



**“THERE IS SOMETHING  
I WANT TO TELL YOU...”**

**SURVIVING THE SEXUAL VIOLENCE  
CRISIS IN DARFUR**

## Foreword

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**On April 15, 2026, we will enter into the 4th year of this war in Sudan.** Three years of unrelenting violence across the country has taken a devastating toll on the Sudanese people, and on the Sudanese health and humanitarian workers that MSF works alongside. Civilians are bearing the brunt of the war, suffering brutal attacks in the form of mass killings, sexual violence, torture, and detention. Critical civilian infrastructure, healthcare facilities and medical personnel, and humanitarian aid continue to be both targeted and attacked indiscriminately by warring parties.

Sexual violence has become a pervasive and defining feature of the conflict while also persisting beyond active front lines. This war has, in many ways, been fought on the backs and bodies of women and girls. Displacement, the collapse of community support networks, lack of access to healthcare, and entrenched systemic gender inequalities also enable such abuse to proliferate across Sudan. This report is based on medical data and survivor testimonies collected by Médecins Sans Frontières (MSF) in North and South Darfur between 2024 and 2025. Accordingly, it is but a snapshot of the sexual violence that is being perpetrated in this conflict.

MSF teams have continued to document, bear witness and speak out against the atrocities that have come to define this devastating conflict. Yet, despite overwhelming evidence, these warnings have too often been met with apparent indifference. This report seeks to break that silence. It stands as a testament to the courage of survivors who have come forward, and as recognition of MSF colleagues across Sudan working to provide support under extremely challenging conditions. Above all, this report is a call for accountability and action.

We know that sexual violence has been perpetrated by all warring parties of the conflict. But in Darfur, its persistence is rooted in decades of conflict and the repeated failure to protect civilians and hold perpetrators to account. The fall of El Fasher in October 2025 was one of the most shocking iterations, unfolding the most unimaginable brutality. Women and girls who managed to escape the city have described in this report the most horrendous ordeals that no one should ever have to endure. Ongoing conflict dynamics like the active front lines in Kordofans indicate that the recent tragedy of El-Fasher is not the end of horrific violence, but a grim milestone in this catastrophic war.

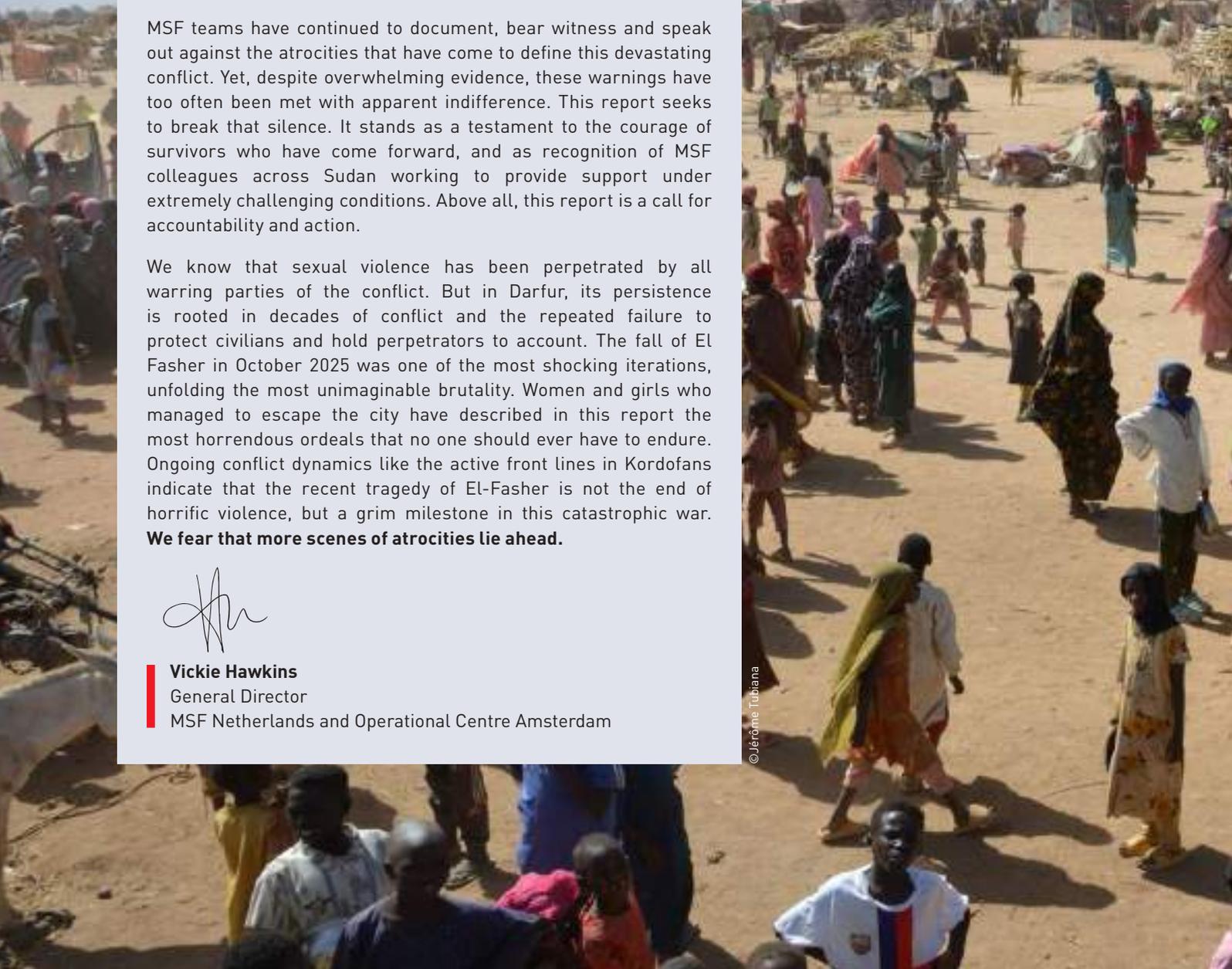
**We fear that more scenes of atrocities lie ahead.**



