destabilized households and eroded community structures, converting survival pressures into tools of coercion.

Corroborating and deepening this picture of harm, Karen Naimer presented on a joint research report by Physicians for Human Rights (PHR) and the Organization for Justice and Accountability in the Horn of Africa (OJAH).[23] The joint report is the most comprehensive medical and clinical documentation of the reproductive violence during war in Tigray to date. Based on 515 medical records, over 600 health worker surveys, and multiple in-depth interviews, the authors found that conflict-related sexual and reproductive violence in Tigray was widespread, systematic, and deliberate. The data demonstrate patterns of multiple-perpetrator rape, with a median of three attackers per attack, that included insertion of foreign objects into women's and girls' vaginas and forced pregnancies that attempted to change the ethnic composition of the Tigrayans. According to surveyed health workers, in Tigray, 73 percent of survivors reported perpetrators using language expressing their intent to destroy their victims' reproductive capacity or ability to have children.[24] 90 percent of health workers reported treating survivors with unwanted pregnancies resulting from conflict-related sexual violence, and 50 percent of patients tested were positive for sexually transmitted infections, including HIV — rates far exceeding national baselines, and indicative of systematic abuse.[25]

At the same time, as all three experts emphasized, the Ethiopian government and its allies systematically targeted the medical health infrastructure. Health facilities and reproductive health services were either destroyed or rendered nonfunctional. Mezgbo documented preventable infant and maternal deaths from lack of supplies, electricity, and skilled care, and noted sharp

23 PHR and OJAHoA, "'You Will Never Be Able to Give Birth."
24 PHR and OJAHoA, "'You Will Never Be Able to Give Birth," 5.
25 PHR and OJAHoA, "'You Will Never Be Able to Give Birth," 5.

declines in institutional deliveries.[26] Women were forced to give birth without medical care, often in contexts of chronic malnutrition and untreated infection.[27] Obstetric violence emerged not only through direct assault on women's bodies and medical structures, but through childbirth under starvation conditions, and in the context of the near-compete collapse of medical health system through widespread looting vandalization and destruction of healthcare facilities.[28] Araya emphasized how the destruction of health systems denied survivors post-rape care, treatment for reproductive injuries, and emergency obstetric services. Conditions such as fistula, untreated infections, chronic pain, infertility, and disability became long-term realities for survivors.

In the absence of functioning healthcare systems, the physiological consequences of sexual and reproductive violence became sources of further suffering and vulnerability.[29] These patterns align with the PHR/OJAH report's documentation of perpetrators' expressed intent to harm reproductive capacity and the broader ethnic community. These findings situate the sexual and reproductive violence within a strategy of destruction that extends beyond battlefield tactics to demographic and communal disruption.

The experts stressed the importance of understanding how survivors' suffering evolves over time. All three presentations noted the immediate effects, including starvation, rape, miscarriages, and untreated injuries. Medium-term consequences unfolded during displacement and in camps, with pregnancies, sexually transmitted illnesses (STIs), and poor reproductive and physical health from sexual and other forms of violence.

Long-term impacts included intentional impairment of reproductive capacity and the widespread incidence of unwanted pregnancies, chronic illness, infertility, disability, children born from rape, and profound psychological trauma; all of which were made harder to bear given that survivors often faced stigma and social exclusion from their own families and communities as a result of rape. The experience of traumatic violence and subsequent social marginalization led, in many cases, to victims' psychological collapse.

Drawing from her extensive interviews with the survivors of sexual violence, Araya documented how their 'injuries' included rejection by their own communities, and a breakdown of faith alongside

26 Hiluf Ebuy Abraha, Hale Teka, Awol Yemane Legesse, et al, "Causes of Death among Women of Reproductive Age during the War in Tigray, Ethiopia," *PLOS ONE* 19, no. 3 (2024): e0299650. https://doi.org/10.1371/journal.pone.0299650.

27 Hailay Gesesew, Kiros Berhane, Elias S. Siraj, et al, "The Impact of War on the Health System of the Tigray Region in Ethiopia: An Assessment," *BMJ Global Health* 6, no. 11 (2021): e007328.

28 Medecins Sans Frontieres, *Tigray Crisis: hospitals and healthcare centres deliberately targeted* (March 15, 2021), https://msf.org.uk/article/tigray-crisis-hospitals-and-healthcare-centres-deliberately-targetted

29 Hailay Abrha Gesesew, Kenfe Tesfay Berhe, Simon Gebretsadik, Melaku Abreha, and Mebrahtom Haftu, "Fistula in War-Torn Tigray: A Call to Action," *Int J Environ Res Public Health* 19, no. 23 (2022): 1 – 4.

their physical injuries. She argues: "For them, the trauma did not just violate their body, it fractured their soul, leaving them to navigate life without the comfort or hope they once found in faith."[30]

The war in Tigray was a coordinated assault on civilian survival in which mass starvation and gender-based violence—particularly sexual, reproductive, and obstetric violence—functioned as interlocking strategies with cumulative effects. The combined patterns of ethnically targeted violence with overt and direct attacks on reproductive systems and survival structures provide a strong indication of genocidal intent. Mass starvation was deliberately produced and experienced as food scarcity, and as a mechanism of coercion, humiliation, and control that reshaped exposure to violence and the possibilities for survival.

Taken together, these findings indicate that mass starvation and gender-based, sexual, and reproductive violence in Tigray were not collateral consequences of war but central components of a strategy aimed at dismantling the conditions of life itself.[31] Explicit perpetrator statements about preventing births, combined with systematic starvation and the destruction of healthcare, provide strong indicia of exterminatory intent directed at the collective future of the Tigrayan people. Survivors' demands of justice, echoed across all presentations, extend beyond criminal accountability to survival with dignity—access to food, healthcare, reproductive and psychosocial services, livelihoods, and social reintegration.

Case Study: Gaza

This report focuses on Gaza during the period 2023 to 2025, although violence between Israeli forces and Palestinians long predates and extends beyond this period. Violence escalated when armed units of Hamas and Palestinian Islamic Jihad attacked communities in Israel on October 7, 2023, targeting over 24 localities, including civilian and military sites. It left over 1,200 dead and at least 252 people were taken as hostages.[32] There is strong evidence of SGBV perpetrated by Hamas, but the scale is unknown.[33] Israel immediately responded by deploying the Israeli Defense Forces (IDF), including bombardment, targeted missiles, and a ground offensive against Gaza.

30 Araya, "Enduring the Unthinkable."

31 Medhanyie, Araya Abrha, Alem Desta Wuneh, A. H. Tefera, et al. "Genocide Through Health Care Violence: The Systematic Destruction of Health Facilities in the Tigray War," in Mirjam Van Reisen, Araya Abrha Medhanyie, and Munyaradzi Mawere (eds), Tigray: War in a Digital Black Hole (Langaa RPCID, 2024); PHR and OJAHoA, "'You Will Never Be Able to Give Birth," 63.

32 Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *Detailed Findings on Attacks Carried Out on and After 7 October 2023 in Israel*, A/HRC/56/CRP.3 (June 10, 2024), https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session56/a-hrc-56-crp-3.pdf, 6.

33 Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *Detailed Findings on Attacks*, 5.

One month into the most recent conflict, the IPC began to note high levels of food insecurity in Gaza, with roughly 30% of Gaza documented to be in the Phase 4, or emergency phase.[34] One year later, on October 24th, the entire Gazan territory was documented as in Phase 4 emergency food insecurity status. At this time, there were also an estimated 133,000 civilians in IPC Phase 5, or catastrophe status.[35] In August 2025, the FRC classified a famine in Gaza Governorate, with over half a million civilians enduring "conditions characterized by starvation, destitution, and death."[36] Suffering endured: the November 2025 reporting from the IPC found that over 100,000 people remained in 'catastrophe' conditions, with over half a million in IPC Phase 4 or emergency conditions.[37]

The Gazan Ministry of Health reported 63,746 fatalities since the escalation began in 2023 through September 2025.[38] A separate mortality study based on a survey of 2000 households estimated 75,200 violent deaths between October 7, 2023, and January 5, 2025, which is approximately 3.4% of the Gaza Strip's pre-conflict population.[39] The researchers found that women, children (under 18 years), and older people (over 64 years) comprised 56.2% of violent deaths, or 42,200 deaths.[40] They also estimated 8540 nonviolent excess deaths above pre-conflict projections.[41] Note, this research was conducted *before* the famine began, as designated by the FRC. By July 2025, at least 50,000 children were killed or injured due to the conflict.[42] Many Palestinian children who survived the violence experienced maiming and loss of numerous family members and caregivers, directly contributing to severe psychosocial distress and trauma.[43]

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34 IPC, *Gaza Strip: Acute Food Insecurity Situation for 24 November - 7 December 2023 and Projection for 8 December 2023 - 7 February 2024* (December 12, 2023), https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156749/?iso3=PSE.

35 IPC, *IPC Global Initiative – Special Brief* (November 8, 2024), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Sept2024_Aug2025_Special_Brief.pdf

36 IPC, *Special Brief*.

37 IPC, *Gaza Strip.*

38 UN Office for the Coordination of Humanitarian Affairs (OCHA), *Humanitarian Situation Update #319: Gaza Strip* (September 4, 2025), https://www.unocha.org/publications/report/occupied-palestinian-territory/humanitarian-situation-update-319-gaza-strip

39 Michael Spagat, Jon Pedersen, Khalil Shikaki, et al, "Violent and non-violent death tolls for the Gaza conflict: new primary evidence from a population-representative field survey," *The Lancet Global Health,* 14, no. 4 (2026): e552 - e559, e556.

40 Spagat, Pedersen, Shikaki, et al, "Violent and non-violent death tolls for the Gaza conflict," e552.

41 Spagat, Pedersen, Shikaki, et al, "Violent and non-violent death tolls for the Gaza conflict," e552.

42 United Nations Office of the High Commissioner on Human Rights, "Gaza: UN expert denounces genocidal violence against women and girls," July 17, 2025, https://www.ohchr.org/en/press-releases/2025/07/gaza-un-expert-denounces-genocidal-violence-against-women-and-girls.

43 UN Office of the High Commissioner for Human Rights (UNOHCHR), "Gaza: UN child rights committee condemns using starvation of children as weapon of war," September 9, 2025, https://www.ohchr.org/en/press-releases/2025/09/gaza-un-child-rights-committee-condemns-using-starvation-children-weapon-war.

