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HUMAN
RIGHTS
WATCH

“Khartoum is not Safe for Women!”

Sexual Violence against Women and Girls in Sudan’s Capital



“Khartoum is not Safe for Women!”

Sexual Violence against Women and Girls in Sudan’s Capital

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“Khartoum is not Safe for Women Anymore!”

Sexual Violence against Women and Girls in Sudan’s Capital

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Summary

A doctor in Sudan's capital, Khartoum, working to support the city's many survivors of sexual violence recounted the ordeal of a woman who was raped by several members of the Rapid Support Forces (RSF) who came to her clinic. "When the woman found out she was pregnant, her husband expelled her and took away their children. She was left on the streets." The doctor said that the survivor came seeking an abortion, with the hope that it would help her get her children back, "but the director at the hospital did not agree to the procedure. We referred her to another hospital, but they couldn't do the procedure because they didn't have an obstetrician. After the pregnancy exceeded four months, we had to offer her psychological support so that she could accept the condition. It was the only option available to us," said the doctor.

Conflict broke out in Sudan's capital, Khartoum, on April 15, 2023, between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), an independent military force, and rapidly spread to other parts of the country. The capital city has witnessed intense fighting ever since.

The parties have used explosive weapons in civilian areas across Khartoum, indiscriminately shelled, and in the case of SAF, used air-dropped bombs in civilian neighborhoods and against essential infrastructure, leaving the capital in ruins.

The RSF have entrenched themselves in Khartoum's residential areas, where they have occupied homes, businesses, and essential infrastructure, notably healthcare facilities. In areas over which they exercise control, the RSF have committed serious violations of international humanitarian law, including widespread sexual and gender-based violence, as well as unlawful detention and confinement of civilians, and pillage.

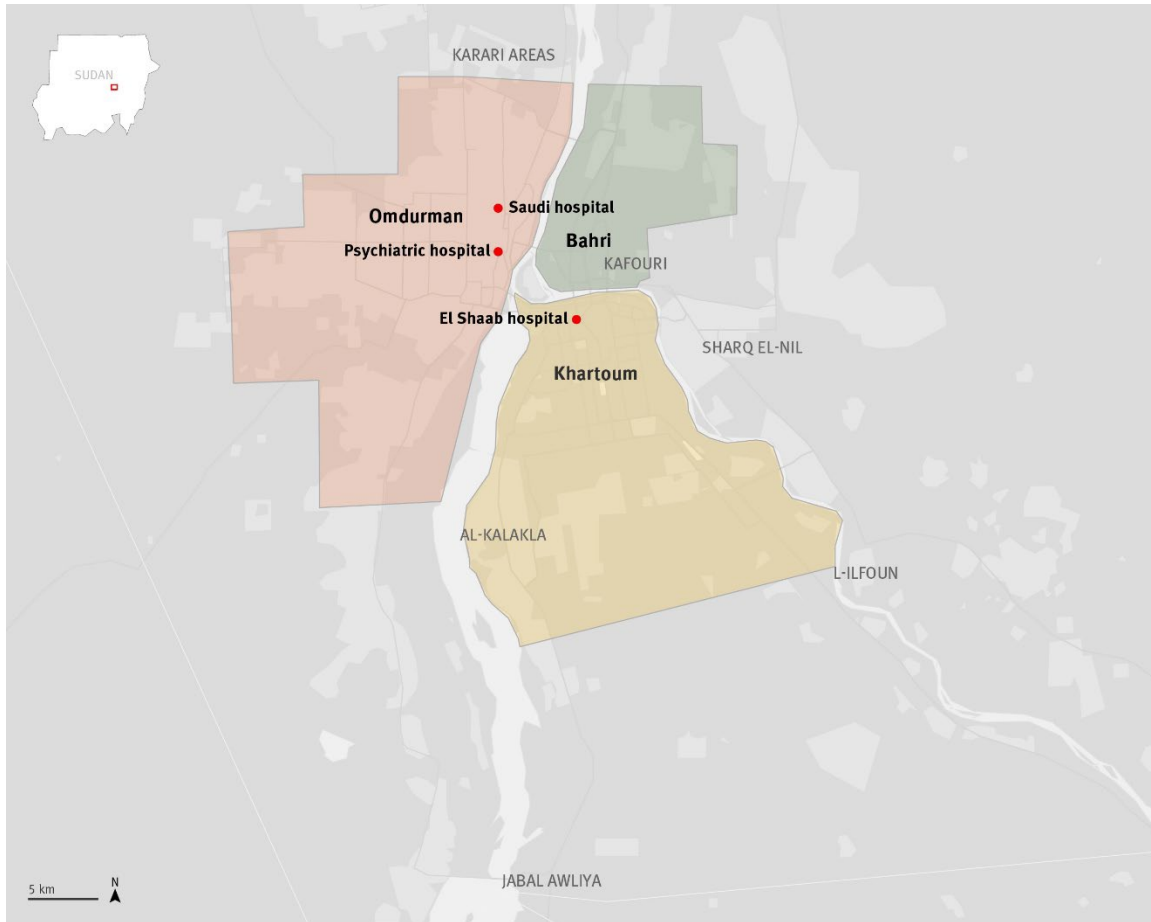
This report documents widespread conflict-related sexual violence in Khartoum and its sister cities of Bahri and Omdurman since the conflict's onset as witnessed by service providers to survivors of that sexual violence. It finds that warring parties have subjected women and girls, from ages 9 through to at least 60, to widespread sexual violence, including rape and

gang rape. Women and girls have also been subjected to forced marriage and child marriage. Men and boys have also been victims of sexual violence. It describes the impacts of sexual violence on survivors including health impacts. It also details the lack of emergency post-rape health care, psychosocial support, and other services due to warring parties' attacks on health care, healthcare workers and local responders, restrictions on civilians' movement, ongoing fighting in populated areas, and the willful obstruction of aid.

The sources of information for this report are mainly services providers. Between September 2023 and February 2024, Human Rights Watch conducted 42 interviews with service providers, including healthcare workers, as well as social workers, counsellors, lawyers, and members of local “emergency response rooms” volunteers. Eighteen health care providers interviewed by Human Rights Watch said they had provided direct medical care, psychosocial support to survivors of sexual violence, or managed individual incidents, and said they cared for a total of 262 survivors of sexual violence between April 2023 and February 2024.

It is of paramount importance to hear directly from survivors themselves, and their experiences, views, and demands should be heard in a safe and dignified manner. This report, however, with few exceptions, does not provide the voices of survivors themselves. Access to the areas where these crimes are being committed is severely limited, as is availability of services for survivors, and there are serious logistical and ethical challenges with interviewing survivors of sexual violence remotely in this context. These circumstances make it very difficult to conduct research directly with survivors in an ethical manner at this time. For those reasons, Human Rights Watch has prioritized interviewing service providers as a means to document these crimes urgently.

The report focuses on events in Khartoum, Bahri and Omdurman, which at the time the research was conducted, were largely under RSF control, although some areas came under SAF control around January 2024 onwards.



Service providers interviewed by Human Rights Watch, attributed most cases of conflict-related sexual violence to RSF members, based on accounts provided by survivors and the fact that the RSF exercised control over the residential areas of Khartoum where most cases of sexual violence they responded to occurred. Fewer cases were attributed to SAF members. Services providers described particularly high levels of sexual violence in populated areas of Khartoum North and Omdurman, including by SAF after it regained control of parts of Omdurman in January 2024.

Several service providers said that survivors and community members were scared to report incidents involving SAF forces, notably because they were concerned the SAF-aligned authorities would dismiss their claims.

Many survivors told the medical providers that they were raped by multiple perpetrators, involving up to five RSF fighters. RSF have also seized women and girls from their homes,

streets, and workplaces, and detained or confined them in homes and other facilities they occupied in Khartoum and its sister cities.

RSF members sexually assaulted women and girls in front of their family members, adding to the trauma experienced by victims and witnesses and potentially compounding stigma and other social consequences for survivors. “We received a case of a mother and her four daughters who were raped in front of their father and brothers. They were not able to leave their home as the RSF placed them under some sort of house arrest. These women were raped repeatedly for days. One of the daughters was pregnant when they were able to reach us,” said a health worker in Khartoum.

The RSF also subjected women and girls to forced and child marriage in Khartoum. In some instances, relatives acquiesced to these marriages in the belief that doing so might protect a woman or girl from rape outside of marriage, or for financial reasons.

The physical, emotional, social, and psychological scars left on the survivors are immense. Healthcare workers told Human Rights Watch that they encountered survivors seeking assistance for debilitating physical injuries they sustained due to the violence of the rapes and gang rapes, including vaginal bleeding, bruises, and other physical trauma. In at least four cases, these physical injuries led to the victims’ death. Many survivors sought to terminate their pregnancy when they became pregnant from rape; these survivors could not necessarily access abortion care.

The women, men and children who survive these abuses also face mental health consequences. Survivors described or showed symptoms consistent with post-traumatic stress and depression, including suicidal thoughts, anxiety, fear, and sleeplessness. “I spoke to a survivor who was raped and had just discovered she was 3 months pregnant,” explained a psychiatrist who supported over 40 survivors of rape between April and November 2023. “She was clearly traumatized and shivering—afraid of how her family would react. She said to me, ‘If they discover my situation, they will kill me.’”

Despite the serious harm to the health of survivors, they face huge obstacles in accessing critical and comprehensive emergency health care, including emergency contraception, post-exposure prophylaxis, abortion, and psychosocial support.

Warring parties' deliberate attacks on healthcare facilities, medical personnel and local responders, and unlawful restrictions on medical supplies have impeded access to critical care.

SAF forces have used air-dropped munitions and both parties have shelled health facilities in Khartoum while RSF have been present in and around health centers and occupied hospitals. A doctor from a hospital in Khartoum providing essential services to survivors of sexual violence explained the hospital's relocation in October 2023, because of incessant harassment by the RSF: "The RSF continued to be present around the hospital for weeks. They would search us, the health staff, insult us and shoot around our legs when we tried to enter or leave our hospital. That added to the continued threats, looting of [the belongings of] patients along the way as they tried to reach the hospital, forced us to close the hospital and move to a place where the RSF was less present."

Ongoing fighting throughout densely populated areas of Khartoum and its sister cities as well as warring parties' restrictions on civilians' movement have also hampered survivors and responders' ability to safely move around and access care.

Willful obstruction of assistance, widespread looting, and a very limited international aid presence have contributed to a general lack of medical supplies and trained medical professionals. Interviewees believe that most survivors had missed urgent interventions that must take place within days of the rape, including emergency contraception (120 hours) and prophylaxis against HIV infection (72 hours). Service providers said they had to adapt the treatment protocol to respond to the context and raised concerns about limited access to post-exposure prophylaxis (PEP) critical to preventing HIV/Aids infections and medication to prevent immunoglobulin and Hepatitis B infections.

Both warring parties have prevented a comprehensive response to gender-based violence. SAF has willfully restricted humanitarian supplies, including medical supplies, and aid

workers' access, including by imposing a de facto blockade on drugs entering RSF-controlled areas of Khartoum since at least October 2023, in violation of international humanitarian law. The RSF have pillaged medical supplies, a potential war crime.