**Vickie Hawkins**

General Director

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## Introduction

**Sexual violence has become a hallmark of conflict in Sudan.** The scale of devastation inflicted on civilians in Darfur is difficult to comprehend, yet it unfolds within a much longer history of repeated cycles of violence and atrocity. In the current context, the impact of sexual violence is profound. It leaves deep scars which individuals, families and communities must carry for decades. Survivors of sexual violence are often being forced to bear the immense burden of their trauma in silence and isolation, in a context that offers little protection and even less accountability.

Accounts of sexual violence in Darfur have surfaced most visibly during moments of intense fighting, often along ethnic lines as a form of collective punishment, part of the broader pattern of atrocities inflicted on civilians. But in the long shadow of conflict, women and girls continue to face sexual violence as a routine and inescapable reality even after the fighting subsides: on roads, in markets, in fields, in their homes and during displacement. This persistence reflects an environment shaped by years of conflict, with entrenched systemic gender inequalities, which has fostered impunity amongst perpetrators who act without fear of consequence.

Despite the scale and severity of the crisis, there are woefully few initiatives to protect survivors, support their recovery or prevent further abuse. The humanitarian system has fundamentally failed to respond to or meet the needs of survivors. Armed, non-civilian perpetrators have met out abuse, whilst survivors are left without protection, justice or meaningful support. Yet despite immense risks and formidable barriers, many survivors are coming forward to seek medical care and share their stories – a testament to their resilience in a context designed to silence them.

The testimonies shared in this report demonstrate that sexual violence in Darfur is both woven into daily life and has become a defining feature of the war itself. **These voices leave no doubt as to the gravity of this crisis, revealing the scale, pervasiveness and deliberate nature of sexual violence in Darfur.**

# MSF methodology and data

**This report draws on medical data routinely and anonymously documented in medical facilities MSF supports and from our community-based care model. Testimonies gathered between January 2024 and November 2025 are also central to shaping the report's analysis and conclusions.** These were collected by MSF staff, with informed consent, and it has been clearly explained that participation in this report would have no impact on survivors' access to care and is in no way linked to the medical services they receive(d). The data collection process also provided patients, caretakers and community members with the space, time and respect to recount their stories and express their perspectives and needs. In many cases, survivors actively asked MSF to speak out and share their stories. Names and specific locations have all been anonymized to protect survivors, communities and MSF staff.

In addition to direct interviews with survivors, MSF also convened focus groups discussions with 56 women's leaders, representatives, traditional birth attendants and midwives, researchers and activists (some of whom self-identified as survivors of SGBV) to discuss their recommendations for responding to the protection crisis in Darfur.

In South Darfur, the number of survivors accessing care in MSF-supported facilities increased in late 2024, following the introduction of community-based models, expanded awareness-raising, training of healthcare workers and improvements to consultation spaces. Midwives and community healthcare workers were trained and equipped to provide emergency contraceptives and psychological first aid, then support referrals to MSF-supported healthcare clinics and hospitals for comprehensive care. In North Darfur, more survivors sought care from mid-2025, as MSF strengthened referral pathways through four community-based centres in IDP camps, enabling improved access to care.

Despite these efforts to improve access and outreach, MSF's medical and qualitative data are only able to capture a fraction of the true scale of sexual violence in Darfur. Our qualitative data and understanding of the

context indicate that many survivors, including men and boys, remain unreached or unaccounted for due to ongoing insecurity and displacement, intense stigma and the absence of functioning protection services. **Therefore, the data presented in this report is limited and does not attempt to quantify the full scale and scope of violations, but illustrates clear patterns of violence and harm.**

## MSF's work in Darfur

Doctors Without Borders/Médecins Sans Frontières (MSF) has been working in South Darfur since the early 2000s. In 2021, we began providing primary healthcare in remote southern Jebel Marra. We now run two projects in South Darfur, supporting two hospitals in Kas and Nyala together with a range of primary healthcare clinics, health posts and facilities which offer sexual and reproductive healthcare. These activities are run in urban and rural locations, including remote, mountainous towns and villages, as well as in camps for internally displaced people (IDPs).

In 2022, MSF began providing healthcare in Zamzam camp for displaced people in North Darfur. In 2023, we also started supporting sexual and reproductive healthcare and paediatric services in the nearby city of El Fasher. As hostilities in North Darfur steadily intensified, so did our activities. However, in 2024, escalating violence – including attacks impacting MSF facilities – forced our team to evacuate from and suspend our work in both El Fasher (in August 2024) and Zamzam camp (in February 2025). Currently, MSF is providing extensive basic and specialized healthcare in Tawila, where hundreds of thousands have fled from Zamzam and El Fasher. Medical care for survivors of sexual and gender-based violence (SGBV) are integrated into our activities in Tawila, a town about 60 kilometres away from El Fasher.



