

SPOTLIGHTING SUDAN: SEXUAL AND GENDER- BASED VIOLENCE IN THE CONTEXT OF WAR ISSUE BRIEF



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Introduction and Executive Summary

The ongoing conflict in Sudan, now in its third year, has produced one of the worst humanitarian crises globally, marked by widespread violence, large-scale displacement, and the collapse of basic services. The [war erupted in Khartoum on 15 April 2023](#), following a power struggle between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) – the two main factions of the military regime. Estimates of the war's death toll vary by source: the most conservative estimates, such as those by the World Health Organization, place it at 40,000, though it is widely agreed that the actual death toll is several times higher, with some sources putting it at [more than 150,000 deaths](#). The war has also resulted in the forcible displacement of at [least 12 million people](#).

On October 26, 2025, the Rapid Support Forces (RSF) seized El-Fasher, the capital of North Darfur, after besieging the city for 18 months and subjecting it to artillery bombardment. This has led to the collapse of central authority in Darfur and resulted in a severe humanitarian emergency. The fall of El-Fasher resulted in the [forced displacement of 82,000 people](#)—further expanding Sudan's catastrophic displacement crisis. New IDP camps are overcrowded, and survivors face acute shortages of shelter, food, and medical care. Women and girls face heightened vulnerability to SGBV, with risks further intensified by El-Fasher's isolation and the destruction of community support structures.

Approximately 30 million Sudanese people –around half the population – [are currently in need of humanitarian assistance](#). Delivering [cross-border aid in Sudan is highly restricted](#), and there are only occasional openings with many bureaucratic and security barriers on the borders with Chad, Egypt, Ethiopia, and South Sudan. Approximately 80% of hospitals are out of service, and two out of three people in Sudan lack access to essential health services. Furthermore, [3.5 million children](#) are currently malnourished, and [more than 90% of schools are shut down](#).

Armed groups have systematically perpetrated sexual and gender-based violence (SGBV) in this war, devastating communities across Sudan, with a [disproportionate impact on non-Arab ethnic groups](#). Survivors of [SGBV face multiple and overlapping adverse impacts](#)—including physical, psychosocial, and financial ones—which further entrench social exclusion and deepen existing inequalities among women and other marginalized groups affected by conflict and displacement. The absence of accountability for human rights violations, as well as inadequate medical and psychological care, contributes to underreporting and also exacerbates the adverse outcomes experienced by SGBV survivors.

Given that [hospitals have become targets for armed groups](#) that are often using them for military purposes, and the [overall decline of basic services](#), reproductive and maternal

services have also collapsed in Sudan. This has caused a surge in maternal mortality and minimal access to reproductive health services, as well as SGBV response and recovery services. The displacement, deteriorating and dire socioeconomic conditions, and shattering of protection systems that often ensue as a consequence of war have also led to a rise in child trafficking and early marriage. The collapse of the judicial system and law enforcement across Sudan, and especially in conflict zones, has led to a total lack of accountability, [effectively emboldening the perpetrators](#) to continue committing violations.

Despite all of the above, Sudan has received comparatively little humanitarian funding, international news coverage, or sustained efforts towards securing a ceasefire and peace agreement. In the context of these pressing and urgent needs, Sudanese women-led organizations (WLOs) are critical service providers to the most vulnerable and affected members of their communities, offering maternal and reproductive health care, as well as holistic support for survivors of SGBV. However, due to the highly insufficient percentage of aid allocated to WLOs and drastic funding cuts affecting the civil society sector more broadly, WLOs are severely underfunded and at risk of soon becoming inoperative. Addressing the mass atrocities afflicting Sudan requires immediate collaborative efforts among international stakeholders to pressure Sudanese armed groups to uphold international humanitarian law and international human rights law. Immediate action is needed to halt the supply of weapons, hold all perpetrators of international crimes accountable, implement a comprehensive global humanitarian response, and consolidate the efforts of women-led organizations in supporting affected communities.