Local responders, including health professionals and volunteers working in community-level networks notably the emergency response rooms, have borne the brunt of the response to this sexual violence crisis. Both warring parties have intimidated and arbitrarily detained doctors, nurses, and emergency care responders because of their work, including providing support to survivors of rape. RSF members have on occasion also perpetrated acts of sexual violence against providers of health care and other services.

The RSF have also tried to prevent their acts of sexual violence from being documented or reported. In the early months of the conflict, RSF members detained a health professional from a hospital in Khartoum, questioned her for several hours, and threatened her. According to a healthcare provider, an RSF member who detained her said: "You should not provide information about us to the health ministry or to the United Nations. The sexual violence cases you are reporting about should not be reported and you should stop receiving SGBV victims in the hospital.... I can kill you right here right now if I want to, you should be careful and stop sending reports."

Limited communications in Khartoum since the conflict's onset, including an internet shutdown for several weeks in late January, has also hampered the response, particularly survivors' access to psychosocial care provided remotely, sometimes with deadly results. A doctor working in an emergency response room said:

A girl contacted us through our social media page and reported that another girl had been raped a few days before. She said the survivor was in a bad mental state. The fighting was heavy in the area, and we were unable to connect on the same day due to the interruption of the internet and the communications network. Colleagues in the area where the report came from attempted to search the neighborhood but did not find the victim's whereabouts. Two days later, when the communications network returned, we learned that the victim had committed suicide.

In a context of decades of widespread impunity for sexual violence by security forces, the opportunities for justice for survivors have always been slim. But the collapse of the police and justice systems in Khartoum from the conflict's onset has created even greater barriers to redress for victims while restricting survivors' ability to access critical medical care, notably abortions which are permitted legally in cases of rape but are subject to a requirement under the 1991 Criminal Procedures Act that the rape first be reported to police.

Conflict-related sexual violence, such as that documented in this report, is a serious violation of international humanitarian law, or the laws of war, and a war crime. Sexual violence and forced marriages may also constitute crimes against humanity when committed as part of a widespread or systematic attack on a civilian population, such as that occurring in Sudan.

Deliberate attacks on healthcare facilities, medical personnel and local responders, being attacks on civilian targets are war crimes, and are also included as a distinct separate war crime under the statute of the International Criminal Court. Willful obstruction or arbitrary restriction of humanitarian aid is also a violation of international humanitarian law and in some circumstances could amount to a war crime.

On July 23, RSF spokesperson, Lt. Col. Al-Fateh Qurashi, responded to Human Rights Watch's right to reply letter. In his response he states that the RSF "has always taken all necessary measures to prevent sexual violence and all other forms of violence that constitute human rights violations" and is "strictly committed to all international conventions and treaties related to human rights and international humanitarian law." He explicitly rejects claims that the RSF occupies any hospitals or medical centers in the three cities of Khartoum State. He also provided documents that include general instructions on respect for international humanitarian law, but do not explicitly prohibit conflict-related sexual violence. The response failed to concretely address the allegations of sexual violence, or provide evidence that they have carried out effective investigations into allegations of sexual violence by their forces, far less hold any to account.

Despite evidence of the wide-scale occurrence of sexual violence in Khartoum and elsewhere, there has been little meaningful regional or international response. The UN and

African Union (AU) have established mechanisms to address conflict-related sexual violence, including at the level of the UN Security Council, but have so far failed to adequately engage these mechanisms on the situation in Sudan. UN Security Council members, including the three African members of the Council, should request regular briefings on Sudan by the special-representative of the secretary-general on conflict-related sexual violence, and the special-representative of the secretary-general on children in armed conflict, as a first step toward ensuring that those responsible are held to account and should press for the strengthening of monitoring and reporting systems on conflict-related sexual violence.

But monitoring and reporting is not enough given the intransigence of the warring parties and their ongoing unlawful tactics of war. The many women, men, and children at imminent risk of abuses or who have survived rape and other forms of sexual violence since war broke out in Sudan should know that the world is willing to act urgently to protect them. The UN and the AU have been tasked to work together on civilian protection, and they should urgently authorize a civilian protection mission for Sudan, giving it a mandate that includes prevention and documentation of conflict-related sexual violence, as well as assistance to survivors, with robust expertise and resources for these tasks.

UN Security Council members and other concerned governments should also sanction those found to be responsible for sexual violence, targeting of healthcare facilities and health workers and local responders, and for willful obstruction of humanitarian aid.

Governments, including UN Human Rights Council members, and Sudan's neighbors, should actively support the Independent International Fact-Finding Mission (IFFM) for the Sudan to identify those responsible and advance accountability and reparations for egregious crimes as well as support the International Criminal Court (ICC) investigation related to crimes taking place in Darfur. Investigations should be adequately resourced and provided with the necessary expertise to examine all forms of gender-based violence, attacks on health facilities, intimidation of service providers and obstruction of humanitarian assistance and take a survivor-centric approach in their investigations and recommendations.

International donors should significantly increase funding for national and international protection and gender-based violence responses in Sudan and in neighboring refugee hosting countries, including by bolstering their assistance going directly to local responders, notably emergency response rooms, and women’s rights and legal aid groups seeking to support survivors, many of whom are the only entities able to operate in the current environment. They should commit to providing support and resources for the long-term rehabilitation of the healthcare system, including for clinical management of rape, and for the short and long-term needs, including mental health and psychosocial service needs and financial needs, of survivors of gender-based violence, their families, and communities.

Recommendations

To the Warring Parties:

- All parties to the conflict should respect international law, including by enforcing a zero-tolerance policy for sexual violence and ensuring that anyone responsible for sexual violence be appropriately held to account.
- Both warring parties should immediately stop their attacks on healthcare facilities, physical attacks and threats against, and obstruction of the work of health workers and attacks on healthcare and service providers in accordance with international humanitarian law and international human rights law.
- All warring parties should urgently allow rapid, full, and safe access to humanitarian aid throughout all conflict-affected areas, including crossline and cross-border, in compliance with international law. This includes facilitating the provision of the supplies and staff necessary for comprehensive clinical management of rape and provision of services to survivors.
- The Sudanese Armed Forces (SAF) should lift broad restrictions on medical supplies, and humanitarian access notably in areas under Rapid Support Forces (RSF) control. The RSF senior leadership should impose and enforce an immediate ban on looting of aid supplies in areas under their control. Both should immediately end their harassment, intimidation, and attacks on local responders.
- Sudan's authorities, including de facto authorities, throughout the country should lift bureaucratic impediments, notably requirements still enforced that survivors create police and prosecutorial reports, which hamper access to emergency medical interventions, including safe abortion, in cases of rape and ensure simplified procedures are enforced.

To United Nations Security Council:

- Publicly call on the warring parties to end sexual violence and attacks on humanitarian operations, including healthcare service providers and local responders.

- Publicly call on the warring parties to end willful obstruction of humanitarian supplies and personnel, including by immediately lifting bureaucratic restrictions. Notably, restrictions on crossline and cross-border movement, excessive bureaucratic checks of aid supplies, and lengthy processes around visa and movement passes, and attacks on healthcare professionals and facilities. This includes ensuring the provision of the supplies and staff necessary for comprehensive clinical management of rape and provision of services to survivors.
- Call on the UN secretary-general to immediately begin inclusive consultations with the AU Commission as envisaged by UN Security Council resolution 2736 to prepare options for a civilian protection mission for Sudan, recognizing the need for deploying a mission as soon as possible. The options developed should:
 - Include a robust mandate to protect civilians, focused on key locations where civilians are most at risk of deliberate attacks, including in Darfur, to monitor violations of human rights and international humanitarian law including sexual and gender-based violence and willful obstruction of humanitarian assistance, and lay the groundwork for the safe return of those displaced.
 - Consider how to best deliver the resources and expertise to address widespread sexual violence, including: prevention; provision of comprehensive services to all survivors; and documentation.
- Impose targeted sanctions, including travel bans and asset freezes, against commanders and perpetrators responsible for sexual and gender-based violence, as well as on commanders and officials willfully obstructing humanitarian assistance, attacking health care, and targeting humanitarian and health workers and local responders.
- Call for the establishment of Monitoring, Analysis and Reporting Arrangements (MARA) as per UN Security Council resolution 1960; ensure the UN system has the resources to effectively roll out MARA and report to the UNSC to ensure prompt responses to ongoing conflict-related sexual violence.
- Request an immediate briefing from the UN special representative of the secretary-general on sexual violence in conflict following her trip to Sudan and the region.

- Call on the UN special representative of the secretary-general on children and armed conflict to conduct a fact-finding mission and to provide formal briefings to the UN Security Council, including its Sudan sanctions committee.
- Continue to invite survivors of sexual violence and organizations responding to the sexual violence crisis in Sudan to brief the Council.
- Hold parties to account for violations of international humanitarian law and actively urge governments to support ongoing international investigations into events in Sudan, notably by the UN Independent International Fact-Finding Mission on Sudan, and the International Criminal Court's investigations into crimes in Darfur. These investigations should be adequately resourced to document and advance accountability and reparations for all forms of gender-based violence, attacks on health facilities, health workers and local responders, and other serious violations of international humanitarian law. Witness protection measures should be prioritized.

To the UN Human Rights Council:

- Ensure full renewal of the Independent International Fact-Finding Mission for the Sudan and ensure it has necessary resources and support to document, collect, and preserve evidence of crimes, including conflict related sexual violence, forced marriage, and attacks on humanitarian services.

To the UN Secretary-General:

- Establish Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence in Sudan.
- Urge the personal envoy of the secretary-general on Sudan to work with the UN Secretariat and counterparts at the regional level, including the AU Chairperson's office, the AU High-Level Panel on Sudan and AU Special Envoy for the Prevention of the Crime of Genocide and Other Mass Atrocities, as part of ongoing efforts to prepare options for a civilian-protection mission to be deployed as soon as possible with special attention to the protection needs of women and girls.

- Ensure that adequate resources are made available to the office of the personal envoy of the secretary-general on Sudan, including a team with strong expertise on human rights, civilian protection, sexual and gender-based violence and the needs of survivors.