Violent displacement occurred throughout the conflict and impacted almost the entire population. By the end of 2023, up to 85% of the population was displaced, and even temporary shelters came under attack.[44] Most women experienced displacement more than four times.[45] By October 2025, 81% of the structures in Gaza were destroyed.[46] Those most vulnerable during periods of displacement included "pregnant women, women with disabilities, and women heads of households …[who] often forced to relocate with minimal assistance."[47] In cases where families had elderly relatives or disabilities who could not flee violence, often women stayed behind, placing themselves at greater risk.[48]

Two experts, an anonymous researcher from the Palestinian Initiative for the Promotion of Global Dialogue and Democracy (MIFTAH) and Niku Jafarnia (Human Rights Watch), presented on the situation in Gaza and the interconnected relationship between mass starvation, gender-based violence, sexual violence, reproductive harm, and the destruction of water, health, and food systems.[49] While approaching the crisis from different vantage points, both presenters emphasized that the violence unfolding in Gaza cannot be understood through a single category of harm. Rather, starvation, reproductive violence, and the destruction of civilian infrastructure operated together, producing cumulative and gendered impacts that undermined both individual survival and the continuity of Palestinian society.

Documentation collected by MIFTAH described how starvation, sexual and gender-based violence, and reproductive violence converged into a broader system of harm targeting Palestinian women and the social fabric of Gaza.[50] Starvation, in this context, was a process

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44 OCHA, "Hostilities in the Gaza Strip and Israel: Flash Update #85," January 5, 2024, https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-85.

45 UN Women, "Press Briefing by UN Women on the Situation of women and girls in Gaza," October 17, 2025, https://www.unwomen.org/en/news-stories/press-briefing/2025/10/press-briefing-by-un-women-on-the-situation-of-women-and-girls-in-gaza.

46 UN Satellite Center, *Gaza Strip Comprehensive Damage Assessment* (October 31, 2025), https://unosat.org/products/4213.

47 UN Women, *Advocacy Brief: The cost of war in Gaza on women and girls* (2026), https://www.unwomen.org/en/digital-library/publications/2026/04/advocacy-brief-the-cost-of-war-in-gaza-on-women-and-girls, 3.

48 UN Women, *Gender Alert: The gendered impact of the crisis in Gaza* (January 2024), https://www.unwomen.org/sites/default/files/2024-01/Gender%20Alert%20The%20Gendered%20Impact%20of%20the%20Crisis%20in%20Gaza.pdf, 1.

49 Human Rights Watch, *Extermination and Acts of Genocide: Israel Deliberately Depriving Palestinians in Gaza of Water* (December 2024), https://www.hrw.org/sites/default/files/media_2024/12/gaza1224web.pdf; Human Rights Watch, "*Five Babies in One Incubator": Violations of Pregnant Women's Rights amid Israel's Assault on Gaza* (January 2025), https://www.hrw.org/sites/default/files/media_2025/01/gaza_pregnancy0125%20web_0.pdf

50 Palestinian Initiative for the Promotion of Global Dialogue and Democracy (MIFTAH), "Sexual and Gender-Based Violence, Reproductive Violence & Starvation: Mutually Reinforcing Crimes- Gaza," World Peace Foundation (March 9, 2026), https://worldpeacefoundation.org/blog/sgbv-reproductive-violence-starvation-mutually-reinforcing-crimes-in-gaza/.

defined by extreme hunger, and a complex of policies and practices that generated widespread malnutrition, disease, displacement, and the collapse of basic survival systems. These conditions acutely affected women, particularly those who were pregnant, breastfeeding, or responsible for caring for children and extended family members.[51]

The MIFTAH researcher argued that starvation in Gaza was a form of reproductive violence. Under conditions of extreme food scarcity, women frequently sacrificed their own nutritional needs to feed their children, weakening their bodies while continuing to shoulder caregiving responsibilities. With limited access to food, water, healthcare, and other supplies, many women limited their intake of food and water, and "sacrificed menstrual hygiene, increasing health and reproductive health risks."[52] Malnutrition and chronic stress increased the risks of miscarriage, complications during pregnancy, and reduced breast milk production. In this way, starvation directly undermined women's ability to sustain life, attacking both their bodies and their social roles as caregivers and mothers.[53]

The research further highlighted the systematic destruction of the infrastructure necessary for reproductive and maternal health.[54] Additionally, Israeli armed forces shelled Gaza's largest fertility clinic, the Al-Basma IVF Centre, causing the destruction of all the reproductive material stored in the laboratory.[55] Hospitals and maternity wards were repeatedly damaged or destroyed, while the blockade of medical and hygiene supplies further limited already reduced access to reproductive healthcare.[56] As a result, within the first 6 months of 2025, there was a 41% decrease in birth rate as compared to the previous three years.[57] Thirty-three percent of documented births within in early 2025 were born prematurely, underweight, or in need of

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51 Save the Children, "Gaza: Over 40% of Pregnant and Breastfeeding Women in Save the Children Clinics Malnourished," August 4, 2025, https://www.savethechildren.net/news/gaza-over-40-pregnant-and-breastfeeding-women-save-children-clinics-malnourished; Shatha Elnakib, Mollie Fair, Elke Mayrhofer, Mohamed Afifi, and Zeina Jamaluddine, "Pregnant Women in Gaza Require Urgent Protection," *The Lancet* 403, no. 10423 (2024): 244; Oadi N. Shrateh, Mashhour Naasan, and Nor Azlia Abdul Wahab, "Wombs in the Crossfire: The Impact of War on Reproductive Health and Fertility in Gaza: A Narrative Review," *Middle East Fertility Society Journal* 30, no. 1 (2025): 48 – 6.

52 UN Women, *Advocacy Brief*, 3.

53 The latter relates directly to the notion of mass starvation as societal torture. Tom Dannenbaum, "Siege Starvation: A War Crime of Societal Torture," *Chi. J Int'l L.* 22, no. 2 (2022): 368 - 442.

54 UN Women, *Advocacy Brief*, 3.

55 Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *"More than a human can bear": Israel's systematic use of sexual, reproductive and other forms of gender-based violence since 7 October 2023*, A/HRC/58/CRP.6 (March 13, 2025), https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session58/a-hrc-58-crp-6.pdf, para. 41.

56 WHO, *Occupied Palestinian Territory: WHO Health Emergency Appeal 2026* (March 2, 2026), https://www.un.org/unispal/document/occupied-palestinian-territory-who-health-emergency-appeal-2026/.

57 UN Population Fund [UNFPA], "UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing health care," July 23, 2025, https://palestine.unfpa.org/en/news/unfpa-warns-catastrophic-birth-outcomes-gaza-amid-starvation-psychological-trauma-and.

admission to neonatal intensive care units.[58] Miscarriages and pregnancy related deaths also rose sharply during the same period.[59] Between May and June 2025 alone, the Gazan Ministry of Health reported at least 21 babies died on their first day of life.[60] These conditions left pregnant women without safe delivery options.

The MIFTAH researcher noted testimonies from Palestinian women detained and later released from Israeli custody that describe sexual humiliation, threats, and other forms of abuse intended to isolate women and fracture family relationships.[61] These practices inflicted both individual and collective harm by stigmatizing survivors and destabilizing community bonds. Survivors of sexual violence were also without access to treatment, emergency contraception, or psychosocial support.

In the context of Israeli policies of starvation, desperation tore communities apart. Separate research by Belal Jahjooh of the Women's Refugee Committee documents how Palestinian women faced sexual, verbal and physical harassment when they tried to access humanitarian aid distribution sites.[62] All Palestinians who tried to access food at the Gaza Humanitarian Foundation sites, managed by armed American and Israeli forces, risked getting shot. Even when shootings did not occur, accessing food became a battle of the strongest. Where possible, families sent men to distributions, exposing them to lethal violence. The most vulnerable people were those in women headed households, elderly women, or those caring for children, who were "systematically excluded from aid access" and often faced "verbal abuse, unwanted touching, and transactional exploitation."[63] As a mother of four in Khan Younis stated: "food is not just scarce, it is death itself. The so-called distribution points have become graveyards."[64] Reports also documented increases in child marriage, domestic violence, and sexual harassment as women sought food.[65]

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58 UNFPA, "UNFPA warns of catastrophic birth outcomes."

59 UNFPA, *Situation Report: Humanitarian Crisis in Palestine* (July 17, 2025), https://www.un.org/unispal/document/unfpa-situation-report-on-the-crisis-in-the-occupied-palestinian-territory-may-june-2025/, 2.

60 UNFPA, *Situation Report*, 2.

61 See also: Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, *"More than a human can bear."*

62 Belal Jahjooh, *'I starve myself so my children can eat': The Gendered impacts of food insecurity and famine in Gaza*, Women's Refugee Committee (Sept 3, 2025), https://www.womensrefugeecommission.org/wp-content/uploads/2025/09/I_Starve_Myself_So_My_Children_Can_Eat_Gendered_Impacts_of_Food_Insecurity_And_Famine_In_Gaza.pdf

63 Jahjooh. "I starve myself so my children can eat," 13 and 16.

64 Jahjoon. "I starve myself so my children can eat," 14.

65 Guido Veronese, Bilal Hamamra, Fayez Mahamid, Dana Bdier, Federica Cavazzoni"Intersectional violence against women in Gaza amidst genocide," *Women's Studies International Forum,* 110 (2025), Article 103081, 3 – 4.

Niku Jafarnia's presentation augmented this analysis by examining Israeli's deliberate deprivation of water in Gaza and its consequences for pregnant and breastfeeding women and infants. She documented how Israeli authorities cut off water supplies, electricity, and fuel needed to operate pumps, desalination plants, and sanitation infrastructure, while also blocking the entry of materials necessary to repair damaged systems. As a result, the majority of Gaza's population was deprived of even the minimum amount of water required for survival, and much of the water that remained available was unsafe for drinking.

Jafarnia emphasized that these conditions carried particularly severe consequences for women during pregnancy and lactation. International health guidelines recommend additional water intake for pregnant and breastfeeding women to maintain maternal health and support fetal development and milk production. Yet women in Gaza frequently were forced to survive on far less than the minimum recommended levels. Dehydration, contaminated water, and unsanitary conditions increased the risk of miscarriage, infection, and complications during pregnancy and childbirth, while simultaneously undermining breastfeeding and infant nutrition.