Methodology

The issue brief comprises information gathered from a consultation and a panel discussion with Sudanese women human rights defenders (WHRDs) who direct grassroots organizations in Sudan and neighboring countries, as well as experts from the Independent International Fact-Finding Mission for the Sudan (FFM). Consultation, panel discussion, and interviews took place in two phases over several months in late 2024 and 2025. The perspectives and expertise of Rasha Ahmad (Executive Director of Collaboration for Peace), Suhair Mahdi (Executive Director of Human Security Initiative), Hind Mahmoud (Secretary-General of the Sudanese Women's Health Organization), Mareb Zakaria, (Executive Director of Bihyriat Community Foundation), and Josiane Gedeon (Sexual Violence Investigator at the FFM for Sudan) greatly enhanced this brief. The brief analyzes and synthesizes information received from consultations and discussions, supplemented with interviews and desk-based research, to present cross-cutting patterns and trends.



Profiles of Participating Women-Led Organizations

Collaboration for Peace

- Provides psychological and medical support to women and girls affected by sexual violence in Sudan.
- Focuses on legal awareness so women know the laws that should protect them from violence.
- Relies on strong community relationships to keep services going despite displacement and security threats.

Bihyriat Community Foundation

- Offers psychosocial support to women and internally displaced women, and helps them adapt in host communities.
- Runs a protection project that supplies sanitary pads and hygiene items to about 1,500 women per month and operates mobile clinics for pregnant women that include psychological support and essential medicines.
- Monitors and documents violations, provides safe spaces and awareness sessions, and builds survivor networks through a vast local women's community network and multiple partners.

Human Security Initiative

- Inside Sudan, it mainly monitors and compiles reports on violations against women and children, as direct intervention is too dangerous.
- In Cairo, it offers psychosocial support to displaced and refugee women and girls, as well as basic humanitarian aid (blankets, food, and essentials) and legal awareness sessions.
- Supports or connects with programs in displacement areas that provide child-friendly activities, psychosocial support, and parenting sessions on child protection.

Sudanese Women's Health Organization

- A specialized reproductive health organization that provides obstetric fistula surgery completely free (consultation, surgery, transport from anywhere in Sudan, accommodation, and follow-up).
- Trains doctors, offers comprehensive care for women, supports girls with disabilities, and advocates against harmful practices such as FGM.
- Since the war, it also delivers humanitarian and financial support to displaced Sudanese inside Sudan and in Egypt, and runs limited programs for pregnant women and some psychosocial support for survivors of sexual violence, constrained by stigma and lack of resources.

Research, Results & Conclusions

Systemic Sexual and Gender-Based Violence (SGBV)

Since April 2023, Sudan's armed factions—primarily the RSF—have systemically employed sexual violence as a weapon of war, using it to terrorize, destabilize, and displace communities. The UNFPA has [documented hundreds of cases](#) of rape, abductions, and sexual slavery. Reports from various organizations state that many Sudanese women and girls have been subjected to multiple forms of SGBV, including sexual exploitation, rape (including gang rape), sexual slavery, and forced marriages. Violations have taken place in conflict zones and in the course of attacks on cities and towns, as well as at internal displacement camps, and in neighboring countries hosting Sudanese refugees. Displaced women and girls in places such as Khartoum, Darfur, and Kordofan have been particular targets. Internally Displaced Persons (IDP) and refugees are at greater risk of sexual violence, and women and girls in particular experience heightened vulnerability. Victims' ages range from young girls to elderly women, and cases of SGBV against women and girls with disabilities [have also been documented](#).



Photo (C): UNFPA Sudan

Sudanese WHRDs who were interviewed stressed that SGBV has become 'normalized' within the conflict, with women and girls being targeted within 'frontline' and supposedly 'safe' areas. Furthermore, [in places like Darfur](#), SGBV has been ethnically targeted against non-Arab groups like the Masalit and Zaghawa. The RSF and affiliated Arab militias

have committed massacres, sexual violence, and forcibly displaced populations as part of a campaign of ethnic cleansing - as well as [atrocities that may amount to genocide](#). Reports indicate that the RSF committed mass executions in El-Fasher, Darfur, as well as widespread sexual violence, summary detentions, and violations targeting non-Arab communities. Many survivors described rape, forced marriage, and killings inside the city and in displacement camps. Human rights groups report the RSF is restricting movement and preventing civilians, particularly men, from fleeing. In Darfur, [sexual violence has taken place through acts of cruelty](#) that utilized firearms, knives, and whips to intimidate or coerce, as well as racist and sexist slurs to humiliate victims. Many victims, who were often targeted based on gender or ethnicity (real or perceived), [were beaten and lashed simultaneously](#).