To the African Union Peace and Security Council:

- Publicly call on the warring parties to end widespread sexual violence, and attacks on humanitarian operations, including healthcare service providers and local responders.
- Publicly call on the warring parties also to end willful obstruction of humanitarian supplies and personnel including by immediately lifting bureaucratic obstacles, and attacks on healthcare professionals and facilities. This includes ensuring the provision of the supplies and staff necessary for comprehensive clinical management of rape and provision of services to survivors.
- Call on the AU Commission and UN secretariat to immediately update the AUPSC on civilian protection plans as requested during the June 21 AUPSC Heads of States meeting, and to urgently develop options for a civilian protection mission for Sudan, recognizing the need for deploying a mission as soon as possible. The options developed should:
 - Include a robust mandate to protect civilians, focused on key locations where civilians are most at risk of deliberate attacks, including in Darfur, to monitor violations of human rights and international humanitarian law, including sexual and gender-based violence and willful obstruction of humanitarian assistance, and lay the groundwork for the safe return of those displaced.
 - Consider how to best deliver the resources and expertise to address widespread sexual violence, including: prevention; provision of comprehensive services to all survivors; and documentation.
- Invite the African Committee of the Experts on the Rights and Welfare of the Child (ACERWC), the African Commission on Human and Peoples Rights (ACHPR), the AU Special Envoy for the Prevention of the Crime of Genocide and Other Mass

- Atrocities, and the AU High-Level Panel on Sudan to regularly brief the Council on Sudan including during PSC ad-hoc presidential committee meetings;
- Hold parties to account for violations of international humanitarian law and international human rights law and actively support ongoing international investigations into events in Sudan, notably by supporting a collaborative and complementary working relationship between the ACHPR, and the UN Independent International Fact-Finding Mission on Sudan. The AUPSC should ensure that these investigations are given unfettered access to document any violations in Sudan and neighboring countries where survivors are located, should be adequately resourced and provided with the necessary expertise to document and advance accountability and reparations for all forms of gender-based violence, attacks on health facilities, health workers, and local responders, and other serious violations of international humanitarian law. Witness protection measures should be prioritized.

To UN Resident Humanitarian Coordinator, UN Agencies, and Donors

Countries:

- Publicly condemn actions by warring parties which are hampering access to comprehensive clinical management of rape and provision of services to survivors.
- Guarantee funding for a comprehensive response to ensure the availability, accessibility, and quality of sexual and reproductive health services, including clinical management of rape and abortion care, and quality mental health and psychosocial support services without discrimination to female and male survivors of sexual violence of all ages, including community-level trainings on psychological first aid and provision of specialized services and counseling for sexual violence survivors of all ages and their families.
- Train all relevant staff including case managers, social workers, local responders, and front-line medical workers on clinical management of rape for both female and male survivors of all ages, including the specific needs of child and male survivors.
- Create safe spaces and shelters for female and male survivors of all ages.
- Provide protection programming, including setting up early warning systems and safer spaces to facilitate reporting. Provide livelihood support to survivors.

- Prioritize the establishment of the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence in the UN presence in Sudan, which should also monitor the gender specific nature of the sexual violence. Donors should support this capacity.
- Facilitate and promote the use of the Gender-Based Violence Information Management System (GBVIMS) by relevant service provider organizations in Sudan.
- Support rebuilding and rehabilitation of health facilities.
- Donors, including UN agencies and International Non-Governmental Organizations, should significantly increase and facilitate financial, political and other support to locally led volunteer initiatives, notably to the emergency response rooms and women's groups.

To the UN Special Representative of the Secretary-General on Children and Armed Conflict and the African Committee of the Experts on the Rights and Welfare of the Child:

- Make country visits to Sudan, Chad, South Sudan and Uganda recognizing these are subject to approval from the host state.
- Continue to include the RSF on the list of parties in the annexes of the Secretary General's 2024 annual report on children and armed conflict (the so-called "List of Shame" of parties to conflict responsible for grave violations against children) for the four reasons already identified, including sexual violence.
- Include the commission of acts of sexual violence as an additional reason for maintaining the SAF on the list of parties in the annexes of the Secretary General's 2024 annual report on children.

To Other States and Regional Organizations, including the United States, the European Union and its Members, the United Kingdom, Canada:

- Impose targeted sanctions, including travel bans and asset freezes, on commanders, officials, and leaders responsible for sexual and gender-based violence, the willful obstruction of humanitarian assistance, attacks on healthcare

- workers and local responders, and other violations of international humanitarian law and international human rights law, and coordinate the use of sanctions aimed at ensuring an end to atrocities;
- Actively support calls to the UN secretariat and the AU Commission to develop options for a civilian protection mission for Sudan with a robust mission to protect civilians, monitor violations of human rights and international humanitarian law, including sexual and gender-based violence and willful obstruction of humanitarian assistance, and lay the groundwork for the safe return of those displaced.

Methodology

This research documents key conflict-related sexual violence in Khartoum, as reported to, and by, service providers. Service providers shared information on anonymized individual cases of sexual violence, which were assessed for patterns. Human Rights Watch further anonymized and removed potentially identifying information from individual cases described by service providers. The report also documents the healthcare, mental health, and psychosocial support needs of survivors that service providers identified and the obstacles that healthcare providers, volunteers, and others seeking to deliver post-rape care in and around Khartoum described.

It is of paramount importance to hear directly from survivors themselves, and their experiences, views, and demands should be heard in a safe and dignified manner. This report, however, with few exceptions, does not provide the voices of survivors themselves. Access to the areas where these crimes are being committed is severely limited as is availability of services for survivors, and there are serious logistical and ethical challenges with interviewing survivors of sexual violence remotely in this context. These circumstances make it very difficult to conduct research directly with survivors in an ethical manner at this time, and for those reasons, Human Rights Watch has prioritized interviewing service providers as a means to document these crimes urgently.

For this research Human Rights Watch conducted 44 remote interviews with healthcare workers, service providers, social workers, counsellors, lawyers, and members of local volunteer organizations, including medical professionals, between September 2023 and February 2024. Thirty-eight of the interviewees were women and six were men. The interviews were conducted in Arabic via safe communication methods.

Human Rights Watch reviewed data collected by local emergency rooms in Khartoum and local women's groups. Eighteen health providers and local responders in the emergency response rooms interviewed by Human Rights Watch had provided medical care and psychosocial support to a total of 262 survivors, either directly in person, over the phone, or by seeking to coordinate a response such as referrals for an individual case. While there

may be some overlap in the cases mentioned, we have included in the count only those cases directly examined or supported by health workers in different areas of Khartoum.

The report also builds on seven interviews conducted remotely between May and June 2023 with people who had fled the fighting in Khartoum to South Sudan who also recounted cases of sexual violence in their neighborhoods. Human Rights Watch also interviewed ten international aid workers working on the sexual violence or health response.

On July 11, and July 15, Human Rights Watch sent via email a detailed summary of its findings with specific questions to Lieutenant Colonel Al-Fateh Qurashi, spokesperson of the RSF, and to Mr. El Fatih Tayfour, Sudan's Attorney General, respectively. On July 23, Lt. Col. Al-Fateh Qurashi, responded to Human Rights Watch. He also provided documents including rules of engagement, code of conduct and documents signed by Mohammed Hamdan Dagalo, "Hemedti," the RSF commander, on April 19 and August 14, 2023, that include a variety of general instructions on the requirement to respect international humanitarian law and human rights.

Human Rights Watch also reviewed reports from humanitarian organizations on gendered impacts of the crisis, media reports, official statements made by governmental and intergovernmental authorities, and publicly available data on humanitarian needs and response.

Human Rights Watch spoke to responders in 14 neighborhoods of Khartoum, Bahri, and Omdurman that were largely under the control of RSF when the research was conducted between September 2023 and early February 2024. We also interviewed providers in SAF-controlled areas in Omdurman and parts of Khartoum north and east.

Researchers informed all interviewees about the purpose and voluntary nature of the interviews, and the ways in which Human Rights Watch would use the information, and obtained consent from all interviewees, who said they understood they would receive no compensation for their participation. Every effort was made to abide by best practice standards for ethical research and documentation of sexual violence and torture, including

all efforts to avoid re-traumatizing survivors, witnesses, and healthcare workers. Due to security and privacy considerations, Human Rights Watch has anonymized the names and identifying details of most interviewees, including specific locations of where they were providing services in Khartoum.

This report does not seek to ascertain prevalence; our research methodology does not provide us with sufficient information to describe the full scale of conflict-related sexual violence being perpetrated in the locations we examined. It seeks to offer a sense of the high number of people who have sought assistance, and the types of services survivors were seeking. Documenting the number of survivors assisted by a specific service provider and the needs of those survivors can help in establishing the scale of abuse and support the planning and provision of services. At the same time, an overemphasis on numbers of cases may be counterproductive, including through putting pressure on survivors to report in a context where they face ongoing trauma and have little access to services and justice. The police and court system broke down in Khartoum from the onset of the conflict as described in this report.

Documentation of sexual violence and access to services outside of Greater Khartoum (Khartoum, Bahri and Omdurman) are not covered in this report. This research did not set out to review in-depth legal accountability efforts but includes an overview of main challenges facing survivors access to justice. Acts of gender-based violence and domestic violence committed by perpetrators who are not fighters in the conflict, but which may still be linked to the conflict and displacement are also outside of the scope of this report.

Terminology

In this report, “child” refers to anyone under the age of 18. “Girl” refers to a female child.

The term “sexual violence” describes violations of bodily integrity and sexual autonomy that occur in physically forced or otherwise coerced circumstances, which include a lack of consent on the part of the victim or any form of coercion or threat. It includes but is

not limited to acts of rape, in which violations of bodily integrity and sexual autonomy occur by means of inserting an organ or another object into the body.

Sexual slavery, for the purposes of the Rome Statute of the International Criminal Court, occurs when “The perpetrator exercised any or all of the powers attaching to the right of ownership over one or more persons, such as by purchasing, selling, lending, or bartering such a person or persons, or by imposing on them a similar deprivation of liberty” and “the perpetrator caused such a person or persons to engage in one or more acts of a sexual nature.”

Background

On April 15, 2023, fighting broke out in Sudan’s capital, Khartoum, between the country’s military, the Sudan Armed Forces (SAF), and the Rapid Support Forces (RSF), an independent military force in armed conflict with the Sudan military.¹ The outbreak of hostilities followed months of mounting tensions between the military chief, Gen. Abdelfattah al-Burhan, and the RSF leader, Gen. Mohamed Hamdan Dagalo (“Hemedti”). The two generals had in October 2021 jointly led a coup against a transitional government headed by a civilian prime minister, Abdalla Hamdok. The fighting quickly spread to Khartoum’s adjoining sister cities of Omdurman and Bahri—a metropolitan area of approximately 6.5 million inhabitants—as well as provincial towns including El Fasher, Nyala and then, El Geneina in Darfur and El Obeid in North Kordofan.

Khartoum has experienced widespread and intense fighting from the onset of the conflict, with SAF and the RSF using explosive weapons with wide-area effects in populated areas that have frequently resulted in indiscriminate attacks in violation of the laws of war.²

The two warring parties have fought for control of the capital. Early on, the RSF seized control of the Kafoury neighborhood in Khartoum, a more affluent part of the capital city.³ It also promptly gained control of other residential areas in Bahri, north of Khartoum, and Sharq al-Nil, eastern Khartoum. Within the first month of the conflict, it had control of much of Khartoum and its sister cities of Omdurman and Bahri. SAF has mainly maintained a presence within or around their remaining bases and garrisons still under their control in

¹ For a detailed description of the rise of the RSF since their creation in 2013, as an attempt by the then President Omar al-Bashir to formalize and gain greater control over a range of proxy militia groups in Darfur see, Human Rights Watch, *‘The Massalit will Not Come Home’: Ethnic Cleansing and Crimes Against Humanity in El Geneina, West Darfur, Sudan* (New York: Human Rights Watch, 2024), <https://www.hrw.org/report/2024/05/09/massalit-will-not-come-home/ethnic-cleansing-and-crimes-against-humanity-el>.