## Highlights of data

Between January 2024 and November 2025, over 3,396 survivors of sexual violence sought care at MSF-supported health facilities across North and South Darfur, 97% of whom were women and girls.<sup>1</sup>



### The majority of perpetrators were armed (non civilian):

Over 95% of survivors in North Darfur reported being assaulted by an armed individual. In South Darfur, 68% reported the same. In South Darfur, survivors also identified other perpetrators, including civilians (24%), intimate partners or members of the same household (15.3%) and criminal groups (2.5%).

### Assaults occurred by multiple perpetrators:

In South Darfur, 1,395 survivors (59.8%) were assaulted by more than one perpetrator during the same attack.



### A significant proportion of survivors were children:

In South Darfur, 20% of survivors were under the age of 18, including 41 children under five. In Tawila, North Darfur, 27% of survivors seen in September and October 2025 were under 18.



### Many attacks occurred during daily activities:

In South Darfur, 522 survivors (22%) were assaulted while collecting firewood, water or searching for food and 803 survivors (34%) were attacked while working in the fields or travelling to farmland.



### Sexual violence occurred during displacement and after mass atrocities:

In North Darfur, over 90% of survivors were assaulted while travelling on the roads between Rapid Support Forces (RSF)-controlled El Fasher, Zamzam and Abu Shouk towards safety in Tawila. In the two weeks after the RSF takeover of El Fasher in October 2025, MSF supported 30 survivors of SGBV in Tawila.

<sup>1</sup> 99% in North Darfur and 95% in South Darfur of survivors were women and girls.

# Sexual violence as feature of the conflict

During the Darfur conflict of the early 2000s, MSF teams documented how rape was widespread and systematically used as part of the mass atrocities committed by armed militias.<sup>2</sup> Today, rape and other forms of sexual violence have once again become a defining feature of the brutal conflict in Darfur.

MSF data shows that the majority of survivors identified their assailants as armed, non-civilian, men — over 95% in North Darfur and 68% in South Darfur. These are remarkable figures in both states. In North Darfur they illustrate the pervasive nature of sexual violence in and around active conflict hotspots. In South Darfur, they demonstrate that sexual violence continues largely unabated, hundreds of kilometres from active frontlines. In both states, during testimony collection, survivors frequently and clearly identified the perpetrators as RSF fighters.

Patterns in reported sexual violence coincide with major escalations in fighting and subsequent displacement across Darfur. Following the fall of El Fasher on 26 October, MSF teams in Tawila treated over 140 survivors of sexual violence who had fled the city in November, 94% of whom were assaulted by armed men. Earlier in 2025, a sharp increase in cases was recorded during intensified violence in North Darfur, including the attack and dismantling of Zamzam camp in April. Care was provided to nine survivors between January and March 2025. This grew to 121 survivors between April and mid-June, 339 survivors in July and August, and 379 survivors in September and October. Over 90% of survivors were assaulted on the road to Tawila. Ninety-eight per cent of these assaults were by armed men, identified by survivor testimony as belonging to the RSF or an affiliated armed group.

“Rapes took place in Shagra [village in El Fasher locality]. Two RSF soldiers came at night to the radio station by motorbike and took two girls and brought them somewhere. The next day, RSF soldiers took an old woman, and we heard her shouting.”

**Man, April 2025, Tawila**

“We found that [Um Hajali] was not safe. There were RSF coming, taking women to rape them, looting cellphones, entering your house to take your daughter or any belonging. We decided to leave.”

**Woman, 48 years, May 2025, Tawila**

In May and June, women made the journey back to Zamzam from Tawila to collect their belongings before returning to the displacement sites in Tawila. In advance of the journey, some women requested contraception, viewing sexual violence as unavoidable on the road controlled by RSF and affiliated groups.

“They took us to an open area. [...] The first man raped me twice, the second once, the third four times and the fourth once. Apart from the rapes, they beat us with sticks and pointed guns at my head. Another girl who was 15...was raped by three men. We were raped throughout the night.”

**Woman, October 2025, Tawila**

<sup>2</sup> The Crushing Burden of Rape: Sexual Violence in Darfur, 2005, MSF report



Consistent with Darfur’s long history of conflict, elements of the violence against civilians have taken on a clear ethnic dimension, with non-Arab communities such as Zaghawa, Massalit and Fur being systematically targeted in atrocities committed by RSF forces.<sup>3</sup> Sexual violence documented in this report appears to follow the same contours as other forms of violence inflicted against civilians, with an implied possibility that sexual violence has deliberately targeted non-Arab groups.

The circumstances described by survivors in North and South Darfur reveal a pattern of deliberate tactics designed to humiliate and terrorize individuals. Survivors reported that sexual violence often included rape and other forms of extreme physical harm or intimidation. This is evidenced in MSF’s medical data from South Darfur, for example, where 149 survivors (6.4%) reported torture or other forms of mistreatment, 188 survivors (8.1%) reported having been abducted or kidnapped and some survivors reported sexual exploitation and abuse (3.9%). In their testimony, survivors described being raped in front of their children, parents or partners, or assaulted alongside other forms of extreme violence such as beatings, threats of execution or the murder of relatives.

“My village was targeted in particular, because it was a place where soldiers lived, and the women there, they were cheering for the soldiers from SAF [Sudanese Armed Forces], and so it was targeted. And there was a lot of fighting there also. They wanted to humiliate the women who lived there. My father told me that I had to leave, to take my children, particularly my daughter. My sister, also, we were afraid she would be raped.”