Her analysis also demonstrated how attacks on water infrastructure compounded the broader collapse of public health systems. Damage to desalination plants, water pipelines, and sanitation facilities left many communities dependent on contaminated water sources, contributing to disease outbreaks that endangered pregnant women, infants, and children. Jafarnia further noted that water utility workers attempting to repair infrastructure were killed in strikes, while the destruction of warehouses containing equipment and spare parts prevented the restoration of essential services. These policies, concluding that they have likely contributed to thousands of deaths beyond those directly caused by military attacks.[66]

Taken together, the analyses presented by MIFTAH and Jafarnia revealed how the destruction of food, water, healthcare, and sanitation systems interacts with gender-based and reproductive violence to produce layered and compounding harms. Both presenters emphasized that these conditions do not simply weaken the population physically but dismantled the systems of care and survival that sustain families and communities. Women were particularly affected because they bear the primary responsibility for maintaining family survival under conditions where the very resources necessary to do so—food, water, healthcare, and safe shelter— were systematically destroyed or obstructed.

Case Study: Sudan

The Sudanese war began on April 15, 2023, and is ongoing at the time of publication. The belligerents are the Rapid Support Forces (RSF) and Sudanese Armed Forces (SAF). Both

66 Niku Jafarnia, "Gaza's Water infrastructure Desperately Needs to be Rebuilt," *Foreign Policy in Focus*, February 13, 2025, https://fpif.org/gazas-water-infrastructure-desperately-needs-to-be-rebuilt/.

parties have perpetrated atrocities against civilians, including acts perpetrated by the RSF that the UN described as bearing "the hallmarks of genocide."[67] Of the three cases presented in this report, Sudan impacts the largest number of people and spans across the greatest area, yet less data is available on conditions than is for Gaza or Tigray. Despite data gaps, it was evident just one month into the conflict that several parts of the country had already reached IPC Phase 4 classification or emergency status.[68]

Less than one year after the conflict began, across the country, an estimated 11.5 million people were internally displaced and 3.2 million had crossed borders becoming refugees.[69] The IPC's Famine Review Committee classified a famine in July 2024 in Zam Zam IDP camp, and determined these conditions likely also held in nearby Abu Shouk and al Salam camps, but they had insufficient data to make a firm declaration.[70] In December 2024, the FRC declared famine in Zam Zam, Abu Shouk, and al Salam camps, in the western Nuba Mountains, in North Darfur localities of Um Kadadah, Melit, El Fasher, At Tawisha, and Al Lait, and risks of famine in areas of south of El Fasher, Al Jazirah, and Khartoum.[71] In October 2025, the FRC found famine existed in the cities of El Fasher and Kadugli.[72] In February 2026, IPC analysis again included

67 United Nations Human Rights Council, Resolution 54/2, Responding to the Human Rights and Humanitarian Crisis Caused by the Ongoing Armed Conflict in the Sudan, A/HRC/RES/54/2 (October 12, 2023), https://docs.un.org/en/A/HRC/RES/54/2; Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher - Report of the independent international fact-finding mission for the Sudan (Advance unedited version),* A/HRC/61/77, UN Human Rights Council *(*19 February 2026), https://www.ohchr.org/en/documents/thematic-reports/ahrc6177-sudan-hallmarks-genocide-el-fasher-report-independent, paras. 109-114 (determining "that at least three of the material crimes of genocide are overwhelmingly present" and finding "based on a careful consideration of all other possible explanations regarding intent, the only reasonable inference that can be drawn from the pattern of conduct of the Rapid Support Forces in and around El- Fasher, including the scale and sequence of events, patterns of targeting, language used by commanders and direct perpetrators stating their intention to kill, eliminate, and destroy all Zaghawa and the Fur, and the cumulative impact of their acts on its victims individually and the protected group collectively, is that they acted with genocidal intent.")

68 IPC, *Sudan: Acute Food Insecurity Situation June 2023 and Projections for July - September 2023 and October 2023 - February 2024* (February 2024), https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156504/?iso3=SDN.

69 IPC, *Sudan: Acute Food Insecurity Situation - Updated Projections and FRC Conclusions for October 2024 to May 2025* (December 12, 2024), https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159433/. 6.

70 IPC, Famine Review Committee, *Combined Review of: (i) The Famine Early Warning System Network (FEWS-NET) IPC Compatible Analysis for IDP Camps in El Fasher, North Darfur; and (ii) the IPC Sudan Technical Working Group Analysis of Zamzam Camp (North Darfur), Sudan* (July 2024), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Sudan_July2024.pdf, 1.

71 IPC, Famine Review Committee, *Combined Review of: (i) The Famine Early Warning System Network (FEWS-NET) IPC Compatible Analysis for IDP Camps in El Fasher, North Darfur; and (ii) the IPC Sudan Technical Working Group Analysis of Zamzam Camp (North Darfur), Sudan* (December 2024), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Sudan_Dec2024.pdf, 1.

72 IPC, *Famine Review Committee: Sudan October 2025. Conclusions and Recommendations* (November 3, 2025), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Sudan_Oct_2025.pdf. 1.

additional locations that surpassed the 'catastrophe' threshold for acute malnutrition: Kernoi and Um Baru.[73] By 2026, nearly two-thirds of Sudan's population—an estimated 33.7 million people—required humanitarian assistance amid siege conditions, territorial fragmentation, and manufactured scarcity.[74] The FRC issued a report that resonated with extreme frustration over the inadequate international response, stating that they were "extremely concerned about an ongoing shift towards normalisation and acceptance of Famine or near-Famine conditions in parts of Sudan."[75]

By 2026, as reported by the UNFPA, there was evidence of widespread sexual violence, with particular risks for women and girls in Darfur, South Kordofan and Blue Nile, especially those who were displaced or in active conflict zones. As they reported, rape was "used as a weapon of war by all parties to the conflict and persistent barriers to care due to attacks on aid workers, and restricted humanitarian access."[76] While it is very difficult to assess the true scale of SGBV in Sudan, UN Women reported that only two years into the conflict, requests for services responding to gender-based violence increased by 228% compared to the prior year.[77] Additional risks to women include high rates of displacement – 49% of Sudan's 9 million IDPs are female, 55% are children, suggesting an increased burden on females who typically care for children[78] -- lack of access to clean water,[79] and inadequate or absent reproductive care.[80] By 2026, the maternal mortality rate increased by more than 12%.[81] OCHA estimated that in 2026, 33.7 million people in Sudan required humanitarian assistance, and among those most at risk were women and girls.[82] The increased violence and displacement, coupled with the obstruction

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73 IPC, *IPC Alert: Famine Threshold for Acute Malnutrition Surpassed in Two More North Darfur Localities, Crisis Worsening in Greater Kordofan* (February 5, 2026), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_Feb2026.pdf.

74 OCHA, *Sudan Humanitarian Needs and Response Plan*.

75 FRC, *Recommendations and insights from the Famine Review Committee on the IPC April Sudan Analysis* (May 14, 2026), https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Recommendations_Insights_Sudan_May2026.pdf, 2.

76 UNFPA, *Gender Based Violence in Sudan: Crisis Overview and Response Priorities in 2026* (2026), https://sudan.unfpa.org/sites/default/files/pub-pdf/2date26-date3/GBV%20REPORT%20UNFPA%20SUDAN%202026.pdf. 1

77 UN Women, "The Impact of Sudan's War on Women, Two Years On," April 15, 2025, https://www.unwomen.org/en/articles/explainer/the-impact-of-sudans-war-on-women-two-years-on.

78 International Organization for Migration, *DTM Sudan Displacement and Return Snapshot (3),* (May 21, 2026), https://dtm.iom.int/reports/dtm-sudan-displacement-and-return-snapshot-3?close=true; 7.

79 UN Women, "The Impact of Sudan's War on Women."

80 WHO "Sudan's Health Crisis: Holding the Line," July 1, 2025, https://www.emro.who.int/sudan-news/sudans-health-crisis-holding-the-line.html.

81 Save the Children, *Sudan: Three Children Born Into War Every Minute as Maternal Deaths Rise and Health Services Deteriorate* (April 14, 2026), https://www.savethechildren.net/news/sudan-three-children-born-war-every-minute-maternal-deaths-rise-and-health-services.

82 OCHA, *Sudan Humanitarian Needs and Response Plan 2026 OCHA* (March 30, 2026), https://www.unocha.org/publications/report/sudan/sudan-humanitarian-needs-and-response-plan-2026-summary.

or destruction of sexual and reproductive services and supplies, as well as diminishing psychosocial support for women and girls affected by the violence, contributed to sharp surges in maternal complications and death.[83]

Two experts, Omima Jabal and Manal Taha, presented on the intersection between mass starvation and gender-based violence in the Sudanese war. Omima Jabal, a member of the Emergency Response Rooms in Khartoum, and Manal Taha, formerly with the U.S. Institute of Peace, approached the crisis from complementary vantage points—one grounded in frontline emergency response, the other in legal and structural analysis.

Jabal emphasized that mass starvation in Sudan was deliberately produced through siege, looting, obstruction of humanitarian access, and the systematic disruption of food and financial systems. She also noted that in Khartoum, the RSF shutdown internet and telecommunications in early 2024, rendering mobile banking inoperable, cutting off funds to community kitchens and local humanitarian responders, which accelerated hunger, looting, and criminal predation, all of which simultaneously increased women's exposure to violence. She described how armed attacks destroyed agricultural livelihoods, markets, and household food production, severing communities from subsistence and trade. In regions such as West Darfur and Al Jazirah—once among the country's most food-secure areas—mass violence forced entire villages to flee, abandoning land, crops, and livestock. In doing so, civilians lost not only access to food but also the social structures that traditionally provided protection, care, and mutual support.

In besieged areas such as El Fasher in North Darfur—which was almost completely sealed off by RSF forces from May 2024 through October 2025—civilians faced acute food shortages, bombing of markets and hospitals, disease outbreaks, and elevated mortality among children and the elderly. Families resorted to consuming animal feed, wild vegetation, and livestock seed stocks.

The siege of El Fasher ended in late October 2025, when the RSF captured the city. The RSF separated men from women, and men were systematically killed.[84] Massacre sites included the university and two hospitals, and near berms that the RSF had built around the city.[85] A minimum of 6,000 people were killed in two days.[86] RSF soldiers chased down those who tried to flee. Women and girls who were captured were systematically raped with "extreme physical

83 UN Women, "The Impact of Sudan's War on Women."

84 Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher*, paras 50 – 53.