² “Explosive weapons devastating for civilians,” Human Rights Watch news release, February 6, 2020, <https://www.hrw.org/news/2020/02/06/explosive-weapons-devastating-civilians>; Amnesty International, “Death came to our Home: War Crimes and Civilian Suffering in Sudan,” August 3, 2023, <https://www.amnesty.org/en/documents/afr54/7037/2023/en/> (accessed March 4, 2024).

³ “Looting, Roadblocks: Paramilitary is a Scary Neighbor in Sudan’s Capital,” *New York Times*, April 27, 2023, <https://www.nytimes.com/2023/04/27/world/africa/sudan-khartoum-paramilitary-fighters.html> (accessed April 24, 2023).

south and north Khartoum state. In early January 2024, SAF gained control of Omdurman and north Bahri.⁴

From the early days of the conflict, the RSF rapidly expanded its presence in residential areas where it has set up checkpoints and patrols. The RSF have occupied and pillaged civilian infrastructure, including private homes, businesses, and hospitals, in areas under their control.⁵ Both parties, but the RSF in particular, have housed their forces and launched operations from civilian homes, schools and other civilian facilities.⁶

The warring parties have also forced civilians to remain inside the houses and at other times, evicted them.⁷ Their presence has directly resulted in other serious abuses documented in this report and significantly hampered civilians' access to medical care.

The SAF have throughout the conflict used aerial bombardments in Khartoum, including in residential areas, resulting in hundreds of civilian deaths and injuries, as well as damage and destruction of essential services, notably health facilities (**see sub-section: Collapse of Health System, Attacks on Healthcare in Khartoum**).⁸

⁴ "Sudan Army Advances in Omdurman for First Time Since Start of War," *The Guardian*, February 17, 2024, <https://www.theguardian.com/world/2024/feb/17/sudan-armed-forces-omdurman-advance> (accessed June 3, 2024).

⁵ Amnesty International, "Death came to our Home: War Crimes and Civilian Suffering in Sudan," August 3, 2023, <https://www.amnesty.org/en/documents/afr54/7037/2023/en/> (accessed March 4, 2024).

⁶ "Explosive Weapons Devastating for Civilians," Human Rights Watch news release, February 6, 2020, <https://www.hrw.org/news/2020/02/06/explosive-weapons-devastating-civilians>; OHCHR, "Annual Report of the Office of the High Commissioner for Human Rights: Situation of Human Rights in Sudan," A/HRC/55/29, March 4, 2024, <https://digitallibrary.un.org/record/4045183/> (accessed March 4, 2024), para. 18.

⁷ Amnesty International, "Death came to our Home: War Crimes and Civilian Suffering in Sudan," August 3, 2023, <https://www.amnesty.org/en/documents/afr54/7037/2023/en/> (accessed March 4, 2024). In a report published in February 2024, the Office of the High Commissioner for Human Rights (OHCHR) accused the RSF of using civilians as human shields, available via: "Sudan: Horrific violations and abuses as fighting spreads- report," United Nations press release, February 23, 2024, <https://www.ohchr.org/en/press-releases/2024/02/sudan-horrific-violations-and-abuses-fighting-spreads-report> (accessed June 3, 2024).

⁸ Amnesty International, "Death came to our Home: War Crimes and Civilian Suffering in Sudan," August 3, 2023, <https://www.amnesty.org/en/documents/afr54/7037/2023/en/> (accessed March 4, 2024); OHCHR, "Annual Report of the Office of the High Commissioner for Human Rights: Situation of Human Rights in Sudan," A/HRC/55/29, March 4, 2024, <https://digitallibrary.un.org/record/4045183/> (accessed March 4, 2024), para. 18-21.

Both warring parties have intimidated, detained, and attacked health workers and volunteer responders seeking to provide a basic response to the civilian population in Khartoum (see section: **Physical Obstacles to Safe, Confidential Care**).⁹

⁹ “Are Sudan’s Civil Society Activists Being Targeted by both Warring Parties,” *Al Jazeera*, April 1, 2024, <https://www.aljazeera.com/features/2024/4/1/are-sudans-civil-society-activists-being-targeted-by-both-warring-sides>; “Sudan medical volunteers detained after being seized from an ambulance,” *The Guardian*, May 8, 2023, <https://www.theguardian.com/world/2023/may/08/sudan-medical-volunteers-detained-after-being-seized-from-ambulance>; “Attacks on volunteers and local responses also reported to take place outside of Khartoum, Sudan’s military intelligence arrests humanitarian volunteers in in Sinja,” *Radio Tamazuj*, December 23, 2023, <https://www.radiotamazuj.org/en/news/article/sudans-military-intelligence-arrests-humanitarian-volunteers-in-sinja> (accessed June 3, 2024).

Sexual Violence, including Conflict-Related, in Sudan

The horrific sexual and gender-based violence taking place in the current conflict as described in this report occurs against a backdrop of decades of entrenched impunity for widespread sexual violence in Sudan.

Sexual violence was a central feature of the conflict in Darfur in the early 2000s.¹⁰ The prosecutor of the International Criminal Court noted in 2005 that “rape is an integral part of the pattern of destruction that the Government of Sudan is inflicting upon the target groups in Darfur.”¹¹

Government forces, including the Rapid Support Forces (RSF) that were established in 2013 to bring different government-allied militias under one command, continued to commit widespread sexual violence in the region.¹²

Khartoum had been spared widespread fighting until the SAF-RSF conflict erupted; however, during government forces’ bloody clampdown on protests in the city from 2018 onwards, security forces killed and injured hundreds of protesters and subjected them to sexual violence and harassment. For example, during an RSF-led violent dispersal of a protesters sit-in in Khartoum on June 3, 2019, they killed at least 120 people and committed widespread sexual violence against women and men.¹³ Following the October

¹⁰ “Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad,” Human Rights Watch briefing paper, April 12, 2005, <https://www.hrw.org/legacy/background/africa/darfuro505/darfuro405.pdf>.

¹¹ *Prosecutor v Omar Hassan Ahmad Al Bashir*, International Criminal Court, Pre-Trial Chamber 1, ICC-02/05-01/09-3, Decision on the Prosecutor’s Application for Warrant of Arrest under Article 58 Against Omar Hassan Ahmad Al Bashir, March 4, 2009, <https://www.icc-cpi.int/sites/default/files/NR/rdonlyres/64FA6B33-05C3-4E9C-A672-3FA2B58CB2C9/277758/ICCOTPSummary20081704ENG.pdf>; ICC, “Trying individuals for genocide, war crimes, crimes against humanity, and aggression: Situation in Darfur, Sudan,” Case No. ICC-02/05, March 2005, <https://www.icc-cpi.int/darfur> (accessed June 3, 2024).

¹² Human Rights Watch, *Mass Rape in North Darfur: Sudanese Army Attacks against Civilians in Tabit* (New York: Human Rights Watch, February 11, 2015), <https://www.hrw.org/report/2015/02/11/mass-rape-north-darfur/sudanese-army-attacks-against-civilians-tabit/>.

¹³ Human Rights Watch, “‘They were Shouting ‘Kill Them’: Sudan’s Violent Crackdown on Protesters in Khartoum” (New York: November 18, 2019), <https://www.hrw.org/report/2019/11/18/they-were-shouting-kill-them/sudans-violent-crackdown-protesters-khartoum>.

2021 coup, international organizations again documented security forces' sexual harassment and assault against female protesters.¹⁴

Sexual violence has thus far gone largely unpunished. Sudanese authorities have not only failed to investigate sexual violence by their forces but also targeted women's rights activists and others working to tackle impunity for gender-based violence. Under Omar al-Bashir, the government imposed discriminatory laws that undermined the fight against impunity for sexual violence (see **Text Box: Legal Framework on Combating Sexual Violence in Sudan**). The government also harassed and intimidated women's rights activists and security agents, and police officers also subjected women to gender-based violence in reprisal for their activism.¹⁵

Despite some positive steps taken by Sudan's short-lived transitional government between 2019 and its ousting in October 2021 which improved the framework aimed at combatting sexual violence, the government took only limited steps to advance accountability for past crimes, including those involving sexual violence.¹⁶ A national investigative committee was established in September 2019 to investigate the June 3 massacre, but was severely criticized from its inception by survivors and families of victims, including for its lack of sexual violence expertise.¹⁷ The committee suspended its work in May 2022, following the military coup that overthrew the transitional government without making any of its findings public.¹⁸

¹⁴ "Hundreds of Protesters Detained, Mistreated," Human Rights Watch press release, April 28, 2022, <https://www.hrw.org/news/2022/04/28/sudan-hundreds-protesters-detained-mistreated>. The then UN special representative of the secretary general in Sudan reported that as of March 22, 2022, 16 women had reported being raped during protests in Khartoum. See, UNITAMS, "SRSG Mr. Volker Perthes Remarks to the Security Council," March 28, 2022, <https://unitams.unmissions.org/en/unitams-srsg-mr-volker-perthes-remarks-security-council><https://reliefweb.int/report/sudan/unitams-srsg-mr-volker-perthes-remarks-security-council-28-march-2022-enar> (accessed February 5, 2024).

¹⁵ Human Rights Watch, *"Good Girls Don't Protest": Repression and Abuse of Women Human Rights Defenders, Activists, and Protesters in Sudan* (New York: Human Rights Watch, 2016), <https://www.hrw.org/report/2016/03/24/good-girls-dont-protest/repression-and-abuse-women-human-rights-defenders>.

¹⁶ New amendments introduced in 2020 increased the maximum sentence from 10 years to life imprisonment and defined the age of majority as 18. "Sudan: Prioritize Justice and Institutional Reforms," Human Rights Watch news release, June 23, 2020, <https://www.hrw.org/news/2020/06/23/sudan-prioritize-justice-and-institutional-reforms>.

¹⁷ "Sudan: Justice for June 3 Crackdown Delayed," Human Rights Watch Press Release, June 3, 2020, <https://www.hrw.org/news/2020/06/02/sudan-justice-june-3-crackdown-delayed>.

¹⁸ "June 3 Massacre investigation committee forced to suspend its activities," *Radio Dabanga*, May 20, 2022, <https://www.dabangasudan.org/en/all-news/article/june-3-massacre-investigation-committee-forced-to-suspend-its-activities> (accessed February 7, 2024).