**Woman, 28 years, October 2024, South Darfur**

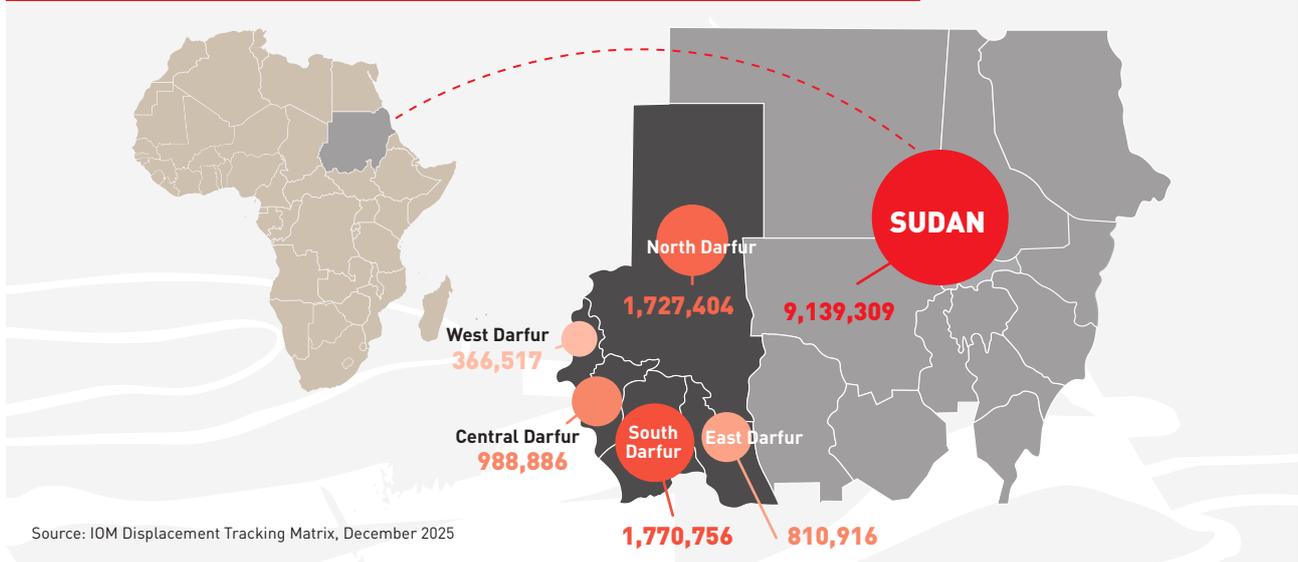
“Unfortunately, on the day of the fall of Nyala, I had my sister’s daughter with us. She was thirteen years old. She was living with us, and they raped her. We were displaced to here, and we were living in a school in the south of al-Wahda. They took my sister’s daughter – they took her to near where the water is, and they raped her there. We had to go and find her, and to bring her back, and she died a few days later. I think two days later.”

**Woman, 25 years, October 2024, Nyala, South Darfur**

“...there is something I want to tell you. I have my aunt, she was working outside. Some men, they kidnapped her. We were searching for her, all day. We searched in all the hospitals, everywhere we were looking for her. Then they called us, they said she was in the hospital and we should come. We found her there, and she had been raped, and they had beaten her. They had beaten her with their guns, beaten her face – near to her eyes. Until now, you can see on her face that she was beaten...It was the Rapid Support Forces. Because they said that she was one of the people who was giving the locations for the airstrikes. They took her, and they said they were going to take her to the police. But they didn’t take her to the police. They took her to the trees, and they did what they did.”

**Woman, 22 years, July 2025, IDP Camp, South Darfur**

**TOTAL NUMBER OF INTERNALLY DISPLACED PEOPLE (IDP) ACROSS DARFUR, SUDAN**



3 War on People, MSF Report, July 2024



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## The escape from Zamzam camp, April 2025

On 11 April, 2025, RSF led a brutal attack on Zamzam camp, at the time home to nearly half a million displaced people. Survivors and witnesses reported horrific violence during the attack, including widespread sexual violence. This violence was often targeted specifically at ethnic groups, particularly Zaghawa communities. The following accounts revealed disturbing patterns of sexual violence during the attack on the camp.

“ On the south side of the camp, which they were able to occupy, [...] they started raping women. ”

**Man, 45 years, location unspecified**

“ In Zamzam, I heard the RSF chatting, saying “Yesterday we raped women”, and one mentioned he had raped young girls. ”

**Man, age unknown, location unspecified**

“ One of them took my 15-month-old son and the other took me under a rakuba [shelter]. He did what he wanted to me and threatened me with a knife, saying that if I tell this to anyone, he will kill me. ”

**Woman, 25 years, location unspecified**

“ They look for Zaghawa women in order to do bad things to them. ”

**Man, 35 years, location unspecified**



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As thousands of people fled to Tawila following the attack, MSF collected testimonies from 150 survivors of SGBV over the following weeks. People fleeing Zamzam were attacked by RSF and affiliated groups while on the road, their belongings, livestock and money stolen. They were threatened and, in many instances, beaten and brutally killed. One survivor recounted to MSF, members of the group having their throats slit. Following these attacks, women, adolescents and children were then separated from their group and raped by multiple perpetrators.

Women and girls reported being beaten, threatened with knives and guns, and robbed of personal belongings and clothing. In some cases, survivors sustained severe physical injuries, including gunshot wounds inflicted after rape or deliberate acts of humiliation, such as having their hair shaved with a razor after being raped. Survivors also reported being explicitly threatened by RSF fighters, who told them they would never be safe, warning that they would be found and harmed again if they fled to Tawila or elsewhere.