85 Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher,* paras 54 – 65.

86 UN Office of the High Commissioner for Human Rights, *'They were shooting us like animals': RSF final offensive and capture of besieged El Fasher (24 – 30 October 2025),* February 13, 2026, https://www.ohchr.org/en/documents/country-reports/ohchr-report-rsf-final-offensive-and-capture-besieged-el-fasher-24-30; para 40.

brutality, including beatings and whipping."[87] It was clear, as a UN report documented, that people were not victims of "opportunistic violence" but were targeted as part of a campaign against their community.[88] Kidnapping and ransom were widespread; many people simply disappeared.[89] Survivors then journeyed to Tawila, a camp for internally displaced people over 40 miles away that housed what eventually became over 650,000 displaced people.[90] The inrush of newly displaced people in Tawila, as Medecins Sans Frontiers reported, pushed the camp to its breaking point: malnutrition rates began to climb, particularly for pregnant and breastfeeding women.[91]

Taha framed the country's overall collapse of civilian survival systems as both immediate and deliberate. War destroys food production and protection systems simultaneously. Displacement fractures kinship networks and ruptures informal safety mechanisms, leaving women and children exposed in unfamiliar environments without community-based protection. Mass starvation and sexual violence are therefore structurally linked: sexual violence drives displacement; displacement produces hunger; hunger fuels further exposure to sexual exploitation and violence.

Across Sudan, patterns of gender-based violence are shaped by territorial control and deprivation. In areas controlled by the RSF, Jabal reported mass rape, abductions, forced marriages, and sexual slavery, often coinciding with extreme food shortages and the collapse of local economies. In areas controlled by the SAF, rape at checkpoints, domestic violence, and widespread transactional sex in displacement camps have proliferated. Taha underscored that sexual violence is frequently used deliberately to terrorize communities, sometimes occurring in front of family members. This shocking, public violence creates shame and stigma, and can render victims' return impossible. Families and communities flee not only bombardment, bullets, and bombs, but also the explicit sexual targeting of their daughters.

Once displaced, women and girls face environments in which hunger and violence become intertwined. Both Jabal and Taha emphasized that "sex for food" is no longer exceptional but systemic in many displacement settings. Food scarcity in camps and informal settlements drives desperation, exposing women and girls to transactional sex, exploitation, and abuse by

87 Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher*, para 75.

88 Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher* paras 84.

89 Independent International Fact-Finding Mission for the Sudan, *Sudan: Hallmarks of Genocide in El-Fasher,* paras 87 – 94.

90 Save The Children, "Sudan: Save the Children delivers lifesaving medicines to over 80,000 children in Tawila after three-week journey," March 17, 2026, https://www.savethechildren.org/us/about-us/media-and-news/2026-press-releases/sudan-tawila-lifesaving-medicines-delivery.

91 Medicines Sans Frontieres, "People face extreme malnutrition in Sudan's protracted crisis," November 11, 2025, https://www.msf.org/people-face-extreme-malnutrition-sudan-crisis

armed actors, civilians, and service providers. Long journeys to collect firewood, water, or food expose women and girls to attack. Starvation weakens bodies, limits mobility, and heightens vulnerability. Sexual violence, in turn, produces stigma, injury, trauma, and social isolation, further undermining women's and girls' capacity to secure food or assistance.

Large portions of Sudan's health infrastructure were destroyed, looted, or rendered inaccessible. In South Kordofan (Kadugli and Al-Dilling– areas where famine was, respectively, determined or deemed likely by the Famine Review Committee[92]), rising maternal and infant deaths were linked to malnutrition, untreated infections, and the absence of emergency obstetric care. Unwanted pregnancies resulting from rape were reportedly widespread, yet survivors faced near-total barriers to medical and psychosocial support. Disease outbreaks, including cholera, dengue, and malaria, compounded hunger and displacement, further undermining women's and girls' ability to survive pregnancy, childbirth, and lactation.[93]

Taha highlighted that pregnancies resulting from rape were being carried to term in contexts of severe deprivation. Mothers lacked adequate food, healthcare, sanitation, and psychosocial support, while newborns faced immediate risks of malnutrition and disease. Some women and girls were rejected by their families because of pregnancies associated with armed actors, leaving them socially and economically isolated. In displacement settings, women repeatedly described skipping meals to feed their children, accelerating maternal malnutrition and exhaustion.

Both presenters stressed that documentation and accountability mechanisms for sexual violence were profoundly compromised. Survivors faced significant barriers to reporting sexual violence, including mandatory police involvement, invasive medical verification procedures, bureaucratic requirements, threats against doctors and aid workers, and pervasive stigma. The targeting of health workers involved in documenting rape and providing post-assault care further weakened an already overwhelmed health system, reinforcing impunity and compounding the deprivation of medical services that was central to the broader pattern of starvation and gender-based violence in Sudan. Individuals involved in the documentation of rape and sexual violence were kidnapped or killed. Male survivors of sexual violence were especially underreported. As a result, harm was systematically undercounted, and current legal frameworks failed to capture the cumulative and gendered nature of civilian suffering.

Taha further underscored that mass starvation has never been prosecuted in Sudan, nor recognized as a war crime in domestic courts, despite prolonged sieges of cities such as El Fasher, Kadugli, and Dilling, where civilians died from hunger, disease, and lack of medical

92 IPC, *Sudan: IPC Acute Food Insecurity Special Snapshot, September 2025 – May 2026*, November 2, 2025, https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_Acute_Food_Insecurity_Sep2025_May2026_Special_Snapshot.pdf.

93 WHO, "After Three Years of Conflict, Sudan Faces a Deeper Health Crisis," April 14, 2026. https://www.who.int/news/item/14-04-2026-after-three-years-of-conflict--sudan-faces-a-deeper-health-crisis.

care.[94] Sexual violence was likewise excluded from peace negotiations and ceasefire discussions, rendering women's and girls' suffering politically invisible. This dearth of accountability reinforced the cycle of harm: each new territorial takeover brings renewed looting, hunger, rape, displacement, and further erosion of social norms.

At the same time, Jabal highlighted the critical role of Sudanese women's groups and Emergency Response Rooms in sustaining civilian life. Women and youth in the Emergency Response Rooms served on the frontlines of food distribution, psychosocial support, early healthcare, and limited documentation, often at extraordinary personal risk. These groups were frequently targeted because they control scarce resources and provide services to local people, yet remained underfunded, unrecognized, and poorly integrated into international response mechanisms. Their work underscored the indispensability of local women's and youth initiatives to survival and recovery, even as they are marginalized within formal humanitarian architectures.

Taken together, the Sudan case reveals mass starvation and gender-based violence operating as, in Taha's language: "two blades of the same weapon. One cuts the body, the other wounds the soul."[95] Women and girls were targeted both as individuals and as bearers of family continuity and future generations. The destruction of food and health systems, the collapse of social protection, the imposition of sexual and reproductive violence, and the failure of legal accountability formed a strategy of civilian destruction. The cumulative nature of these harms is central. Displacement destroys community-based protection systems; siege and blockade sever access to food and medicine; repeated occupations bring renewed cycles of looting, rape, and hunger. Legal and documentation barriers further entrench impunity, rendering starvation and reproductive violence politically and legally invisible. In Sudan, analysis of mass starvation and gender-based violence together demonstrates how contemporary warfare targets the conditions necessary for civilian survival.

Cumulative Reinforcing Harms

In Tigray, Gaza, and Sudan, mass starvation, the destruction of health systems, displacement, and gender-based violence, including sexual, reproductive, and obstetric violence, were strategically combined, mutually reinforcing, and deeply gendered in both their design and effects.

Starvation and famine are often misunderstood as the result of food shortages. The cases presented here confirm earlier findings from historical famines that food scarcity alone rarely explains widespread suffering or death. Rather, mass starvation emerges through physical and social weakening, as multiple, interdependent systems of survival are dismantled. People are

94 WHO, "After Three Years of Conflict, Sudan Faces a Deeper Health Crisis."

95 Manal Taha, "How War, SGBV and Starvation Create a Vicious Cycle in Sudan." World Peace Foundation, March 30, 2026, https://worldpeacefoundation.org/blog/how-war-sgbv-and-starvation-create-a-vicious-cycle-in-sudan/.

increasingly forced to rely on unsafe food and contaminated water, which heightens vulnerability to disease, infection, and chronic illness—risks that are especially acute for children, pregnant and lactating women, older persons, and those already in poor health. The destruction of housing and shelter renders people vulnerable to extreme heat and cold, accelerating physical decline, and forcibly displaces people, shattering social networks. The loss of access to fuel and electricity undermines basic coping mechanisms, making it impossible to cook available food, maintain hygiene, or preserve limited supplies. These harms are compounded by the destruction of medical infrastructure and the absence, incapacitation, or targeting of health workers, which removes critical pathways for treatment and recovery.

In each context, perpetrators' deliberate or reckless destruction of food and water systems, health infrastructure, livelihoods, and social protection mechanisms created conditions in which the deprivation of subsistence to a population is compounded for women and girls by their simultaneous exposure to heightened risks of sexual exploitation, reproductive injury, and maternal harm. The cases illustrate how starvation, gender-based, sexual, reproductive, and obstetric violence are not separate harms, but interlocking components of a strategy of civilian destruction that is pursued over time. Together, they function as a method of warfare aimed at individual survival and the social, biological, and intergenerational continuity of targeted populations.

Mass starvation operates not as a singular deprivation or as a background humanitarian condition. It is a central organizing logic of violence that actively produces, intensifies, and structures gendered harm. It emerges as a cumulative process in which malnutrition interacts with exposure, illness, and the collapse of health care to cause mass suffering, morbidity, and mortality.

These harms are deeply gendered and widely understood as such—not only by those experiencing them, but also by those inflicting them. Survivor accounts and testimonies make clear that these connections are neither incidental nor accidental. The gendered downstream consequences of targeting housing, water systems, food supplies, and medical facilities are well known—both to perpetrators and to affected populations. Yet these devastating impacts are rarely understood as an integrated pattern of gender-based violence.