“Sexual and gender based violence cases have increased. In Merowe, a man killed his wife in front of her workplace by stabbing her due to a dispute, and a teacher in Al-Ubayyid raped his 7-year-old student. War and the targeting of women have created a new culture that permits and encourages violence against women.”

— Rasha Ahmed

Victims of SGBV are left to cope and contend with the multiple and rather severe impacts of these violations, which can include debilitating injuries resulting from rape, that at times may even lead to death. [Women and girls are burdened](#) with unwanted pregnancies, sexually transmitted infections, and deep psychological distress, including PTSD, depression, anxiety, and insomnia. In some cases, the [psychological toll of these violations has led to suicide](#). SGBV survivors face many barriers when trying to access medical and abortion services and psychological support. In fact, [many experts believe that SGBV cases are underreported](#), due to feelings of shame and fear, as well as insufficient access to services and justice avenues. In addition, the fear of reprisals from armed groups, concern about ostracization or even punishment from family members and the community, as well as lack of trust and confidence in the probability of prosecution of perpetrators, keep survivors from reporting violations.

Child Trafficking and Early Marriage

An increase in poverty, mass displacement, and the breakdown of social systems results frequently from protracted conflicts, which, in turn, lead to a rise in child marriage and trafficking. Sudan has been no exception in this regard, and in fact, it currently ranks among [countries with the highest rates](#). Abject poverty and other consequences of displacement have pressured many families into marrying off their daughters at a young age, who have come to view it as a necessary economic and protective measure. This practice stems from deeply embedded patriarchal beliefs regarding women's honor, such that fears of social ostracization and other backlash associated with a daughter's possible exposure to sexual violence make marriage, as a protective measure, a preferable option. Experts note that [higher rates of child and forced marriage often result from](#) families being separated by conflict and displacement, as well as gender-based violence, including rape and unwanted pregnancies.



Anuak children in Gorom Refugee Camp in South Sudan. [Photo credit: Andreea Campeanu/ICIJ]

Forced marriages frequently occur after a young girl has been abducted or in exchange for small amounts of money for a girl whose family is in dire need. Families who fear that their daughters will be abducted and subjected to sexual violence often feel compelled to marry them off prematurely to potential suitors or armed actors to avoid the social stigmatization that would follow cases of abduction and sexual violence. Given the extent of hardship and economic insecurity, some families also agree to marriages in exchange for small amounts of money or protection. Interviewees emphasized that extreme poverty, displacement,

and fear created by the war are driving families to arrange early and forced marriages as a survival strategy.

Such marriages are usually not officially registered or recognized by the government and therefore do not provide legal protection, leading to severe consequences for underage girls.

“During the war, women were subjected to severe violations and used as tools of humiliation. Many incidents occurred, and entire communities were displaced, leaving everything behind—including their daughters’ futures. Many girls now have no present, past, or future. Those outside Sudan often have no education or work, and do not think of continuing their studies. Even young girls are out of school due to financial burdens. Families fled simply to protect their daughters and their honor. Nothing was more important to them. In a study we conducted, when asked ‘Why did you flee?’ the answer was: ‘We have daughters.’”

- Hind Mahmoud, Sudanese WHRD

This highlights how traditional norms, gender-based violence, and heightened militarization reinforce each other in ways that increase women and girls’ vulnerability and reduce their legal protection and autonomy.