*“ We saw very bad things. They were taking people’s daughters to rape them. ”*

**Man, 32 years, May 2025, Tawila**

*“ They said you’re Joint forces and wives of falangayat. They raped the girls. They were four and each raped me, while some held my arms and others my legs. ”*

**Woman, 28 years, October 2025, Um Baru**



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## El Fasher, October 2025

The fall of El Fasher in October marked one of the most brutal chapters of Sudan's conflict. Following more than 500 days under siege – driving widespread starvation and deprivation – the city was eventually seized by the RSF on 26 October 2025. For those who managed to escape, their testimony has revealed the scale of violence and atrocities that had unfolded, including extortion, beatings, killings, and reports of widespread rape and other forms of sexual violence against women and girls.

Many people arriving in Tawila arrived traumatized and in a state of severe exhaustion and hunger. Witnesses spoke of multiple, repeated incidents of sexual and gender-based violence committed by RSF soldiers. Assaults were carried out by multiple perpetrators and openly, often in front of the survivor's husband or other family members. In towns along the road where civilians were trapped for days, women were reportedly taken away during the night to be raped.

“Two of the women in our group were raped by RSF militia in front of us. It was four to five men doing it together. One girl was 22 years old and she died there. We were a group of ten in total. This also happened between El Fasher and Gorney.”

**Woman, 27 years, Tawila, November 2025**

“At night they [RSF soldiers] were coming with masks and they were asking women to follow them saying that they need to register them, that they will provide kits, things like that.”

**Woman, 28 years, Tawila, November 2025**

“ All along the way, RSF militia was asking women to follow them, and they were insisting when women refused, also threatening by saying that they would kill them. This happened everywhere, in the bushes, two militia there, three militia after a while, they were everywhere asking women to follow them. This was happening in the daylight, in the morning. ”

**Woman, 26 years, Tawila, November 2025**

“ In Gorney they were raping and whipping women, and they were killing men who are not wounded or who don't have fractures. ”

**Woman, 20 years, Tawila, November 2025**

“ The soldiers raped me in front of everyone, including my husband. ”

**Woman, Tawila, November 2025**

“ I also witnessed that many young women were raped multiple times by different soldiers. ”

**Woman, 24 years, Tawila, November 2025**

Women suspected of being associated with the SAF or the Joint Forces were explicitly singled out. The fact of not having fled El Fasher was, in itself, used to justify acts of collective punishment through sexual violence. In at least one case documented by MSF, a racial slur was used during the assault – an act consistent with previous atrocities attributed to the RSF, including during the dismantling of Zamzam camp in April where non-Arab communities were deliberately targeted.<sup>4</sup>

“ We also witnessed that whenever RSF soldiers suspected a woman to be the wife of a soldier, they beat them severely. Almost all women were tortured. The soldiers said, “Why were you in El Fasher until now? You must be a soldier as well.” ”

**Woman, 24 years, Tawila, November 2025**

“ RSF militia stopped us. They talked to us with very rude words, calling us “falangayad (black slaves)” and shouting “Why didn't you go out before? We told everyone to go out! You didn't go out, that means that you are not a civilian. You are supposed to be killed.” They were asking “What are you doing here? All civilians left the city. Why are you still in El Fasher? You can't be civilians!” ”

**Woman, 26 years, Tawila, November 2025**

**Recounting an escape from El Fasher:**

“ The RSF in uniform came from the back and stole our phones and money. They told us: “falangayat, who let you out of EF? [...] Some called us “wives of falangayat.” ”

**Woman, 28 years, Um Baru, October 2025**



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<sup>4</sup> Besieged, attacked, starved: Mass atrocities in El Fasher and Zamzam, Sudan, April 2025

## Away from the frontlines: the inescapable reality of sexual violence in South Darfur

South Darfur is now far removed from the epicentre of active fighting, since around late 2023, yet sexual violence remains an insidious part of everyday life. Between January 2024 and November 2025, MSF provided care to 2,334 survivors of sexual violence across South Darfur, with consistently high numbers recorded monthly throughout 2025. These figures point to a reality where the absence of active frontlines does not in any way equate to a restoration of safety or security. Instead, people's lives in South Darfur are shaped by persistent insecurity and chronic deprivation, living under a pervasive climate of impunity which has built over decades of conflict and displacement. Survivors face intense stigma and social isolation, with a near-total absence of justice or protection. Sexual violence is not confined to moments of military escalation; it has become embedded in the fabric of everyday life.

“Every day, when people go to the market, there are four or five cases of rape. When we go to the farm, this happens. Men, they will cover their heads, and they will rape women. If there is more than one woman, they can try to escape. When a woman is alone, it is difficult for her to run away and escape. A few days ago, a woman tried to defend herself against rape, nearby, and she lost her tooth...We are living in a dangerous environment...There is no way to stop the rapes. The only way is to try to stay home, and to not go out as much.”

**Woman, 40 years, Southern Jebel Marra, November 2024**



MSF's medical data from South Darfur illustrates how pervasive conflict-related sexual violence remains in daily life. As mentioned, 68% of preparators, even away from front lines, continue to be armed, non-civilian individuals. Five hundred and twenty-two survivors (22%) were assaulted while collecting firewood, water or searching for food and 803 survivors (34%) were attacked while working in fields or travelling to farmland. Women described feeling effectively imprisoned in their homes, knowing that rape has become an almost inevitable risk in the places they must travel to survive - on the roads, in markets and across the farmlands that surround the IDP camps and the outskirts of Nyala.