Legal Framework on Combating Sexual Violence in Sudan¹⁹

Sudan's legal and justice system has always restricted access to meaningful redress for survivors of sexual violence. It also failed to meet international standards on protection of women and girls from acts of sexual and gender-based violence. During the presidency of Omar al-Bashir, the 1991 penal code conflated rape with adultery and *Zina* (sex outside of marriage), both of which were criminal offenses under the law.²⁰ Survivors who reported crimes against them therefore risked being criminally charged with *Zina*, if they were seen as having failed to prove their lack of consent when filing a case. The law defined the age of maturity for girls as “*whomever reaches puberty and has completed 15 years of age.*” Girls under that age are legally unable to consent. Under the 1991 Personal Matters for Muslim Act, the law regulating personal and marital affairs under Islamic law, a minor (under the age of 10) can be married with consent of the guardian and “it must prove” to the court that such a marriage is in her best interests.²¹

In 2015, following years of campaigning by Sudanese activists, the government amended article 149 to redefine rape and end its conflation with adultery.²² Sexual harassment was criminalized under these amendments.²³ New amendments introduced in 2020, following al-Bashir's ousting during the transition, increased the

¹⁹ For more info see: Liv Tønnessen, “Reform of the rape law in Sudan,” post to “Norwegian Centre for Humanitarian Studies” (blog), April 10, 2017, <https://www.humanitarianstudies.no/reform-of-the-rape-law-in-sudan/> (accessed March 4, 2024); Also, Liv Tønnessen et Samia Al-Nagar, “Legal Mobilization to Protect Women against Rape in Islamist Sudan,” *Open Edition Journals*, 242 | 2021, June 3, 2024, <https://journals.openedition.org/etudesafricaines/34279#quotation> (accessed June 3, 2024).

²⁰ Zina is an offense under Article 145, while rape is under article 149 of the 1991 Criminal Code. See, Sudan Criminal Act of 1991, amended May 21, 2009, <https://www.refworld.org/legal/legislation/natlegbod/2009/en/120353>.

²¹ “Sudan,” Girls Not Bridge, <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/sudan/> (accessed June 23, 2024).

²² “Sudan Changes Law that Left Rape Victims Punished for Adultery,” *Reuters*, April 24, 2015, <https://www.reuters.com/article/idUSKBN0NF1B8/> (accessed June 3, 2024).

²³ UNFPA, “Voices from Sudan, 2020,” undated, https://sudan.unfpa.org/sites/default/files/pub-pdf/unfpa_16th.pdf (accessed March 4, 2024); UNDP, “Sudan: Justice between Genders and Law,” 2022, <https://www.undp.org/sites/g/files/zskgke326/files/2023-02/L2200613-Gender%20Justice%20Report%20GJR-Sudan-web.pdf> (accessed July 15 2024). Marital rape was not criminalized.

maximum sentence for rape from 10 years to life imprisonment and defined the age of majority as 18 for both boys and girls.²⁴

The legal framework however remains deeply problematic including in failing to protect the rights of women and girls to access abortion care. Under Sudan's law, in violation of international norms, abortion is criminalized except in cases of rape and when the pregnant woman or girl's life is at risk. In cases of rape, abortion is permitted, but only within 90 days of the rape and it is subject to bureaucratic requirements, including a medical and police record, that create barriers that may be insurmountable for many survivors of rape who have a legal right to access abortion even under Sudan's restrictive law.

Procedurally, a survivor of rape seeking to access abortion is required to first record the occurrence of the rape with the authorities.²⁵ The survivor must obtain "Form 8" from the police and submit it to the medical practitioner before receiving medical care for the sexual assault.²⁶ The Form 8, which has to be completed by a qualified medical professional, is intended to record medical evidence of physical harm resulting from the rape. In 2016, the Ministry of Justice issued a circular allowing doctors to provide medical care in cases of medical emergencies without completing the Form 8, on the condition that it could be submitted by the doctor and provided at a later stage if required by the police or prosecutors.²⁷ However, this circular does not appear to have been widely disseminated or applied and health professionals interviewed for this research appeared to still believe it was required.

²⁴ Liv Tønnessen et Samia Al-Nagar, "Legal Mobilization to Protect Women against Rape in Islamist Sudan," *Open Edition Journals*, 242 | 2021, June 3, 2024, <https://journals.openedition.org/etudesafriaines/34279#quotation> (accessed June 3, 2024). For more details regarding the amendments introduced in 2020 see, Redress, "Sudan Legal Amendments: Explanatory Table," July 13, 2020, <https://redress.org/wp-content/uploads/2020/07/3-REDRESS-Sudan-Legal-Amendments-July-2020-Explanatory-Table.pdf> (accessed June 24, 2024).

²⁵ Sudan Criminal Act (1991), art. 135.

²⁶ Survivors previously reported that the belief in mandatory reporting hampered access to health care. See, UNFPA, "Voices from Sudan, 2020," undated, https://sudan.unfpa.org/sites/default/files/pub-pdf/unfpa_16th.pdf (accessed March 4, 2024), p.30.

²⁷ Circular on file with Human Rights Watch.

Given the disintegration of the police force since April 2023, and the barriers to accessing healthcare, the outcome of these requirements is that many survivors ended up not having access to abortion. The process also fails to adequately document the harm survivors experience; the Form 8 is limited in scope and does not allow a doctor to fully describe the extent of a victim's physical injuries.²⁸

Health Care, SGBV Response Infrastructure Pre-Conflict

In the final years of the Omar al-Bashir regime, Sudan's public health system came under significant pressure due to a deteriorating economic and political situation, adding to years of privatization, corruption, and mismanagement.²⁹ Many people became reliant on local volunteer initiatives to access basic healthcare (see **Text Box: Emergency Response Rooms, Volunteer Networks**).³⁰

Even prior to the conflict, Sudan's healthcare system was inadequate to provide integrated care to survivors of sexual violence.³¹ Healthcare providers lacked training in managing cases of sexual violence, while access to medical treatment was limited due to general shortages in staff, medicines, and supplies. The country had limited mental healthcare systems and psychiatric hospitals suffered from severe shortages of staff and medicines.³² The government had established a Combating Violence Against Women Unit which ran a helpline for survivors.³³ Most of these services stopped after the conflict erupted due to the security situation and the disruptions to communication and internet.

²⁸ "Lack of Conviction: The Special Criminal Court on The Events in Darfur," Human Rights Watch Briefing Paper, June 2006, <https://www.hrw.org/legacy/backgroundunder/ij/sudano6o6/sudano6o6.pdf>, p. 21.

²⁹ Lucero-Prisno DE et al., "Drug shortage crisis in Sudan in times of COVID-19," *Public Health Pract (Oxf)* (2020), accessed February 7, 2024, doi: 10.1016/j.puhip.2020.100060; "Sudan Hospitals Ravaged by Privatisation," *Al Jazeera*, January 6, 2014, <https://www.aljazeera.com/features/2014/1/6/sudans-hospitals-ravaged-by-privatisation> (accessed February 7, 2024).

³⁰ The Khartoum-centric healthcare system faced additional pressure following the October 2021 coup as security forces harassed and targeted doctors and healthcare workers in Khartoum as part of their broader clampdown on anti-coup protests see, "Sudan's latest coup is crippling its frail health sector," *Al Jazeera*, March 3, 2022, <https://www.aljazeera.com/features/2022/3/3/sudans-latest-coup-is-crippling-its-frail-health-sector> (accessed February 7, 2024).

³¹ UNFPA, "Voices from Sudan, 2020," 2020, https://sudan.unfpa.org/sites/default/files/pub-pdf/unfpa_16th.pdf (accessed March 4, 2024).

³² Shoib, S. et. al., "Sudan's unmet mental health needs: A call for action," *Annals of medicine and surgery* (2012), accessed June 3, 2024, doi: 10.1016/j.amsu.2022.103773 (accessed July 19, 2024).

³³ UNFPA, "Voices from Sudan, 2020," 2020, https://sudan.unfpa.org/sites/default/files/pub-pdf/unfpa_16th.pdf (accessed March 4, 2024).

A doctor who had conducted research into access to services for survivors of sexual and gender-based violence in Khartoum said that the lack of reporting of sexual and gender-based violence cases at local health facilities prior to the conflict, had affected the availability of medical supplies and services when the conflict broke out. “It was common that most of the local clinics and hospitals will report zero cases of sexual and gender-based violence [per year] prior to the war in Khartoum. This reporting does not reflect the reality. It just reflected the social barriers of reporting. As a result, when the war started most of the local clinics and hospitals had very few supplies and service provisions to respond to the increasing cases.”³⁴

Emergency Response Rooms, Volunteers Networks

Emergency response rooms, informal volunteer, local-responder-run centers across neighborhoods, some of which include medical workers, are where many civilians have had to resort to try to access primary health services, including sexual and reproductive health care.

Emergency response rooms are “medical units” for the purposes of international humanitarian law.³⁵

Local responders in emergency response rooms collect donations, set up shelters and soup kitchens, help medical staff to move around safely or assist the injured or sick people in reaching hospitals, and try to locate medical supplies.³⁶

Survivors of sexual violence have also relied on emergency response rooms in their neighborhoods and the social media pages these networks run to report cases of

³⁴ Human Rights Watch interview with Doctors Union representative, February 12, 2024.

³⁵ According to rule 28 of the ICRC Study on Customary International Humanitarian Law the term “medical units” refers to establishments and other units, whether military or civilian, organized for medical purpose be they fixed or mobile, permanent or temporary. The term includes for example, hospital and other similar units, blood transfusion centers, preventive medicine centers and institutes, medical depots and the medical and pharmaceutical stores of such units. See, ICRC, “International Humanitarian Law Databases,” 2005, <https://ihl-databases.icrc.org/en/customary-ihl/rules> (accessed July 18, 2024).

³⁶ Emergency response rooms have for example sought to cover the costs of caesarean sections. Human Rights Watch interview with a general physician, WhatsApp, October 6, 2023.

sexual violence and access emergency care. Some emergency response rooms include unpaid volunteer trained medical professionals.³⁷ Others do not have trained professionals. Local responders have tried to organize informal referral systems for survivors of sexual violence, connect survivors to services and on occasion deliver the emergency rape protocol to survivors directly in their homes when survivors cannot move around.³⁸

The local responders and other healthcare providers in the emergency response rooms have also tried to provide basic counselling. Some emergency response rooms in Khartoum have published the phone numbers of professional volunteers specialized in providing psychological support to survivors of sexual violence.

The emergency response rooms, in coordination with women's rights organizations and Sudanese diaspora members, have also been supporting relocations of survivors and their families outside of Khartoum.³⁹

Collapse of Health System, Attacks on Healthcare in Khartoum

Since the early days of the conflict, warring parties have targeted, looted, and destroyed health facilities and targeted health professionals and emergency volunteers.

SAF forces have bombed health facilities, both parties have indiscriminately shelled facilities, and RSF have occupied at least three hospitals in Khartoum.⁴⁰ For example, the RSF occupied Omdurman Hospital for Obstetrics and Gynecology, Sudan's largest maternity hospital, on the first day of the war, and the hospital has since been unable to resume services.⁴¹

³⁷ Human Rights Watch interview with UN staff, June 6, 2024.

³⁸ Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a doctor and others, 2023.

³⁹ Human Rights Watch interview with a general physician, WhatsApp, September 11, 2023.

⁴⁰ For more information on the trends of abuses see, Safeguarding Healthcare in Conflict, "Annual report: Violence Against Healthcare in Conflict 2023," 2023, <https://insecurityinsight.org/wp-content/uploads/2024/05/2023-SHCC-Critical-Conditions.pdf> (accessed June 3, 2024), pp.102-109.

⁴¹ "Continued attacks on health facilities in Sudan deprive women of reproductive health care" UNFPA Statement, May 10, 2023, <https://sudan.unfpa.org/en/news/continued-attacks-health-facilities-sudan-deprive-women-reproductive-health-care-o> (accessed November 30, 2023).