Displaced children are at heightened risk of trafficking for sexual exploitation, and children are often abducted from displacement sites, markets, and shelters, amidst the collapse of protection systems. Both consultations with WHRDs and findings by the Fact-Finding Mission indicate that displaced children, especially girls, are at increased risk of trafficking for sexual exploitation and forced labour, including in gold mining and as child soldiers. In several RSF-controlled areas, women’s rights defenders described patterns where girls are effectively treated as commodities—abducted, forced into marriage or sexual slavery, or exchanged for small sums of money or “protection,” in conditions that amount to the sale and purchase of children. The highest rates of trafficking of children, and particularly girls, are taking place in areas controlled by the RSF. Experts state that children are also being trafficked for labour exploitation, particularly in gold mining, as well as being recruited for combat by armed factions. The absence of security and oversight in displacement sites and refugee camps allows for such exploitative and illegal activities to take place with ease.

As a result of these violations, children have lost out on education, suffer from complex trauma and chronic PTSD, depression, and anxiety, and face multiple physical health risks. Prevention and intervention mechanisms are becoming increasingly complex due to collapsed government institutions and weak law enforcement mechanisms, as well as continued impunity for perpetrators committing these crimes.

Reproductive and Maternal Health Challenges

The ongoing fighting has [devastated Sudan's healthcare system and infrastructure](#), as armed factions target hospitals and medical facilities, sometimes using them for military purposes. This has led to a drastic decline in women's access to critical maternal and reproductive health services. Moreover, armed factions often obstruct the delivery of life-saving aid, subsequently impacting [women's access to maternal and reproductive care](#). Women and girls are also particularly affected by a lack of access to clean water, sanitation, and menstrual hygiene products. WHRDs who work in health service provision described a collapse in access to maternal and reproductive care and noted that major public hospitals such as Khartoum Hospital and Soba University Hospital have closed or been heavily damaged, with essential medical equipment looted, forcing many women to give birth in overcrowded displacement camps or at home in unsafe, unhygienic conditions. WHRDs and their initiatives have tried to fill these gaps by offering reproductive health services, obstetric fistula surgeries, training for medical staff, and targeted care for girls with disabilities in Sudan and in exile communities such as Cairo, but stressed that needs far outstrip their current capacity.

Mass displacement of the population has forced pregnant women to flee to overcrowded camps with inadequate maternal healthcare. Most [women and girls are giving birth outside of healthcare facilities](#), often in IDP camps, under unhygienic conditions, where they run a much higher risk of contracting postpartum infections, which can lead to increased maternal and child mortality. The shortage of medicine and unsafe childbirth conditions in camps have increased the rates of sepsis, hemorrhage, and birth-related psychological trauma. Moreover, the UNFPA estimates that around 1.2 million pregnant and breastfeeding women are facing acute malnutrition, and most do not have access to healthcare services.

SGBV survivors struggle to access critical medical care, including emergency contraception, post-rape treatment, and psychosocial support. The [scarcity of healthcare facilities and trained medical workers](#) on SGBV response and recovery is making conditions significantly worse. As a result, survivors are resorting to unsafe methods for abortion, placing them at higher risk of infections and complications, which often result in death.

"The situation for women's health in Sudan has deteriorated greatly due to the ongoing war and mass displacement. At the start of the war, hospitals, including the only maternity hospital, were occupied or damaged, critical medical equipment was stolen, and ambulance services were lost. Even now, while some private clinics have reopened in safer areas, public hospitals are still not fully operational. The conditions in El Fasher are tragic, and urgent action is needed to restore reproductive and maternal health services for women and girls." - Suhair Mahdi, Sudanese WHRD

Resource Constraints for Women-Led Organizations

Local women-led organizations (WLOs) in Sudan and neighboring countries are crucial for supporting the increasing number of women and girls in dire need of assistance and services. However, they are facing increasingly significant challenges. According to a UN Women report, [almost half of women-led groups operating in crisis regions](#), including Sudanese ones, are at risk of having to shut down due to sharp funding cuts and the global rise of right-wing governments. In 2024, women-led groups operating in crisis received only [a meagre 0.3% of bilateral humanitarian aid](#). During the consultations, WHRDs described WLOs as “first responders” who provide essential, life-affirming services in areas where international actors are largely absent. Such organizations deliver psychological and medical care to survivors of sexual violence, legal awareness for women, distribution of dignity and period kits, and economic initiatives such as supporting women’s small businesses and organizing women’s markets. They face ever-increasing funding shortages, and several have had their staff struggle to meet their own basic needs of food, income, and safety while still trying to keep services running. Limited resources are constraining the services of Sudanese WLOs and grassroots initiatives to essential services only, at a minimal capacity. Staff members face continued security threats as armed groups sometimes target their centers, creating more obstacles to service provision. [WLOs themselves struggle to meet their own basic needs](#) around food, income, and safety, and are also coping with psychological trauma.