“ At the beginning of the conflict, we saw many cases of rape...now, there is still rape, but people don't talk about it anymore...Three days ago, two girls and their brother went to farm. An armed man tried to rape the girls. ”

**Man, 30s, November 2024, IDP Camp near Nyala, South Darfur**

“ Last week, I went from my home to Nyala. I was just trying to get something for my children, that is all I was doing. I was in the streets in Nyala, begging for something to take to my children. I walked to Nyala in the morning. And on the way back, too, I was walking. There were no vehicles, so I had to come back walking. It was dark, and three men appeared. They asked me where I was going, and they wanted my money, but I explained to them that I am just a beggar. Then they raped me. They held me strongly, and they laid me down on the ground and they raped me. I don't remember everything. I woke up later on the ground and I found my thawb [robe] was around my neck. When morning came, I went to the road to find a tuk-tuk to come back to where I live. It was so humiliating for me, and so painful. I talked to someone here, and they directed me to the women's clinic. I got some medicine, but I feel so sad. I feel destroyed. They beat me as well. My shoulder, here, and my leg – they are very painful. This took place last Monday. ”

**Woman, 30s, November 2024, IDP Camp near Nyala, South Darfur**

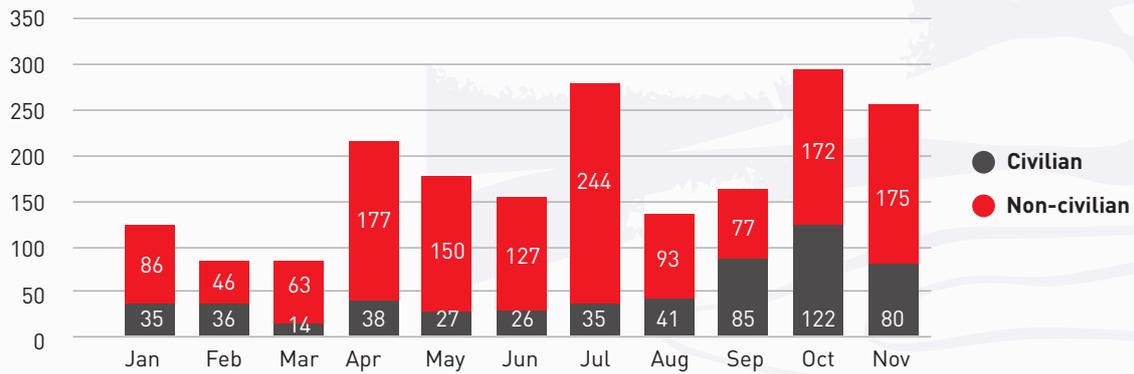
“ Our life is so difficult here. We went outside the camp, and when we went outside, they attacked us and they raped us. This has happened to me twice now...they stopped us, and they had guns. We had to go with them, and they raped all of us. We told other people what had happened and they brought us here, to this centre [MSF-supported clinic], and they gave us some medicine...We were three people – and also my aunt. And there were three soldiers. They took each of us to different places. All of us...my sister, they raped her and now she's pregnant...I feel a deep pain. I feel pain...This is happening to girls, every day – every day, in our area. They are always raping girls. Just yesterday, there were some girls who went to the market, and they were raped. And this is only since the war. Before the war, this only used to happen at night, sometimes. ”

**Woman, 20s, July 2025, IDP Camp near Nyala, South Darfur**



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**PROPORTION OF PERPETRATORS IDENTIFIED AS CIVILIAN / NON-CIVILIAN**



**Chart highlighting survivor cases who accessed MSF facilities in South Darfur between January - November 2025. These survivor cases identified perpetrators as civilian versus non-civilian (military or police).**

Women told MSF that sexual violence did not begin with the current conflict, it has been a persistent feature of life in Darfur, a continuity between the present reality and a much longer history of violence that has only deepened as communities have been uprooted and social protection mechanisms have eroded. The fragmentation of families and the collapse of community structures created by displacement have allowed such abuse to proliferate, both inside and outside the home.

Alongside assaults by armed men, women also described sexual violence by intimate partners and by civilians taking advantage of an environment where mechanisms of accountability are entirely absent and gender inequality and harmful societal norms normalize violence. MSF data from South Darfur between January 2024 and November 2025 reflects this broader reality: while 68% of survivors were abused by military or police forces, MSF also treated survivors of assault by criminal groups (58 cases or 2.5%), civilians (559 or 25%) and intimate partners (61 or 2.6%) or another member of their household (62 or 2.7%).

*“The treatment was too bad [in the detention centre] ...There were rooms for the women in the prison, and we heard for ourselves, we heard the women being raped.”*

**Man, 30s, November 2024, Southern Jebel Marra, South Darfur**

*“Yes, I have personally experienced violence. There is somebody, somebody who beats me up. This is between me and my husband. We got married because I came to see my sister in Kalma, my sister and her children. And they suggested, and I accepted him. We are both Fur. What I need, it is to find a person or an organization which can put each of us – which can put a boundary between us, someone to put a boundary between us.”*

**Woman, 25 years, October 2024, IDP Camp near Nyala, South Darfur**

*“I have five children, and I am divorced. He didn't give me what I needed, and any time I went to work, he would beat me. My brothers, they tried to help me to solve this difficulty with my husband, but they couldn't. And then he beat me for going to my brothers. Really, I didn't have any good feelings at the time, when he would beat me. He used to get drunk, and then beat me.”*

**Woman, 26 years, November 2024, South Darfur**





## Barriers to accessing care

**Sexual and gender-based violence causes immense harm:** physical injury, psychological trauma, loss of dignity and both immediate and long-term health consequences that can be life-threatening for survivors and devastating for families and communities. Survivors repeatedly described to MSF how the effects of rape continued to shape their daily lives long after the assault.