The UN Office of the High Commissioner for Human Rights (OHCHR) said in a February 2024 report that the RSF occupied East Nile hospital on April 30, 2023, and forced patients and medical workers to evacuate the hospital. On May 30, 2023, SAF carried out without prior warning, an airstrike on the hospital, causing major damage and killing at least five bystanders in the vicinity.⁴²

According to the World Health Organization (WHO), as of September 2023, “More than 70 percent of health facilities in conflict-affected states areas are non-functional, leading to extremely limited—and sometimes no—access to health care for millions in Sudan, who are either trapped in war zones or displaced.”⁴³ In an April 2024 statement, the WHO Director General said that 70 percent were still not working.⁴⁴ Care International estimated in a Rapid Gender Analysis released in October 2023 that: “In Khartoum, just 16percent of facilities are fully operational.”⁴⁵ The assessment warned that “non-urgent needs such as pre-and post-natal care are being deprioritized at health facilities, causing Sudan’s maternal mortality rate to rise since the conflict.”⁴⁶

An international aid worker commented in February 2024, that given shortages of staffing, electricity, and fuel, even hospitals considered “functional” faced serious challenges. He said, “We cannot say there is a healthcare system functioning in Sudan.”⁴⁷

⁴² “Sudan: Horrific Violations and Abuses as Fighting Spreads-report,” UN press release, February 23, 2024, <https://www.ohchr.org/en/press-releases/2024/02/sudan-horrific-violations-and-abuses-fighting-spreads-report> (accessed May 14, 2024).

⁴³ WHO, “Sudan health emergency; Situational report No. 3,” September 30, 2023, <https://www.emro.who.int/images/stories/sudan/WHO-Sudan-conflict-situation-report-30-September-2023.pdf> (accessed February 14, 2024).

⁴⁴ “WHO Director-General’s remarks at the International Humanitarian conference for Sudan and its neighbours,” WHO Statement, April 15, 2024, <https://www.who.int/news-room/speeches/item/who-director-general-s-remarks-at-the-international-humanitarian-conference-for-sudan-and-its-neighbours> (accessed June 5, 2024)

⁴⁵ Care international, “Sudan – Khartoum, Al Gezira, East Darfur, South Darfur Rapid Gender Analysis,” October 1, 2023, <https://careevaluations.org/evaluation/sudan-khartoum-al-gezira-east-darfur-south-darfur-rapid-gender-analysis/> (accessed November 29, 2023).

⁴⁶ Ibid.

⁴⁷ Human Rights Watch interview with UN aid worker, February 12, 2024.

As of early March 2024, the WHO had verified 62 attacks on health care, with 38 deaths and 45 injuries of health workers and patients.”⁴⁸

In the first weeks of the conflict, at least 16 hospitals were damaged, with many others forced to shut down because of lack of supplies, water, electricity, and staff. Human Rights Watch documented how El Shaab, one of Khartoum’s largest public hospitals, was bombed twice on April 18, 2023, forcing staff to evacuate patients. SAF was the only actor known to have aerial capacity at the time. Bahri teaching hospital was also bombed in the first two days of the war.⁴⁹ Specialized services have been widely impacted. The Saudi hospital, the second largest public hospital which specialized in obstetrics and gynecology, has been closed since July 4, 2023.⁵⁰ The RSF also occupied the main psychiatric hospital and, according to the hospital director, damaged and looted the hospital.⁵¹

The destruction of hospitals has continued. Al-Nao Hospital, supported by Médecins Sans Frontières (MSF) or Doctors without Borders, was shelled and partially damaged on October 9. Four people were killed and 20 injured in the incident.⁵² Widespread looting of health facilities as well as warehouses of humanitarian organizations has taken place since the start of the conflict, affecting access to medical supplies.

On May 8, 2023, less than one month into the conflict, a spokesperson for the UN Secretary-General said that “most if not all” UN and other organizations were impacted by

⁴⁸ WHO(@whosudan), post to X (formerly known as Twitter), March 1, 2024, <https://x.com/whosudan/status/1763519356850331696?s=20>; “Surveillance system for attacks on healthcare,” WHO, 2024, <https://extranet.who.int/ssa/Index.aspx> (accessed December 20, 2023).

⁴⁹ “Sudan: Explosive Weapons Harming Civilians,” Human Rights Watch news release, May 4, 2023, <https://www.hrw.org/news/2023/05/04/sudan-explosive-weapons-harming-civilians>.

⁵⁰ Preliminary Committee of the Sudanese Medical Syndicate Facebook post, July 23, 2023, <https://rb.gy/ecboyrr> (accessed March 4, 2024).

⁵¹ A statement shared on social media pages and news websites, “War madmen are roaming the streets of Khartoum,” *Al Rakoba*, May 26, 2024, <https://www.alrakoba.net/31832976/> (accessed March 6, 2024).

⁵² “MSF-supported Al-Nao hospital in Omdurman Hit by Shelling,” Médecins Sans Frontières (MSF) Statement, October 10, 2023, <https://www.msf.org/sudan-msf-supported-al-nao-hospital-omdurman-hit-shelling> <https://www.msf.org/sudan-msf-supported-al-nao-hospital-omdurman-hit-shelling> (accessed January 22, 2023). On June 19, 2024, it was again hit by heavy shelling, killing three people including a hospital volunteer, according to MSF; see MSF, post to X (formerly known as Twitter), June 19, 2024, https://x.com/MSF_Sudan/status/1803500558625460343 (accessed July 14, 2024).

“large-scale looting.”⁵³ On May 16, 2023, MSF confirmed that armed men had looted their warehouses in central Khartoum.⁵⁴

As a result of existing shortages in supplies, looting, and deliberate obstruction of the shipment of aid, health facilities in Khartoum have suffered from severe shortages of supplies, including life-saving and chronic disease medicines, since the beginning of the conflict (see **Text Box: Willful Obstruction of Access and Delivery of Medical Supplies**).⁵⁵

Medical facilities have also been facing significant gaps in staffing, with many health professionals fleeing the city or unable to access their places of work due to unrelenting fighting and insecurity. In addition, the Ministry of Health has not paid staff their salaries since April 2023.⁵⁶

Both SAF and RSF have intimidated, detained, and committed other abuses against medical service providers and emergency response rooms volunteers.⁵⁷ In July 2023, for example, the emergency response room in Ombada, Omdurman, reported that the RSF attacked their premises, beating individuals, including health workers, and seizing their phones.⁵⁸

⁵³ “Sudan crisis: Guterres condemns looting of main WFP compound in Khartoum,” UN News, May 8, 2023, <https://news.un.org/en/story/2023/05/1136447> (accessed March 4, 2023).

⁵⁴ MSF (@MSF_Sudan), post on X (formerly known as Twitter), May 17, 2023, https://twitter.com/MSF_Sudan/status/1658834517237420032?s=20 (accessed March 5, 2024).

⁵⁵ Human Rights Watch interview with an interviewee, October 23, 2023; Human Rights Watch interview with a general physician, WhatsApp, September 11, 2023; “Continued Attacks on Health Facilities Deprive Women of Reproductive Health care,” UNFPA Statement, May 10, 2023, <https://sudan.unfpa.org/en/news/continued-attacks-health-facilities-sudan-deprive-women-reproductive-health-care-o> (accessed May 16, 2024); “Sudan: Explosive Weapons Harming Civilians,” Human Rights Watch news release, May 4, 2023, <https://www.hrw.org/news/2023/05/04/sudan-explosive-weapons-harming-civilians>.

⁵⁶ “Sudan: STUF lodges complaint with ILO over unpaid salaries,” *Radio Tamazuj*, August 7, 2023, <https://www.radiotamazuj.org/en/news/article/sudan-stuf-lodges-complaint-with-ilo-over-unpaid-salaries> (accessed June 3, 2024); also, Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with an interviewee, Phone, November 12, 2023; Human Rights Watch interview with a general physician, Skype, October 8, 2023; See also WHO, “Sudan Conflict Situation Update December 2023,” December 15, 2023, https://www.emro.who.int/images/stories/sudan/WHO-Sudan-conflict-situation-report-15-December_2023.pdf (accessed December 20, 2023).

⁵⁷ Reporting on violations against health workers and volunteers was inconsistent due to fear from reprisals and restrictions on movement and communication of local monitors.

⁵⁸ “Rapid Support storms the Omdurman emergency room, assaults medical staff, and steals their phones,” *Arabiya News* 24, July 23, 2023, <https://www.arabianews24.net/a/208481> (accessed March 5, 2024).

According to OHCHR, as of February 2024, 32 aid workers have been detained by Sudanese authorities and at least 20 killed since the start of the conflict.⁵⁹

The Safeguarding Healthcare in Conflict coalition's Annual Report documents attacks on healthcare providers. It found that at least 56 health workers were killed, half of them in Khartoum, 28 healthcare workers were abducted, and at least 20 arrested by Sudanese law enforcement in 2023.⁶⁰

On October 23, RSF soldiers attacked the East Nile emergency response room at al-Ban Jadeed hospital, beating a female doctor. Doctors running the hospital announced its temporary closure following the incident "to preserve safety of staff and volunteers."⁶¹

SAF has also targeted volunteers and medical professionals. Dr Alaa Nugd, a surgeon and activist, was taken from his home and detained on May 27, 2023, by military intelligence.⁶² He was taken to an unknown place and remained in detention for 13 days.⁶³ His arrest was reportedly linked to an interview he had given to Aljazeera television three days prior to his detention, in which he accused the military of seizing shipments of medical supplies.⁶⁴ According to the Emergency Lawyers group, a legal aid group, SAF's military intelligence detained at least two medical volunteers and one doctor between July and November 2023 in Khartoum without explanation; they were later released.⁶⁵

⁵⁹ "Sudan: Horrific Violations and Abuses as Fighting Spreads-report," UN press release, February 23, 2024, <https://www.ohchr.org/en/press-releases/2024/02/sudan-horrific-violations-and-abuses-fighting-spreads-report> (accessed May 14, 2024).

⁶⁰ Safeguarding Healthcare in Conflict Coalition, "'Critical Condition.' Violence against Healthcare in Conflict 2023," May 22, 2024, <https://insecurityinsight.org/wp-content/uploads/2024/05/2023-SHCC-Critical-Conditions.pdf> (accessed July 14, 2024).

⁶¹ "Sudan doctors: East Nile hospital closes after RSF attacks," *Radio Dabanga*, October 23, 2023, <https://www.dabangasudan.org/en/all-news/article/sudan-doctors-east-nile-hospital-closes-after-rsf-attacks> (accessed March 5, 2024).

⁶² "Sudan: Human Rights defender Dr Alaa Nugud released" Frontline Defenders news release, June 9, 2023, <https://www.frontlinedefenders.org/en/case/sudan-human-rights-defender-alaa-nugud-released> (accessed December 10, 2023).

⁶³ Ibid.

⁶⁴ "Sudanese Doctor 'Abducted' after Smear Campaigns, say Family" *Al Jazeera*, May 31, 2023, <https://www.aljazeera.com/news/2023/5/31/sudanese-doctor-abducted-after-smear-campaigns-say-family> (accessed December 10, 2023).