The central challenge, therefore, is not a lack of knowledge about how these harms operate. Rather, it lies in the failure of existing legal mechanisms, dominant metrics of harm, human rights documentation practices, conceptual frameworks, and humanitarian response systems to adequately recognize—and respond to—the gendered, interconnected, and compounding nature of starvation-related violence. The challenge is to reframe the conceptual, legal, and policy responses to better reflect people's lived experiences with the goal of improving efforts to prevent, respond to, and achieve accountability for mass starvation.

4.
Gendering Mass Starvation and Rethinking Existing Frameworks

Drawing on evidence from Tigray, Gaza, and Sudan of the gendered, interlocking, mutually reinforcing, cumulative, and sustained nature of harms as experienced by populations in conditions of starvation, we are challenged to reexamine the current frameworks for understanding and addressing starvation and gender-based violence in conflict in order to sharpen our analytical, legal, and policy responses. This section suggests avenues for further development.

Famine and Mass Starvation: The Limits of Measurement Frameworks

Our goal of gendering mass starvation is informed by famine research. Two presentations, by Alex de Waal and Merry Fitzpatrick, contributed expert insights. Famines, as Alex de Waal noted in his presentation, have four major concurrent demographic impacts: excess deaths, reduced birthrates, migration, and changed household composition, each of which has gendered variations.[96]

Generally, excess deaths during famine include deaths caused by malnutrition and disease, excluding those caused by direct violence. Arguably, de Waal noted, it should also include those who are killed while seeking food, and those who die from starvation-related accidents (for example, by accidentally eating toxic foods). It might also include those whose bodies are so weakened by lack of nutrition or water that they cannot physically recover from traumatic injuries.

One of the most compelling research findings on gender and mortality in famine is what is referred to as the female mortality advantage. While women, girls, and boys bear the brunt and long-term effects of chronic hunger, during periods of famine, female fetuses, children, and adults tend to survive at higher rates than their male counterparts.[97] To explain this "advantage," scholars reference gendered physiological differences and an array of adverse coping strategies,[98] many of which entail suffering gender-based violence in exchange for survival.

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96 Alex de Waal, "Gender and Famine: Reflections on Hunger and Humiliation," World Peace Foundation, February 16, 2026, https://worldpeacefoundation.org/blog/gender-and-famine-reflections-on-hunger-and-humiliation/.

97 Kinsey Spears, Bridget Conley, and Dyan Mazurana, *Gender, Famine and the Female Mortality Advantage*, World Peace Foundation and the Feinstein International Center (December 2021), https://sites.tufts.edu/wpf/files/2021/12/Genderfamine-and-mortality-2021120634.pdf, 15 – 16.

98 Spears, Conley, and Mazurana, *Gender, Famine, and the Female Mortality Advantage*, 10 – 15.

What is more, for some females, the mortality "advantage" entails only a few weeks longer to live before succumbing to starvation. Even in the cases of female fetuses, infants, and toddlers that significantly outlive their male counterparts, many will experience life-long cognitive, physical, and emotional health disorders, and reduced educational and economic outcomes. Mass starvation and gender-based violence, particularly against women and girls, should be understood as mutually reinforcing harms.[99]

Conflict complicates the gendered dynamics of mortality during famines and mass starvation. Men tend to die from direct violence at higher rates because they are more likely to be combatants, and women from hunger-related causes. Merry Fitzpatrick illustrated this pattern in her presentation through the examples of Tigray and Gaza.[100] In Tigray, among the most vulnerable populations, the very young (children under 5 years of age) and old (persons over 50 years of age), deaths were frequently caused by hunger, and more males than females died. But for those in the middle range (ages 5 – 49), more females than males died of starvation. Males tended to die from other causes, including violence. Contributing factors can be the priority placed on feeding men who are actively engaged in the conflict. Gaza provides evidence of another pattern. There, adult males constituted 49% of fatalities and adult females 19.5%. Investigative reporting indicates that even according to the Israel Defense Forces' own data, only 17% of those killed were identified combatants.[101] As Fitzpatrick explains, males have tended to take on the high-risk labor of trying to find food for their families, which exposed them to Israeli attack, as well as attacks by security guards at food distribution sites.

The second demographic trait of famine is reduced births. Reproduction is a central, yet often invisible, axis of famine and mass starvation harm. Reduced births—through miscarriage, amenorrhea, spousal separation, sexual violence, infertility, or social exclusion—are typically comparable in scale to excess deaths but far less visible in famine metrics. Further, it is important to recognize the harms women frequently experience that result in lowered birthrates. For instance, those who are pregnant and exposed to armed conflict and mass starvation "have higher rates of miscarriage, stillbirths, prematurity, congenital abnormalities, and other adverse outcomes."[102] Pregnant and lactating women and girls have higher caloric and water needs to ensure healthy pregnancies and births, and thus are particularly impacted by the food insecurity,

99 Spears, Conley, and Mazurana, *Gender, Famine and the Female Mortality Advantage,* 15 – 16; Dyan Mazurana, Bridget Conley, and Kinsey Spears, "Sex, Gender Age, and Mass Starvation," in Bridget Conley, Alex de Waal, Wayne Jordash, and Catriona Murdoch (eds), *Accountability for Starvation: Testing the Limits of the Law* (Oxford University Press, 2022), 345.

100 Merry Fitzpatrick, "Gendered Suffering in Famine: The Other Side of Gendered Norms," World Peace Foundation, February 9, 2026. https://worldpeacefoundation.org/blog/gendered-suffering-in-famine-the-other-side-of-gendered-norms/.

101 Emma Graham-Harrison and Yuval Abraham, "Revealed: Israeli Military's Own Data Indicates Civilian Death Rate of 83% in Gaza War," *The Guardian*, August 21, 2025, https://www.theguardian.com/world/ng-interactive/2025/aug/21/revealed-israeli-militarys-own-data-indicates-civilian-death-rate-of-83-in-gaza-war.

102 Elnakib, et al., "Pregnant women in Gaza require urgent protection."

poor nutrition, and bad water that are core components of mass starvation. In the cases we examine, women and girls and their neonates, infants, and young children are at times blocked from accessing needed reproductive, obstetric, and pediatric care because parties to the conflict have attacked medical personnel, destroyed medical facilities, and inhibited the delivery of medical aid.

de Waal explicitly linked famine-related fertility reduction to genocidal intent when starvation is inflicted to prevent births within a targeted group. Fitzpatrick extended this insight by demonstrating how women's embodied sacrifices—particularly among pregnant and breastfeeding women—can temporarily shield children from malnutrition, until maternal depletion reaches a tipping point. Her example is from Gaza: "Malnutrition among young children did not rise as rapidly as the poor food security and sanitation indicators might have predicted. They only spiked once more than 40% of women of child-bearing age, including a very high proportion of pregnant and breastfeeding women, were malnourished."[103] In short, women consistently prioritized their children's needs over their own. When women's bodies were exhausted, child survival rapidly deteriorated. In this way, women's reproductive and caregiving capacities become the lynchpin of population survival.

Migration is the third demographic impact. In many instances, the process of flight to areas of (relative) safety can expose females to risk of gender-based violence, especially if they must pass through roadblocks or areas controlled by hostile armed forces. Once people reach a destination, often a camp for internally displaced or refugee populations, community dynamics are frequently upended, often taking shape in altered gender roles. In Sudan and Tigray, this process took shape as traumatic urbanization, and while this can result in fewer restrictions for females than in village life, the changes are abrupt, violent, and often impoverishing.

The fourth demographic change de Waal notes is household composition: the dispersal of families and communities. Drawing a parallel with one of the acts constitutive of the crime of genocide, "deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part," de Waal argues that in addition to conditions that cause death, disruption of communities causes often permanent *social* harm, which could include: "separating parents and children. In the case of famine, this could include inflicting genocidal harms that also cause forced migration and dispersal of the population, breaking its relationship to its land (including places of particular symbolism for its identity), and inflicting dehumanizing conditions under which meaningful social relations are no longer viable, or people are compelled to do shameful things in order to try to survive."

103 Fitzpatrick, "Gendered Suffering in Famine."

The case studies discussed in this report and other examples of famine[104] demonstrate the nexus between SGBV, famine and shattered communal bonds. To illustrate, young women and girls are prostituted, sold, or forcibly married—including to belligerents—when households can no longer feed them or are trying to free up resources for other family members. These survival acts reshape girls and their families' lives thereafter. Additionally, women and girls may venture out of zones of relative safety to search for wild foods or firewood because, if found, belligerents would "only" rape them, whereas the males in the family might be killed. Women and girls, as documented in Gaza,[105] and noted in the presentations on Tigray and Sudan, have also been forced to engage in survival sex: exchanging sex for food, shelter, and life-saving resources in places where armed forces and groups control access to these resources. Survivors of sexual violence often face stigma and exclusion from their own communities, rupturing social bonds, and creating or deepening women's exposure to chronic food insecurity.

The collapse of social relations is difficult to measure and yet integral to understanding the way that hunger becomes socially transformative. As de Waal noted, sharing food is foundational to human belonging, family life, and social identity—particularly for women, for whom food preparation and distribution are often central to caregiving and social roles. Mass starvation becomes sociologically visible when people are no longer able to share bread, but instead are forced to compete for it. This moment marks a descent into humiliation and dehumanization, in which survival increasingly depends on violating norms that previously sustained social life.

Fitzpatrick described this as "the collapse of societal norms or 'social disorder,'"[106] which, she continued, is "one of the later, more severe signs we may see in a famine - when my survival means your death." Fitzpatrick clarifies this point by distinguishing between regulatory norms, which are followed to avoid punishment, and value norms, which are internalized and upheld because they reflect deeply held beliefs about, *inter alia*, care, responsibility, and love. In famine, many regulatory norms and some value norms collapse. Yet at times, some value norms persist even when following them places individuals at grave personal risk, especially, as Fitzpatrick emphasized, those tied to gendered roles such as caregiving, provision, and protection. This persistence helps explain why suffering due to famine and mass starvation cannot be understood solely through coercion or victimhood. Women and men are not passive recipients of

104 Mazurana, Conley, and Spears, "Sex, Gender Age, and Mass Starvation," 343.

105 While not highlighted by the seminar presenters, reports of survival sex and increased child marriage in Gaza during the war have been documented by others. See, Bilal Hamamra, "Gendered technologies of genocide: Forced marriage and the collapse of protection for Gazan girls," *Asian Journal of Women's Studies* 32, no.1 (2026): 25 – 46; Guido Veronese, Bilal Hamamra, Fayez Mahamid, Federica Cavazzoni, "Gendered survival under genocidal violence: A decolonial feminist narrative study of women and displaced families in Gaza," Women's Studies International Forum 116 (2026: 1 – 8); Sam Mednick and Sally Abou Aljoud, "Women in Gaza say they were promised food, money or work in exchange for sexual interactions," Associated Press, October 1, 2025, https://www.ap.org/news-highlights/spotlights/2025/women-in-gaza-say-they-were-promised-food-money-or-work-in-exchange-for-sexual-interactions/.