“...I was raped in 2016. I went to someone’s farm. At night, I was raped. On the following day, my relatives came, and they picked me up and took me to Nyala. Since then, I haven’t given birth, I haven’t been able to conceive. There are many cases of rape. Even today, there was a girl, twelve years old, she refused to go to the clinic. She couldn’t be supported with the delivery. She was unable to receive the medicine she needed.”

**Woman, 40 years, November 2024, Southern Jebel Marra, South Darfur**

“What we have seen is not easy, we need to forget what we have seen. For this reason we need psychosocial support. Also we need sexual violence care. And support for human rights.”

**Woman, 26 years, November 2025, Tawila**

“We were two people, and we were coming home and we met four people on two motorbikes, on the road. They asked us: Where are you going? We told them we were going home, but they threatened us with guns. Two took each girl, and they raped us. And they left us...I’m not sure [who did this], but they looked like the Rapid Support Forces....I feel bad. If I had known this would happen, I would have never have gone there. I feel uncomfortable, in my body. Heavy. I don’t feel pain, apart from in my back – because they beat me, they beat me with their guns, on my back.”

**Woman, 18 years, July 2025, IDP Camp near Nyala, South Darfur**

MSF is currently providing medical care for survivors of sexual violence in facilities and at the community level in North and South Darfur. However, the barriers survivors face to reach MSF clinics – and for MSF teams to reach survivors in their communities – are immense. In addition to the stigma attached to sexual and gender-based violence, there remain ongoing attacks on healthcare facilities and workers, a lack of available medical supplies and the unaffordable cost of transport to reach healthcare. Additionally, as survivors have shared, people can be most at risk when on the road to reach medical care.



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## CASE STUDY

### Sexual Violence Trends and Access to Care at Daba Naira IDP Camp, Tawila, North Darfur. December 2025–January 2026

Survivors of sexual violence in Tawila face significant and numerous barriers to seeking support and care. Social stigma within families and communities, fear of public exposure and limited information about available services all deter survivors from seeking the support they urgently need. These challenges are compounded by the distances and limited service centers within the camp, in addition to a limited number of safe spaces, particularly in a context of ongoing insecurity and largescale needs.

Following the fall of El Fasher in October 2025, MSF started providing water, sanitation, and healthcare services in Daba Naira IDP Camp to support those who fled to Tawila, including implementing a Community-based Care (CBC) model for sexual violence (SV) survivors. **In just over one month from December 2025 to January 2026, MSF provided basic support to 732 survivors of sexual violence including psychological first aid and referrals to further clinical care.**

Over this period, only 206 survivors presented for further care at the MSF-supported Daba Naira Primary Healthcare Clinic (PHCC). All 206 consultations were for instances of rape and disaggregated data indicates that most presented around three months later, reflecting prolonged delays before accessing services, but also pointing to the time passed since the fall of El Fasher and high levels of violence during displacement.

While community-based approaches are identifying large numbers of SV survivors, systemic, social, programmatic and security-related barriers continue to prevent most from accessing and completing essential sexual violence treatment services. Additionally, continuity of care remains challenging—only 68 of the 206 survivors (33%) were able to return for follow-up consultations, reducing the benefits of comprehensive medical, psychosocial, and protection support.

Younger children - as well as men and boys - are almost entirely absent from MSF data in Tawila. Specific barriers to disclosure and care-seeking have been identified, including discomfort discussing violence in mixed-gender settings, cultural norms around men as survivors of sexual violence, limited education and awareness of how and where to seek confidential care, and a lack of trusted referral pathways for men due to limited program interventions. MSF has recently launched a strategy to better engage men on the topic of sexual violence, with male community mental health workers raising awareness within groups of male participants in the displacement camp.

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## The absence of protection services in Darfur

**MSF has struggled to refer survivors to adequate non-medical protection services such as shelter, case management, cash and child protection.** Since the start of the war, the humanitarian response in Darfur has been sporadic, inconsistent and vastly inadequate. Protection referral pathways are rarely functioning well due to a lack of organizations on the ground, coordination and resources. UN agencies remain only partially and intermittently present in both South and North Darfur meaning there is little monitoring, oversight or capacity building.

In South Darfur, international non-governmental organizations (INGOs) are moving slowly and with extreme caution. National non-governmental organizations (NNGOs) and civil society organizations (CSOs) are active and hold significant experience, including in protection work. Yet they operate with minimal resources, having lost offices, staff and funding since 2023. Many face intimidation and obstruction from authorities and, like the communities they serve, are surviving in a militarized, low-resource environment. Despite these constraints, they remain present, hold

significant expertise, and are on-the-ground, ready to respond. In North Darfur, international protection actors are largely absent and the few referral pathways that do exist are only semi-functional. Mental health and psychosocial support services are extremely limited; the distribution of dignity kits, cash for protection or vital non-food items that support safety and security for survivors does not meet the level of needs; and there is a severe lack of women-only safe spaces in the camps.

Analysis of MSF's medical and qualitative data shows an urgent need for child protection services. In South Darfur, 20% of survivors were under the age of 18, including 41 children under five. In Tawila, North Darfur, 27% of survivors were under 18. Over 400 children arrived in Tawila without parents or guardians after 26 October, according to NRC.<sup>5</sup> **With such a significant proportion of survivors being children and adolescents, specialized and age-appropriate support is essential, including safe spaces for children alongside referrals to education and psychosocial support.**

<sup>5</sup> Sudan: One month after the attacks on Al Fasher, children arrive in Tawila without parents and traumatized, 27 November 2023, Norwegian Refugee Council



## Conclusion

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**Survivor testimonies in this report describe sexual violence in Darfur as occurring within an environment of impunity shaped by decades of conflict.** MSF data shows clear patterns in which sexual violence has coincided with periods of active fighting, perpetrated predominantly by RSF fighters. In these moments, sexual violence has become a feature of mass atrocities and collective punishment of civilians, disproportionately impacting women and girls, which has tragically come to define this brutal conflict. The accounts of survivors highlight the deliberate, coercive and degrading ways in which this violence is inflicted, often along ethnic lines.