⁶⁵ "Military Intelligence continues to detain activists in Sudan," *Radio Dabanga*, June 19, 2023, <https://www.dabangasudan.org/en/all-news/article/military-intelligence-continues-to-detain-activists-in-sudan> (accessed July 12, 2024); Human Rights Watch interview with Doctors Union Representative, February 12, 2024.

The OHCHR said that as of February 2024, “twelve of 18 members of the resistance committees and emergency rooms who went missing in Khartoum, are also believed to be held by the Rapid Support Forces and six others are believed to be held by the Sudanese Armed Forces.”⁶⁶

As will be described in this report, the widespread destruction of health facilities in Khartoum, obstruction of medical supplies, and attacks on health professionals have directly contributed to hampering survivors of sexual violence access to care.

⁶⁶ “Sudan: Horrific Violations and Abuses as Fighting Spreads-report,” UN press release, February 23, 2024, <https://www.ohchr.org/en/press-releases/2024/02/sudan-horrific-violations-and-abuses-fighting-spreads-report> (accessed May 14, 2024).

Sexual Violence, Child and Forced Marriages in Khartoum

“I have been living in this Rapid Support Forces-controlled area since the war started. My family did not leave. I was sleeping with a knife under my pillow for months in fear from the raids that lead to rape by RSF. Since this war started, it is not safe anymore to be a woman living in Khartoum under RSF,” a 20-year-old woman told Human Rights Watch in early 2024.⁶⁷

Women and girls, and on occasion men and boys, have experienced sexual violence in Khartoum primarily by the Rapid Support Forces (RSF) who enjoyed control of residential neighborhoods throughout the city. The Sudanese Armed Forces (SAF) have also committed rape in areas under their control, and several interviewees said survivors appeared more fearful of reporting SAF-related cases.

Eighteen of the health care providers in the emergency response units Human Rights Watch interviewed for this report said they had provided direct medical care, provided psychosocial support, or managed individual incidents. All together, these 18 service providers reported caring for a total of 262 survivors of sexual violence between April 2023 and February 2024. Most victims reported having been raped and otherwise sexually assaulted by RSF, with nine reported cases of rape by SAF between April 2023 and January 2024, when SAF took control of parts of Omdurman and North Bahri. A handful of cases of sexual assault by civilians were also reported.

Strategic Initiative for Women in the Horn of Africa (SIHA), a regional women’s rights organization, reported in August 2023 that they had received reports of around 100 incidents of sexual violence, including an uptick in reports of gang rapes mainly attributed to the RSF.⁶⁸ By late December 2023, the organization had documented 117 cases of sexual and gender-based violence of which 73 cases were of rape; 25 of those rape cases involved multiple perpetrators.⁶⁹

⁶⁷ Human Rights Watch interview with a 20-year-old woman, several phone communications via text, January/ February 2024.

⁶⁸ SIHA Network, “Silent weapons loudest wounds: Addressing the crisis of sexual violence in Sudan,” March 2023, <https://sihanet.org/wp-content/uploads/2023/10/Sudan-ACHPR-Report.pdf> (accessed February 14, 2024).

⁶⁹ Human Rights Watch email exchange with a women’s rights organization, February 18, 2024.

In November 2023, UN human rights experts expressed concerns over reports of widespread sexual violence, used “as a tool of war to subjugate, terrorize, break and punish women and girls, and as a means of punishing specific communities targeted by the RSF and allied militias.”⁷⁰ In an April 2024 statement, the Secretary-General on Sexual Violence in Conflict, Pramila Patten, and Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, Joyce Msuya, warned that “ Reports of sexual violence reveal the war's disproportionate impact on women and girls. Allegations of rape, forced marriages, sexual slavery, and trafficking of women and girls—especially in Khartoum, Darfur and Kordofan—continue to be recorded.”⁷¹

Interviewees described cases of rape; gang rape, including of minors as well as older women. They also described forced and child marriage. Conflict related sexual violence, such as described to and by service providers documented in this report, is a serious violation of international humanitarian law and a war crime.⁷² Sexual violence, when committed as part of a widespread or systematic attack on a civilian population, such as that occurring in Sudan, is also a crime against humanity, as is forced marriage in similar circumstances.⁷³

Sudanese women and girls as well as refugee women and girls from South Sudan, Eritrea, and Ethiopia have also been raped in Khartoum.⁷⁴ Most of the reported cases were against women and girls, but service providers have also supported men and boys who have been sexually abused.⁷⁵

⁷⁰ “Sudan: UN experts appalled by use of sexual violence as a tool of war,” United Nations press release, November 30, 2023, <https://www.ohchr.org/en/press-releases/2023/11/sudan-un-experts-appalled-use-sexual-violence-tool-war>.

⁷¹ OCHA, “Sudan: Scourge of Sexual Violence Amid Ongoing Conflict Demands Urgent Action,” April 25, 2024, <https://reliefweb.int/report/sudan/sudan-scourge-sexual-violence-amid-ongoing-conflict-demands-urgent-response> (accessed June 5, 2024)

⁷² See for example Rome Statute of the International Criminal Court, (A/CONF.183/9, July 17, 1998, entered into force July 1, 2002), art. 8 (e) (vi).

⁷³ See for example Rome Statute of the International Criminal Court, art. 7 (1) (g) and (k).

⁷⁴ Human Rights Watch interview with an interviewee, Phone call, November 1, 2023; Human Rights Watch interview with a human rights defender, WhatsApp, October 11, 2023; Human Rights Watch interview with a general physician, WhatsApp, October 6, 2023.

⁷⁵ Human Rights Watch interview with a general physician, WhatsApp, September 11, 2023; Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023

In several incidents, women health workers have also been abducted, detained and in four cases also subjected to sexual violence themselves.

Rape was often accompanied by other forms of physical violence, including shootings and beatings that led to various bodily injuries, as well as verbal abuse. Human Rights Watch received reports of four cases of women who died as a result of injuries during sexual assaults that included shootings and beatings by the RSF.⁷⁶

Reports of sexual violence in the capital first emerged from volunteer community networks and healthcare workers during the first weeks of the conflict. Service providers described receiving reports of rape from the first days of the conflict, with a slight lull in reporting in August 2023, before a spread of fighting and RSF gaining effective control of new neighborhoods in September and October 2023, such as al-Ilfoun, al-Kalakla, Jabal Awliya in Khartoum, and Karari areas in Omdurman, saw reports of sexual violence rise again.⁷⁷ Service providers have continued to receive reports of new cases at time of writing.⁷⁸ Areas of Sharq Al-Nil and north Bahri experienced higher numbers of reported cases since the start of the war. In early January, SAF expanded control in north Bahri and Omdurman, and new cases of sexual violence, including gang rape, were reported.⁷⁹

Rape By Multiple Perpetrators

Many survivors told service providers that they had been raped by multiple perpetrators, involving between two and five RSF soldiers.⁸⁰ Service providers interviewed for this report spoke of more than 74 incidents of gang rape between May and November, some included more than one victim.⁸¹ “The majority of the cases were gang rapes. The RSF attacks always happen by a group of soldiers and the victim ends up raped by at least two of them,” said

⁷⁶ Human Rights Watch interview with a lawyer, September 9, 2023; Human Rights Watch interview with a general physician, September 28, 2023.

⁷⁷ Human Rights Watch interview with a pharmacist, November 2023; Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

⁷⁸ Human Rights Watch follow-up interview with an interviewee, April 2, 2024; Human Rights Watch follow-up interview with an emergency responder, December 2023.

⁷⁹ Human Rights Watch follow-up interview with an interviewee, April 2, 2024.

⁸⁰ Human Rights Watch interview with a doctor, 2023. Human Rights Watch interview with a psychotherapist, WhatsApp, November 11, 2023.

⁸¹ The incidents included gang rape and mass rapes that included several victims in one incident.

a lawyer documenting sexual violence in Khartoum.⁸² Service providers spoke of such cases in Bahri, Omdurman, and other areas of Khartoum state, controlled by the RSF.

Service providers said they supported survivors of gang rape as young as nine years old.⁸³ Older women were also raped by multiple perpetrators, including in the context of rape of several female members of the same family.⁸⁴ A service provider and women's rights defender provided support to a 60-year-old woman who had been raped alongside her daughter and granddaughter by RSF forces in their home in Khartoum North. The woman's efforts to protect her relatives from rape were in vain, as the assailants goaded each other on, she said.⁸⁵

Sexual Violence in Captivity

Service providers and other interviewees said that the RSF forces have regularly abducted women and girls, held them in homes or other places of detention, and then subjected them to ongoing sexual violence while forcing them to provide domestic services including cooking and washing. Some women were detained for weeks. They were also beaten, tortured, and denied access to food.⁸⁶ In some of these cases the conditions in which the women and girls were held captive may have involved their captors exercising control akin to the right of ownership over them. Given that they were also subject to sexual violence in these conditions, this would constitute sexual slavery.

A doctor who has helped dozens of survivors since the first days of the war said: "In the first three months of the war, we heard almost daily about cases of abduction of women and girls in areas north of Khartoum by RSF. Some were kidnapped for hours and others were kidnapped for days and weeks."⁸⁷

⁸² Human Rights Watch interview with a lawyer, September 9, 2023.

⁸³ Human Rights Watch interview with a general physician, October 8, 2023.

⁸⁴ Human Rights Watch interview with an interviewee, phone call, September 9, 2023; with a clinical psychologist, Microsoft teams, September 27, 2023.

⁸⁵ Human Rights Watch interview with a human rights defender, WhatsApp, October 11, 2023.

⁸⁶ Human Rights Watch interview with a human rights defender, WhatsApp, October 11, 2023; Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a lawyer, Signal, September 9, 2023.

⁸⁷ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

The Missing Peoples' Group, a local initiative established during the 2018 protests to help relatives find their loved ones, documented 49 reports of missing women and 18 missing children between April and October 2023.⁸⁸ By January 2024, the group was reporting that they had documented 93 cases of missing women and girls, including those from Al Gezira state.⁸⁹ A member of the group commented in December 2023: "The reports we receive are only a glimpse of the reality of women missing since the beginning of the war. Families fear stigma and societal judgments if they declared women and girls missing."⁹⁰

"Two girls, sisters, we supported told me that RSF raped them and the other women in the house every day, for the three days they spent in detention," said a service provider and women's rights defender.⁹¹ She continued: "The two girls said that they were held in a big house with a large number of women and girls there from South Sudan and Ethiopia. They described being beaten, deprived of food, and forced to wash the clothes of the forces every day."⁹² An emergency room volunteer in northern Khartoum also supported a teenage girl who was taken by the RSF in early June 2023, and held with others for a month before being freed.⁹³

Rape of Girls

Service providers told Human Rights Watch that a significant proportion of the sexual violence survivors who they have offered assistance to in the capital, are girls under the age of 18 and at least one interviewee described a case of a girl as young as 9.