106 Fitzpatrick, "Gendered Suffering in Famine."

harm; they are agents forced to make impossible choices in conditions not of their own making, with potentially morally injurious implications.

Despite their impossibility, these choices can implicate feelings of shame and guilt, not only from victimization, but also from perceived failure to uphold deeply held values. In famine, people may blame themselves for not sharing enough, for surviving when others died, or for prioritizing one loved one over another. As Fitzpatrick comments, "famine histories and memoirs are full of accounts of social collapse, filled with guilt or accusations when people took for themselves what they needed to survive at another's expense – norms violated." The associated moral injuries are themselves gendered, reflecting expectations placed on women as caregivers and on men and older boys as providers. Men and older boys who risk their lives seeking food may experience shame if they return empty-handed, even when their families understand the danger. Women who give their own food to children may later suffer debilitating malnutrition. Women and girls who are raped while seeking food may face lifelong ostracism. These experiences reveal that gendered suffering in famine extends far beyond physical violence and must be understood as a layered moral and social trauma. Equally, social collapse can take the form of gender-based violence, as when sex is exchanged for food, children are married, or women expose themselves to rape while searching for food or firewood to protect their fathers, husbands, and sons from the threat of death.

These insights suggest at least two implications for accountability. First, as de Waal argues, the war crime of starvation—defined as the deprivation of objects indispensable to survival—must be understood broadly. Acts of gender-based violence, or the threat of such acts, can deprive women and girls of access to food, mobility, safety, social support, and survival itself, and therefore function as starvation crimes.

Second, there is social repair. de Waal highlighted striking parallels between the traumas of starvation and gender-based violence: both involve bodily harm, humiliation, victim-blaming, silencing, and long-term psychological and social injury. Survivors of both crimes often internalize shame, blame themselves, and remain silent for years, while perpetrators—particularly in the case of mass starvation—remain unaccountable.

As both Fitzpatrick and de Waal argue, accountability and repair cannot be siloed. Transitional and restorative justice is necessary and should address deaths and material losses, and the re-humanization of survivors, the restoration of dignity, and the rebuilding of social and reproductive life. Survivors must be enabled to define their experiences and the crimes committed against them in their own terms, rather than having those meanings imposed by distant legal or political actors.

Together, de Waal and Fitzpatrick push the analysis of mass starvation beyond narrow metrics of food availability or excess deaths. Mass starvation destroys communities by killing people,

and unraveling the social bonds, reproductive capacities, moral frameworks, and gendered roles that make collective life possible. Forced migration, household fragmentation, canceled births, and norm collapse are integral to how mass starvation reshapes societies through the systematic erosion of social relations, dignity, and meaning. Mass starvation emerges as a gendered process that forces people into no-win choices, fractures moral worlds, and reconfigures societies across generations. Preventing mass starvation, therefore, is not only about protecting food systems, but about preventing the conditions under which people are compelled to sacrifice their bodies, values, and relationships to keep others alive.

Expanding understanding of the international prohibition of starvation

For decades, international lawyers paid little attention to mass starvation in war. In recent years, that has begun to change, with foundational debates regarding the application of international law to starvation and other forms of deprivation in armed conflict.[107] Adding to these discussions

107 Dapo Akande and Emanuela-Chiara Gillard, "Conflict-Induced Food Insecurity and the War Crime of Starvation of Civilians as a Method of Warfare," *Journal of International Criminal Justice* 17, no. 4 (2019): 753 – 779; Bartels, "Denying Humanitarian Access"; Antonio Coco, Jérôme de Hemptinne, and Brian Lander, "International Law Against Starvation in Armed Conflict: Epilogue to a Multifaceted Study," *Journal of International Criminal Justice* 17, no. 4 (2019): 913 – 923; Commission on Human Rights in South Sudan, There is Nothing Left for Us: Starvation as a Method of Warfare in South Sudan, A/HRC/45/CRP.3, Human Rights Council (October 5, 2020), https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session45/Documents/A_HRC_45_CRP.3.docx-;Alejandro Chehtman and Eduardo Rivera-López, "'Inside' and 'Outside': Assessing the Russian Blockade Against Ukraine," *Yearbook of International Humanitarian Law* 25 (2024): 157 – 173; Cottier and Aboueldahab, "Article 8(2)(b)(xxv): Starvation of Civilians as a Method of Warfare"; Federica D'Alessandra and Matthew Gillett, "The War Crime of Starvation in Non-International Armed Conflict," *Journal of International Criminal Justice* 17, no 4 (2019): 815 – 847; Dannenbaum, "Criminalizing Starvation in an Age of Mass Deprivation in War"; Tom Dannenbaum, "Encirclement, Deprivation, and Humanity: Revising the San Remo Manual Provisions on Blockade," *International Law Studies* 97 (2021): 207 – 394; Tom Dannenbaum, "What You Need to Know: International Humanitarian Law and Russia's Termination of the Black Sea Grain Initiative," *Just Security*, July 28, 2023, https://www.justsecurity.org/87414/what-you-need-to-know-ihl-and-russias-termination-of-the-black-sea-grain-initiative/; Phillip J. Drew, "Can We Starve the Civilians?" International Law Studies 95 (2019): 302 – 321; Gloria Gaggioli, "Are Sieges Prohibited Under Contemporary IHL?," *EJIL:Talk!,* Jan. 30, 2019, https://www.ejiltalk.org/joint-blog-series-on-international-law-and-armed-conflict-are-sieges-prohibited-under-contemporary-ihl/; Emanuela-Chiara Gillard, *Sieges, the Law and Protecting Civilians,* Chatham House Briefing (June 2019), https://www.chathamhouse.org/2019/06/sieges-law-and-protecting-civilians; David Kaelin, Caroline Pellaton, and Tadesse Kebebew, "Water and Survival in War," 107 *International Review of the Red Cross* 107, no. 930 (2025): 1141 – 1168; Tamar Luster, "Litigating Slow Violence: Deprivation in Gaza, Humanitarian Aid, and the Limits of International Humanitarian Law," *Harvard International Law Journal* 67, no. 2 (2026), *forthcoming*; Maxime Nijs, "Humanizing Siege Warfare: Applying the Principle of Proportionality to Sieges," International Review of the Red Cross 914 (2021): 683 – 704; Beth Van Schaack, "Siege Warfare and the Starvation of Civilians as a Weapon of War and War Crime," Just Security, February 14, 2016, https://www.justsecurity.org/29157/siege-warfare-starvation-civilians-war-crime/; Sean Watts, "Humanitarian Logic and the Law of Siege," International Law Studies

and offering insights that brought a gender analysis to the law, were seminar contributions by Yousuf Syed Khan on understanding medical deprivation as a gendered object indispensable for life and Fionnuala Ní Aoláin on maternal and reproductive harm.[108]

Khan advanced a rigorous legal and analytical argument that reframed mass starvation as a method of warfare concerned with controlling civilian survival**,** rather than as a discrete deprivation limited to food and water. Drawing on nearly a decade of experience with UN commissions of inquiry and contemporary investigations across Syria, South Sudan, Tigray, and Gaza, Khan demonstrated that mass starvation, attacks on healthcare, and gender, sexual, and reproductive violence frequently operate as an integrated deprivation strategy. In practice, the legal boundaries between these categories—often treated as distinct atrocity types—become blurred.

Khan explained that investigators have documented strikingly similar patterns: civilians forced to walk miles for food or firewood; traders risking death to bring medicine into besieged areas; hospitals rendered inoperable by lack of fuel or supplies; women giving birth without anesthesia; and reproductive technologies deliberately destroyed. These patterns reveal a battlefield logic structured around control over three interdependent domains**:** food, healthcare, and bodily autonomy. Together, these domains form the material and biological foundations of civilian survival.

International legal practice has traditionally aggregated these harms under the rubric of "conditions of life," a constitutive element of extermination as a crime against humanity and of genocide. Khan, however, takes a more focused doctrinal step by interrogating the scope of objects indispensable to survival under international humanitarian law and international criminal law, and by asking whether systematic medical deprivation can be understood—functionally and legally—as a modality of the starvation war crime.

Under Article 54 of Additional Protocol I, starvation as a method of warfare is prohibited through the intentional deprivation of objects indispensable to civilian survival. While food and water are explicitly listed, the category is non-exhaustive and context-dependent. The *travaux préparatoires*, treaty commentaries, customary international humanitarian law, and the Rome Statute all support a functional interpretation: objects indispensable to survival are those objects whose destruction, removal, or obstruction directly threatens civilian survival

95, no.1(2019): 1 – 48; Matthew C. Waxman, "Siegecraft and Surrender: The Law and Strategy of Cities and Targets," *Virginia Journal of International Law*, 39 (1999): 353 – 424.

108 Yousuf Syed Khan, "Reframing Medical Deprivation Within the Starvation War Crime Paradigm," World Peace Foundation, April 6, 2026, https://worldpeacefoundation.org/blog/reframing-medical-deprivation-within-the-starvation-war-crime-paradigm/; Ní Aoláin, "A Zone of Silence."

in the concrete circumstances. Medical supplies and healthcare infrastructure are repeatedly recognized in treaty law and commentary as "essential," particularly in non-international armed conflicts and occupations.

Khan argues that medical deprivation fits squarely within this functional understanding of objects indispensable to survival**,** especially in siege warfare and urban conflicts where civilians cannot escape and where untreated injury, infection, or chronic illness becomes rapidly fatal. Although healthcare enjoys a distinct protective regime under international humanitarian law—covering hospitals, medical personnel, and transports—this does not preclude its concurrent qualification as an object indispensable to survival. The legal regimes are not mutually exclusive. Where attacks on healthcare intersect with broader deprivation strategies involving food, water, fuel, and electricity, medical deprivation may constitute starvation as a method of warfare.