Sexual violence does not subside after frontlines shift. On the contrary, it persists long after the fighting stops, sustained by the heavily militarized and insecure environment that people live in. For women and girls, this means the risk of sexual violence remains a constant of everyday life: in fields and places of work, on roads and within their own homes. And in the absence of a meaningful humanitarian or diplomatic response, survivors are left with no recourse for safety or accountability.

Communities have repeatedly articulated what is needed. Survivors and local agencies have called for accessible and confidential medical care; protection services and safe spaces that do not force women and girls into danger; and sustained support such as livelihood programming that enables resilience. Above all, they have demanded security, accountability and an end to the impunity that allows sexual violence to continue unchecked.

This report stands as a testament to the courage of survivors who have shared their stories at enormous personal risk. Yet these same individuals have been systematically failed by those mandated to protect them. International leadership has failed to muster the political will to end the war in Sudan and ensure the protection of civilians. UN agencies, international donors and international NGOs have not delivered a response commensurate with the scale and severity of the sexual violence in Darfur. **The cost of this failure is not abstract, it is found in the untreated trauma, preventable suffering and the enduring silence in which the majority of survivors are forced to live.**

## What survivors demand

**Note:** MSF convened focus groups discussions with 56 women's leaders, representatives, traditional birth attendants and midwives, researchers and activists, some of whom self-identified as survivors of SGBV, to discuss their recommendations for responding to the protection crisis in Darfur. The priorities these women themselves demanded are listed below.



**Most fundamentally, all forms of sexual and gender-based violence across Sudan must stop.** The sexual violence inflicted on the populations of South and North Darfur, at times systematically exercised by the RSF and its allies, cannot continue or be ignored. Impunity cannot persist, and prevention of abuse must be prioritized.



**The humanitarian response must prioritize prevention mechanisms** throughout its programming such as strengthened community-based protection mechanisms; awareness-raising and education for the community and for fighters regarding SGBV and its harmful impact; support to women's groups and women's rights movements; and providing families and community with guidance to reduce stigma. There must be increased respect for and knowledge of women's rights and the harm caused by SGBV.



**Survivors of SGBV must have urgent access to comprehensive, free, quality and confidential support and care:** This includes holistic survivor-centered medical care and psychological support; reliable access to services including livelihood and financial assistance; food aid; safe places for survivors as well as all women and girls to gather; support for the families of survivors; and specific child protection services. Safe, coordinated, and accessible referral pathways between actors must be implemented.



## Calls to Action

### **WARRING PARTIES ACROSS SUDAN, INCLUDING AFFILIATED GROUPS AND INDIVIDUALS:**

- All armed actors in Sudan's conflict must immediately stop inflicting SGBV and must hold their fighters to account.
- The authorities and the warring parties across Sudan must facilitate a humanitarian scale-up in Darfur, ensuring medical-humanitarian agencies and providers of non-medical protection services can safely operate. This means ensuring the unimpeded movement of aid and personnel cross-border, from neighbouring countries into Darfur, and cross-line, across front lines and areas controlled by different parties.
- Communities and authorities must listen to women, denounce SGBV and support survivors.

### **DONORS AND DIPLOMATIC ACTORS:**

- Those with influence on the belligerents must reinforce the primacy of international humanitarian law and the norm of civilian protection in an effort to halt sexual violence, to ensure the safe passage of civilians and to bring about accountability.
- Diplomatic actors, and especially those allied with the warring parties, must also wield their influence to expand humanitarian access to and within Darfur; including the use of political and economic diplomacy, or whatever other means may prove capable of stemming this violence
- Donors must increase funding to respond to the protection crises in South and North Darfur. The response should include the provision of medical and non-medical services for survivors of SGBV as well as community-based protection programming and concerted work to influence the behaviour of perpetrators, many of whom are armed, and to encourage accountability.
  - If the UN continues to struggle to be proximate to people in South and North Darfur, donors should instead channel funding directly to Sudanese NNGOs and CSOs, and INGOs with meaningful presence, capable of delivering safe and confidential services for survivors of SGBV.
- Donors must ensure sufficient resources reach the frontline providers of healthcare in Darfur. Funding is needed to cover the operational costs of healthcare facilities, including the salaries of staff, fuel and medical supply as well as for rehabilitation.

### **UN AGENCIES, INGOS, LOCAL COMMUNITIES AND AUTHORITIES:**

- UN agencies should be on the ground in Darfur in a far more permanent, meaningful and expansive way. The response requires active, in person and on-the-ground coordination, monitoring and technical leadership.
- UN agencies and INGOs must ensure the supplies, technical support and funding are available to ensure a rapid scale-up in medical and non-medical services for survivors of SGBV immediately in South and North Darfur. Moreover, insufficient basic assistance, such as food aid, is compounding this emergency.
- Relevant mandated bodies and independent accountability mechanisms must continue to document and raise the alarm regarding the SGBV being perpetrated in Sudan, holding to account the perpetrators in a bid to provide protection and to prevent further abuse. Efforts must also be expanded to deliver training on protection to the belligerents and their fighters and allied militias.