“We prioritize the protection of Sudanese women defenders and women more generally. Women in Sudan urgently need protection due to widespread violations. Women are being used as instruments of war, and these violations increase daily. As areas fall or conflict intensifies, violations become more severe and take new forms, including torture. The current priority is a clear and defined provision to protect women and human rights defenders, granting them meaningful protection.” Mareb Zakaria, Sudanese WHRD



Policy Implications/Recommendations for International Stakeholders, including Governments, the UN, and Funders

Justice and Accountability and a Pathway for a Political Solution

- Pressure all parties to the conflict, including external backers such as the UAE, to promptly end international crimes and rigorously uphold international humanitarian and human rights laws.
- Implement an immediate and comprehensive arms embargo to halt the sale of weapons and ammunition from state and corporate actors—including the UAE and other external suppliers—to Sudanese parties to the conflict.
- Press for military de-escalation, a permanent ceasefire, and a mediation process that aims for a sustainable and just political solution.
- Press for urgent international action to protect civilians trapped in El-Fasher, ensure humanitarian corridors for relief, and hold those responsible for war crimes and mass atrocities accountable under international law.
- Empower independent monitoring bodies to document abuses and to report to international human rights forums periodically.
- Establish and bolster a comprehensive and gender transformative justice and accountability process for international crimes committed, to hold all perpetrators accountable, regardless of their political affiliation.
- In coordination and consultation with Sudanese WLOs, create localized and effective prevention mechanisms to tackle SGBV, child marriage, and trafficking.

Global Humanitarian Response

- Press for the safe and unhindered delivery of humanitarian aid to Sudan, and prioritize cross-border and cross-line humanitarian assistance, focusing on groups most in need, such as women, children, and marginalized ethnic communities.
- Expand international aid tailored to the specific needs of women and girls in conflict zones.
- Foster trust-based partnerships between international NGOs and local organizations to ensure conflict-sensitive and gender-responsive interventions.
- Working in collaboration with Sudanese de facto authorities, support rebuilding healthcare infrastructure and facilities, including reproductive and maternal health services.
- Provide sustained holistic services to survivors of SGBV, particularly those who are structurally excluded and in hard-to-reach areas, such as non-Arab ethnic communities.

Empowerment of Women-Led Organizations:

- Support WLOs and grassroots initiatives with long-term and flexible funds, focusing on strategic core support rather than project-based funding.
- Deliver tailored training and technical support to consolidate WLOs' ability to assist survivors and advocate for structural changes.
- Amplify the voices and perspectives of WHRDs, especially in international policy forums, and include WHRDs in international spaces where the situation in Sudan, including peace negotiations, is discussed.
- Establish holistic protection programs for WHRDs and women at risk that provide safe housing, psychosocial support, legal aid, and secure communication so they can continue their activism safely.
- Create dedicated international protection mechanisms and emergency funds for WHRDs, including rapid response grants, temporary relocation, and trauma-informed mental health support.



Femena supports women human rights defenders, their organizations and feminist movements in the Southwest Asia and North Africa (SWANA) region. Femena's work is particularly focused on contexts where civic space is shrinking or closed, as well as contexts impacted by authoritarianism, conflict, extremism and fascism. Femena aims to raise awareness about the impact of these trends on women, feminist movements and civic organizing. Femena's country and regional reports provide analysis about trends in the region, especially those that pushback on women's rights and target feminist movements. These reports also provide recommendations on how to support women's rights, women human rights defenders at risk and protect civic space, while strengthening feminist movements.