Importantly, Khan distinguishes objects from services. While healthcare services themselves are intangible, they depend on material objects—medicine, hospitals, equipment, fuel, electricity, water, and infrastructure. When those objects are deliberately destroyed or obstructed, the resulting denial of medical care reflects deprivation of objects indispensable to survival. Hospitals, in this sense, function as survival nodes: disabling them renders indispensable objects useless, even if the immediate target appears to be a service delivery point rather than food or water.

Contemporary conflicts demonstrate how this logic operates in practice. In Syria, sieges combined the denial of food and water with systematic attacks on hospitals, obstruction of medical evacuations, and destruction of supply chains, leading to preventable deaths from otherwise treatable conditions. In Tigray, the siege rendered hospitals nonfunctional by cutting off fuel and medicine, resulting in amputations without anesthesia, untreated infections, and maternal deaths from lack of obstetric care. In Sudan, the denial of medical access functioned alongside food deprivation, with malnutrition lowering immunity and driving mortality from disease. In Gaza, attacks on hospitals, denial of fuel and electricity, and obstruction of medical supplies have rendered healthcare collapse an integral component of the starvation apparatus.

Viewed through this lens, starvation emerges not as an isolated violation but as an organizing method of warfare, one that encompasses food deprivation, water denial, healthcare collapse, and—in many contexts—gender-based violence. Khan underscores that gender-based, sexual, and reproductive violence, while governed by their own legal frameworks, often function within the same survival logic. Starvation deprives civilians of the capacity to subsist; gender, sexual, and reproductive violence deprives them of the capacity to recover, reproduce, and sustain community life. When these crimes reinforce one another, they reflect a shared aim: control over human survival through the destruction of survival conditions.

Legally, this helps explain why such harms are frequently analyzed under the "conditions of life" element of extermination or genocide. It also clarifies why their effects persist long after hostilities cease. The destruction of healthcare systems, reproductive autonomy, and survival infrastructure produces irreversible harms—disability, infertility, trauma, demographic collapse—that outlast any single military campaign.

Khan concluded by emphasizing that recognizing medical deprivation as a potential modality of starvation does not dilute existing protections for healthcare. Rather, it strengthens accountability by ensuring that deliberate campaigns to collapse medical systems—when undertaken with intent to starve civilians—are properly understood as attacks on survival itself. Properly framed, the starvation war crime paradigm captures not only caloric deprivation but the full ecology of civilian survival in modern conflict, including medicine, electricity, fuel, water, and reproductive care. In doing so, Khan provides a legally grounded framework for understanding why starvation, attacks on healthcare, and gender, sexual, and reproductive violence so often co-occur—and why addressing them separately risks obscuring the strategic logic that binds them together.

Ní Aoláin's presentation similarly asked us to reexamine people's experiences in contexts of starvation as the starting point for legal analysis. Specifically, she focused on maternality and the cumulative impact of harms across time. She argued that starvation is a gendered harm that is routinely mis-seen, mis-measured, and under-protected in international law because of a long-standing tendency to treat women's wartime suffering primarily through the lens of rape and penetrative sexual violence. While the increased visibility of conflict-related sexual violence produced important normative gains, it has also created a hierarchy of harms with rape at the top, drawing attention away from other severe and widespread gender-based violations—especially maternal, reproductive, and obstetric violence—as well as the compounding impact of multiple harms that shape women's survival in war.

For many women, she argues, the most acute suffering of starvation is how it distorts their experiences of pregnancy, birthing, nursing, post-partum caregiving, and caretaking of children. Yet these experiences are insufficiently accounted for in the prioritization of existing legal, policy, and documentation paradigms and initiatives. Ní Aoláin's distinctive analytical claim is to ground gendered starvation harms in maternality—not as an essentialist claim about women and girls, but as a way to capture the lived reality that caregiving relationships are themselves sites of vulnerability and survival.[109] Ní Aoláin is explicit that "motherhood" is historically a category of oppression and enforcement, and that feminist legal theory has often been uneasy with the

109 Ní Aoláin, "A Zone of Silence"; Fionnuala Ní Aoláin, Project on Maternal Harms and Conflict, Ulster University, Accessed May 21, 2026, https://www.ulster.ac.uk/transitional-justice-institute/our-research/past-projects/maternal-harms-and-conflict-project; Fionnuala Ní Aoláin and Amanda McAlister, "Maternal Loss in Situations of Conflict: A Case Study," Minnesota Legal Studies Research Paper no. 17 (March 3, 2023), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4277904.

pregnant or nursing body because of the political risks of commodification and conservatism. Nonetheless, she observes that international humanitarian law has long provided special protections to maternity and young children and argues that this legal foothold creates an opportunity to strengthen and expand protection in ways that reflect lived harm.

She deliberately broadens maternal harm beyond narrow biomedical definitions (harm to a pregnant woman) to include the socially practiced, intimate relationship of caretaker and child, most often mother and child, in which starvation is experienced as a relationship of dependency, responsibility, and power. This shift makes visible the distinct harm to mothers of being forced to choose who eats, of reducing their own intake to feed children, and of watching infants weaken when milk dries up under malnutrition.

Ní Aoláin connects this conceptual work to core obligations under the law of armed conflict and occupation. She emphasizes that civilian protection is grounded in the baseline principle that civilians and civilian objects are not to be targeted and that precautions must be taken when military action risks civilian harm. In addition, commanders have duties to assess necessity and proportionality and—crucially—an obligation of "constant care" (as reflected in Additional Protocol I) that requires ongoing situational awareness of the harms *already* inflicted on the civilian population before launching further operations. However, Ní Aoláin argues that existing practice does not adequately incorporate the compounding effects of earlier attacks when evaluating the incidental harm of subsequent operations. [110]

To capture the experiences of civilians in conflict, she proposes adopting a lens of cumulative civilian harm to assessments of combatants' legal obligations. Doing so, she argues, would require commanders to integrate prior harm into present decision-making and to treat extenuated patterns of deprivation—such as restricting humanitarian assistance, deliberately preventing food access, or targeting civilians as they seek food—as central to protection obligations and potential criminal liability. The experience of starvation, with its steady erosion of bodily health and nutrition, social norms, and community integrity, and particularly in the context where objects indispensable to survival are intentionally destroyed, including medical networks that sustain life and the reproduction of life, requires understanding the cumulative nature of suffering inflicted on populations.

The concept of cumulative civilian harm aims to correct blind spots in international law by accounting for the aggregate and layered impacts of protracted conflict on civilian life: repeated attacks over time, infrastructure collapse, socio-economic degradation, compounding trauma, and the slow accumulation of death and disability.[111] Ní Aoláin argues that conventional legal

110 Ní Aoláin and McAlister, "Maternal Loss in Situations of Conflict."

111 Noam Lubell and Amichai Cohen, "Strategic Proportionality: Limits on the Use of Force in Modern Armed Conflicts," *International Law Studies* 96 (2020): 159 – 195; Fionnuala Ní Aoláin, "Cumulative Civilian Harm in Gaza: A Gendered View," *Just Security*, June 25, 2025, https://www.justsecurity.org/115407/cumulative-civil-

and military assessments often treat harm as arising from discrete, one-off targeting decisions, and thus fail to capture what it means for the same civilian population to be subjected to interconnected harms repeatedly—bombardment, displacement, denial of humanitarian assistance, and deprivation of life-sustaining infrastructure—over months or years. The result is a systematic underestimation of civilian injury and a legal and operational blind spot that is particularly damaging for women because cumulative violations interact with pre-existing gender inequalities and caregiving burdens. Within this framework, starvation becomes legible not only as a deprivation of food but also as an intersectional, composite violation that converges with reproductive and obstetric harm and with the destruction of the infrastructures that sustain maternal survival. Maternal harms in such settings are not limited to the physical risks of pregnancy; they include the legal and moral injury of being forced to watch children starve, the bodily depletion that renders breastfeeding impossible, and the impossibility of safe birth when maternity wards, neonatal care, and emergency obstetric capacity have been dismantled.

Expanding the Women, Peace, and Security Agenda

There has been a sharp contraction in the political space for gender analysis—especially since early 2025 and markedly so in the U.S. context—that undermines the capacity of peacebuilding and humanitarian systems to recognize and respond to how conflict harms are distributed, experienced, and survived. Nonetheless, Kathleen Kuehnast argues, the Women, Peace, and Security framework continues to offer a viable entry point for integrating starvation and reproductive violence into peace and security analysis. The Women, Peace, and Security agenda—anchored in UNSCR 1325 and its successor resolutions—remains one of the few global policy architectures that still formally mandates a gendered lens.

This Women, Peace, and Security agenda, she argues, should be expanded to include the gendered impacts of mass starvation, and reproductive and obstetric violence, which have been "blind spots" in advocacy, research, and policy-making. Kuenhast offered two explanations for this lacuna. First, research and policy within the WPS agenda have historically concentrated on conflict-related sexual violence, particularly rape—a point that mirrors Ní Aoláin's critique of harm hierarchies that elevate penetrative sexual violence while marginalizing maternal, reproductive, obstetric, and survival-related harms.

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ian-harm-gaza-gendered-view/; Joshua Joseph Niyo, "Systemic Impacts of War in Protracted Conflicts," Articles of War, October 22, 2024, https://lieber.westpoint.edu/systemic-impacts-war-protracted-conflicts/; Georgetown Law, Center on National Security, "Cumulative Civilian Harm," Accessed May 18, 2026. https://nationalsecurity.law.georgetown.edu/projects/cumulative-civilian-harm/; Noam Lubell and Janina Dill, "Cumulative Civilian Harm in War: Addressing the Hidden Human Toll of the Law's Blind Spot," Oxford University Department of Politics and International Relations, Accessed May 21, 2026, https://www.politics.ox.ac.uk/project/cumulative-civilian-harm-war-addressing-hidden-human-toll-laws-blind-spot.

Second, Kuehnast continued, given the politics of the U.S. context, mass starvation and reproductive violence were excluded from the Women, Peace, and Security Act of 2017 not because they are marginal harms, but because they are politically contentious—particularly when they implicate reproduction, pregnancy, and fetal life. As a result, Women, Peace, and Security informed policy frameworks have remained artificially siloed: sexual violence is addressed, while the deliberate denial of food, water, and medical care during pregnancy and lactation is treated as a humanitarian issue rather than a gendered crime. This fragmentation, Kuehnast argues, distorts both accountability and response—despite mounting evidence from Sudan, Gaza, and Tigray that these harms are deeply intertwined, reinforcing, and cumulative.

Moving forward, mass starvation and reproductive violence should be integrated into conflict-related sexual violence research and policy, rather than treated as adjacent or secondary concerns. Such a change would acknowledge that conflict-related sexual violence already encompasses forms of reproductive violence—forced pregnancy, forced abortion, sterilization, and forced marriage. It would also recognize the reproductive harm produced through deprivation, such as miscarriages caused by malnutrition, suppressed lactation, fetal injury from starvation, or maternal death due to healthcare collapse.

Kuehnast further advanced the idea—echoing insights from the other presenters—that mass starvation should be understood as a form of gendered violence in itself, not a humanitarian failure. Mass starvation produces coercive environments in which women and girls are pushed into survival strategies that expose them to further harm: exchanging sex for food, traveling long distances to forage under threat of assault, or enduring reproductive injury without care. Importantly, Kuehnast insists that documenting starvation crimes requires more than counting incidents. She argues for ethnographic and survivor-centered approaches that capture the lived decisions, moral dilemmas, and daily survival strategies forced by deprivation. This resonates strongly with other seminar contributions emphasizing shame, guilt, and internalized blame—especially among caregivers—when survival requires violating deeply held norms of protection and care.

5.
Key Takeaways

Informed by the experiences of directly impacted people in Tigray, Sudan, and Gaza, and through analysis of gaps in research and practice related to famine, the law of starvation, and women, peace, and security, this seminar offers seven key takeaways.

1. Recognize Mass Starvation as a Gendered System of Violence

In the three cases presented, mass starvation was deliberately produced, politically and militarily orchestrated, and sustained through destruction of food systems, health systems, markets, aid, movement, and infrastructure. Its effects were profoundly gendered. In contexts where conflict intersects with starvation, men and older boys face increased risks of getting killed, while women and girls bear disproportionate burdens of starvation because of their socially assigned and culturally embedded roles as caregivers, food providers, and reproducers. Hunger does not merely weaken bodies; it restructures power, forcing women into impossible choices—between feeding children or themselves, between safety and sustenance, and between dignity and survival.

Mass starvation is inseparable from the collapse of civilian survival systems. Siege, blockade, obstruction of humanitarian access, forced displacement, and the destruction of markets, health care, and agriculture systematically erode access to food, water, fuel, and medicine. As a clearly foreseeable consequence and the result of perpetrators sustaining policies over time, people's bodies are steadily weakened, their immunity, mobility, and resilience -- particularly for pregnant, lactating, and caregiving women -- are undermined. Mass starvation produces hunger and biological vulnerability, making entire populations more susceptible to disease, injury, and exploitation, while simultaneously reducing their capacity to flee, resist, or recover from violence.

2. Sexual, Reproductive, and Obstetric Violence as Survival Crimes

Gender-based violence—particularly sexual violence, forced marriage, forced pregnancy, reproductive injury, and denial of obstetric care—targets women precisely at the nexus of biological survival and social reproduction. These harms are not incidental. They systematically undermine women's physical integrity, reproductive capacity, caregiving ability, and social identity as mothers and community anchors.

Mass starvation creates coercive environments in which sexual exploitation, transactional sex, forced marriage, and exposure to assault become survival strategies rather than aberrations. In Gaza, Sudan, and Tigray, women's search for food, fuel, water, or assistance repeatedly exposed them to sexual assault or exploitation at checkpoints, aid distribution sites, along distribution routes, and in displacement sites. In Sudan, Tigray, and Gaza, starvation-driven displacement dismantled community protection mechanisms, transformed IDP camps and informal shelters into spaces where transactional sex, forced marriage, and sexual exploitation became survival strategies. Long-distance food searches, aid distribution sites, checkpoints, and displacement camps consistently emerged as spaces of heightened risk. Women's exposure to gender-based violence, harassment, and humiliation was a direct outcome

of starvation policies. Mass starvation operated as biological deprivation and a mechanism that enabled, normalized, and sustained gender-based violence.

Pregnant, lactating women, their neonates and infants are particularly vulnerable to the effects of starvation. Reproductive and obstetric violence emerge as defining features of these mass starvation contexts, yet remain systematically under-recognized. They are shown to be structural and cumulative: the collapse of maternity care, lack of emergency obstetric services, untreated rape injuries, malnutrition during pregnancy and lactation, and stigma attached to survivors and children born of rape all interact to produce long-term disability, infertility, maternal death, infant mortality, and social exclusion. These outcomes directly compromise community recovery and intergenerational continuity.

At the same time, reproductive violence is inflicted socially and institutionally through the denial of contraception, post-rape care, abortion services, and safe delivery options, as well as through stigma that isolates survivors of rape or unwanted pregnancy. These harms target women not only as individuals but also in their contributions to social and biological continuity.

Crucially, as seminar participants noted, reproductive capacity functions as an indispensable condition of survival, no less essential than food or water. Its deliberate destruction—whether through sexual violence, starvation, or denial of medical care—must be understood as a survival crime with potentially genocidal implications.

3. Destroying and Undermining Healthcare as a Core Component of a Mass Starvation Strategy

Across all three cases, the destruction or obstruction of healthcare has been a central pillar of starvation strategies. Attacks on hospitals and denial of medicines, fuel, electricity, and medical evacuations can convert treatable into fatal conditions and transform injury, childbirth, infection, and chronic illness into death sentences.

The seminar discussions advanced a critical legal insight: medical deprivation operates as a form of starvation when it deprives civilians of objects indispensable to survival. For all, starvation reduces the body's ability to heal, increasing need for medical support even as it destroyed. Health systems—particularly maternal, neonatal, and emergency care—are indispensable survival infrastructures. The destruction or incapacitation of health systems—hospitals, maternity wards, clinics, medical supply chains, electricity, fuel, and sanitation—produces preventable deaths for all. For females it results in maternal deaths, miscarriages, untreated infections, and obstetric emergencies without care.

Starvation exacerbates these harms biologically: malnutrition suppresses menstruation, increases pregnancy loss, undermines breastfeeding, and elevates risks during childbirth. Their collapse magnifies the lethality of hunger, sexual violence, and displacement and disproportionately affects women, infants, the elderly, and people with disabilities.

4. Cumulative and Compounding Harm Over Time

The cases reveal how mass starvation and gender-based violence, including sexual violence and reproductive harm, operate cumulatively rather than episodically. Women and girls rarely experience one form of harm in isolation. A single trajectory may include displacement, hunger, sexual assault, pregnancy resulting from rape, lack of obstetric care, and the inability to feed or protect children. Entire populations may face repeated displacement, persistent hunger, ongoing exposure to violence, deliberate destruction of medical care systems, and the erosion of social protection systems that compound physical injury with psychological trauma, shame, and social fragmentation.

Each harm intensifies the others, producing cascading physical, psychological, and social consequences. This cumulative pattern is visible across Gaza, Tigray, and Sudan, yet remains poorly captured by dominant legal, humanitarian, and policy frameworks that fragment harms into discrete categories.

Women often survive famine and conflict at higher rates than men, but this survival advantage comes at the cost of immediate exposure to harm and greater long-term socio-economic deprivation, disability, stigma, and caregiving burden. Survival itself becomes traumatic, marked by internalized guilt for failing to protect or feed others, mirroring the shame dynamics long documented in survivors of sexual violence.

5. Challenging Legal, Humanitarian, and Accountability Frameworks

The seminar finds that existing legal and humanitarian frameworks systematically under-recognize these intersecting harms. International law continues to silo starvation, gender-based violence, sexual violence, reproductive violence, and attacks on healthcare into separate categories, obscuring how they operate together in practice. Metrics prioritize excess deaths and isolated incidents while neglecting cancelled births, maternal collapse, social disintegration, and long-term disability.

Survivors are too often treated as sources of evidence rather than as authorities on harm, justice, and repair. Documentation is constrained by insecurity, stigma, and legal

regimes that retraumatize victims. Accountability for mass starvation and reproductive violence remains exceptionally weak at both the national and international levels, with almost no prosecutions addressing these crimes as such.

6. Survivors, Social Norms, and Moral Injury

Across contexts, the seminar highlights how mass starvation and gender-based violence inflict moral injury as well as physical harm. The destruction of norms around sharing food, protecting children, and maintaining dignity fractures social bonds and internalizes blame among survivors. Women's sacrifices—giving up food, risking assault, enduring stigma—are often expressions of deeply held values rather than imposed passivity. Yet law and policy rarely acknowledge this dimension of harm.

7. Implications for Law, Policy, and Justice

Taken together, the findings compel a reframing of mass starvation and gender-based violence as interconnected crimes and harms. This has significant implications for:

- Interpreting mass starvation as a method of warfare that includes medical deprivation and reproductive harm;
- Applying the "conditions of life" framework in crimes against humanity and genocide;
- Integrating cumulative civilian harm and gendered analysis into military decision-making, civilian protection endeavors, humanitarian response, and accountability;
- Re-centering survivor-defined justice that prioritizes survival with dignity, restoration of health and livelihoods, and social reintegration.

Today's context presents particular challenges. Renewed and expanded great power involvement in armed conflicts, political constraints, shrinking humanitarian space, attacks on international law, and growing resistance to gender analysis all limit the ability to document harms accurately and to hold perpetrators accountable. At the same time, these conditions underscore the urgency of ending conflicts and rethinking how mass starvation and gender-based violence in contexts of mass starvation is understood, measured, and addressed.

The seminar demonstrates that the true violence of contemporary conflicts lies not only in killing but also in the deliberate dismantling of the conditions that make life livable and communities sustainable. Mass starvation, gender, sexual, and reproductive violence, and the collapse of health systems function together to attack bodies, identities, relationships, and futures. Recognizing and responding to this reality is essential—not only for accountability, but for any meaningful effort to protect civilians and prevent repetition.

The World Peace Foundation was founded in 1910, and today, seeks to redefine peace through research, advocacy and engagement that creates pathways for nonviolent futures. It is affiliated with the Fletcher School of Global Affairs at Tufts University.

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WORLD PEACE FOUNDATION
at The Fletcher School

114 Curtis Street
Somerville, MA 02144

Tel: +1 (617) 627-2255
worldpeacefoundation.org