⁸⁸ Report on file with Human Rights Watch; "Enforced Disappearances Reach Alarming Levels in Sudan," *Sudan Tribune*, December 5, 2023. <https://sudantribune.com/article280061/> (accessed June 3, 2024).

⁸⁹ "Sudan's rights groups sound alarm on killings of kidnapped women, by RSF members," *Sudan Tribune*, March 11, 2024, <https://sudantribune.com/article283192/> (accessed April 8, 2024). Also see, SIHA Network, "Gezira under RSF Control: Report on the period between December 19, 2023 – January 10, 2024," January 2024, https://mcusercontent.com/a8d03817aa8dd777532891aao/files/5d88441e-ef49-8358-d144-5d131128868e/SIHA_Publication_Gezira_under_RSF_Control_Report_on_the_period_between_December_19_2023_ndash_January_10_2024.pdf (accessed June 3, 2024).

⁹⁰ Human Rights Watch interview with an interviewee, Phone, November 12, 2023.

⁹¹ Human Rights Watch interview with a human rights defender, WhatsApp, October 11, 2023.

⁹² Ibid.

⁹³ Human Rights Watch interview with healthcare worker, Phone, September 9, 2023.

A psychologist who encountered more than 25 survivors between May and October said: “At least 80 percent of the cases I recorded were aged between 12 and 18 years of age.”⁹⁴ A lawyer received “reports of rape of six girls, one girl aged 9 years old.”⁹⁵ A health professional said: “I was shocked by the RSF targeting of young girls. Most of the survivors I helped told me that RSF soldiers asked them if they were virgins or married. Recently, young women began telling RSF kidnappers that they were married and not virgins, because they thought this might protect them from rape.”⁹⁶

Several health staff have also treated girl victims of gang rape.⁹⁷

In the southern Khartoum area, a health provider received a 15-year-old who had been raped by multiple perpetrators and beaten during the attack.⁹⁸ “In my neighborhood, four RSF soldiers entered the house of my neighbors, two of them raped a 14-year-old in the house. They were pointing the gun at the parents,” said a man who fled Omdurman to South Sudan in May.⁹⁹

Service providers described supporting at least three cases of pregnancies of 15-year-old girls resulting from rape by the RSF and one case by SAF in north Khartoum.¹⁰⁰

Rape in Front of Family Members

Service providers described multiple cases in which the women and girls were raped in front of their children and other relatives during house occupations and looting by RSF forces. The Office of the High Commissioner for Human Rights (OHCHR) reported in February that, “More than half the incidents of sexual violence reported in Khartoum were

⁹⁴ Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

⁹⁵ Human Rights Watch interview with a lawyer, Signal, September 9, 2023.

⁹⁶ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

⁹⁷ Human Rights Watch interview with a general physician, Skype, October 8, 2023; Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

⁹⁸ Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

⁹⁹ Human Rights Watch Interview with a civilian from Omdurman, Juba, May 20, 2023.

¹⁰⁰ Human Rights Watch interview with a pharmacist, November 2023; Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

perpetrated inside residences. Other incidents took place on the streets while victims were seeking refuge or supplies.”¹⁰¹

The head of the governmental Combating Violence against Women Unit at the Ministry of Health, Sulaima Ishaq, said: “RSF occupation of civilians’ homes was accompanied by looting and sexual violence.”¹⁰²

Service providers spoke of at least five cases in which mothers were raped while trying to protect their daughters or where multiple female members of the same family were raped at the same time.¹⁰³

A volunteer described a case of rape by an RSF soldier of a 50-year-old woman in Omdurman, an area that was under the control of the RSF in the early phases of the conflict. The volunteer said that the survivor had two daughters in their early twenties. When RSF raided the house and tried to rape her daughters, she had told them to rape her instead. They beat her and her daughters and then raped her.¹⁰⁴

A midwife in Khartoum described in February the constant fear women face in her community:

Women and girls are under the threat of rape by the RSF and by SAF as well. We are afraid all the time from RSF raids into our homes. We can’t sleep from this fear. Daily there is a raid on a house, they try to rape women. They do not raid for just looting, they target specific houses because the women are there, they enter and ask for the women and girls in the house. We as women in the area have started going to every house that was raided and try to talk to the woman and drink coffee with her and give her some solidarity. I think many of them have been raped, but they will not tell in

¹⁰¹ OHCHR, “Annual Report of the Office of the High Commissioner for Human Rights: Situation of Human Rights in Sudan,” A/HRC/55/29, March 4, 2024, <https://digitallibrary.un.org/record/4045183/> (accessed June 3, 2024), para. 47.

¹⁰² Human Rights Watch interview with an interviewee, November 1, 2023.

¹⁰³ Human Rights Watch interview with an interviewee, Phone call, November 1, 2023; Human Rights Watch interview with a lawyer, October 10, 2023.

¹⁰⁴ Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

fear from the stigma. Sometimes the men in the house and women manage to beg the [attackers] or confront them to end the raid or the rape attempt. It works sometimes, but sometimes it does not work.¹⁰⁵

Following the RSF attacks on Wad Madani, a city south of Khartoum, Strategic Initiative for Women in the Horn of Africa (SIHA) reported on an increase in cases of rape and other sexual violence in the city and neighboring areas.¹⁰⁶ The RSF also reportedly used threats of rape as a form of coercion. “RSF forces raided my relative's home in Madani and asked the father to hand out his cars and money to them or they will rape his two daughters,” said a service provider who fled to Wad Madani shortly before the RSF takeover in December.¹⁰⁷

Child Marriage and Forced Marriage

Economic collapse, widespread rape of girls, and unchecked power of armed men who may be seeking “wives” are pushing families to marry their girls off in greater numbers.¹⁰⁸

The collapse of the education system has left more than 19 million children out of school since the war erupted, not only depriving children of education but also placing girls across Sudan at greater risk.¹⁰⁹ A women’s rights defender explained:

Child marriage has become [even more] common since the war as part of families’ traditional mitigation to cover the shame of rape. Economic conditions and the fear of sexual violence against young girls has also pushed some families to marry off girls. The marriages of RSF soldiers in Khartoum are related to the state of fear and need for economic support for families trapped in dire conditions inside Khartoum. It’s the same reasons

¹⁰⁵ Human Rights Watch interview with a midwife, January 14, 2024.

¹⁰⁶ SIHA, “Report: Gezira under RSF Control – Overall Situation,” February 13, 2024, <https://sihanet.org/report-gezira-under-rsf-control-overall-situation/> (accessed July 15, 2024).

¹⁰⁷ Human Rights Watch interview with a general physician, November 9, 2023.

¹⁰⁸ UNFPA, “One Year of War in Sudan,” April 12, 2024, <https://www.unfpa.org/resources/one-year-war-sudan-april-12-2024> (accessed June 24, 2024).

¹⁰⁹ UNICEF, “19 million children in Sudan out of school as conflict rages on,” October 9, 2023, <https://www.unicef.org/sudan/press-releases/19-million-children-sudan-out-school-conflict-rages-unicef-save-children> (accessed June 3, 2024).

driving young men to join RSF. It's a mechanism of survival for the people left alone in Khartoum without hope or support.¹¹⁰

Several service providers described cases they had seen. One emergency room volunteer in Khartoum told Human Rights Watch:

In our area I witnessed at least 3 marriages of RSF officers with underage girls. Most of the girls are between 15 and 18. One girl got married a few days ago, she was only 15. Her mother pushed her to marry the RSF officer after he gave them so much gold and money. RSF officers take the new married girls on tours in the empty houses in the neighborhood to choose their new home to stay. Most of the marriages happened because of the combination of fear and huge amounts of money and gold offered to the family of the young bride.¹¹¹

Another emergency room volunteer in Khartoum said: "I received reports and witnessed myself at least 15 cases of marriages of girls between 15 and 18 in my area east of Khartoum. This is quite a widespread practice here as we have been living under RSF control for 10 months now. People are seeking ways to protect their girls from rape and preserve what they think is their honor, especially those without an option to leave."¹¹²

Child marriage, a form of forced marriage, puts girls at increased risk of sexual and physical violence, adverse physical and mental health consequences, and being denied access to education and employment. International law considers child marriages "a form of forced marriage, given that one or both parties have not expressed full, free and informed consent."¹¹³ Child marriages involve violations of the child's rights to autonomy, access to education, freedom from violence, reproductive rights, access to sexual and reproductive health care, employment, and freedom of movement. International human

¹¹⁰ Human Rights Watch follow-up interview with an interviewee, November 22, 2023.

¹¹¹ Human Rights Watch interview with 20-year-old woman, several phone communications, January/ February 2024.

¹¹² Human Rights Watch interview with emergency rooms volunteer, texting, January/ February 2024.

¹¹³ UN Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019) on harmful practices, CEDAW/C/GC/31/REV.1.

rights standards also recognize the right of women and girls to live free from physical, mental, and sexual violence.

Women are also experiencing increased risk of forced marriage. An international aid worker who spent several months in Khartoum described seeing “enormous numbers of marriages,” with RSF forces in the neighborhood. “I asked around, as there would be marriages every day, RSF wanted wives. Everyday marriages of RSF commanders with women.”¹¹⁴

Forced marriage carried out as part of a widespread or systematic attack on a civilian population constitutes and may be prosecuted as a crime against humanity under the category of “other inhumane act.”¹¹⁵

Rape of Men and Boys

Both RSF and the SAF forces have sexually abused men and boys.

Emergency room volunteers Human Rights Watch interviewed documented seven cases of rape of men and boys, six by RSF and one case of a sexual assault of a boy by a civilian, between April 2023 and January 2024.¹¹⁶ An activist told Human Rights Watch in February, that her organization had provided medical and other services to seven men, including a 15-year-old boy, raped by RSF.¹¹⁷

In September 2023, the Emergency Lawyers association, a group of pro-bono lawyers who also document rights abuses, reported cases of sexual abuse against men held in dozens of detention facilities by both RSF and SAF in facilities across Khartoum.¹¹⁸ Sexual violence

¹¹⁴ Human Rights Watch interview with an aid worker, January 23, 2024.

¹¹⁵ See for example Maloney, Kathleen M., Melanie O’Brien, and Valerie Oosterveld. “Forced Marriage as the Crime Against Humanity of ‘Other Inhumane Acts’ in the International Criminal Court’s Ongwen Case,” *International Criminal Law Review* 23, 5-6 (2023): 705-730.

¹¹⁶ Human Rights Watch interview with a general physician, WhatsApp, September 11, 2023; Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

¹¹⁷ Human Rights Watch interview with an interviewee, February 20 and 21, 2024.

¹¹⁸ Emergency lawyers, “Detentions and Deaths in Khartoum,” September 19, 2023, <https://docs.google.com/document/d/1-3JZRTGF->

involving men and boys carries deep social stigma that impedes survivors from reporting these crimes or seeking out health services and psychosocial support.¹¹⁹ Community members, aid workers, healthcare providers, and law enforcement may have little awareness or training about how to respond to sexual violence against men and boys.¹²⁰

Given the vast majority of victims are women and girls, many community outreach and health programs focusing on sexual violence, for example through Women and Girls Safe Spaces, or through reproductive health services, are not accessible to men and boys. Men and boy survivors of sexual violence typically have fewer channels to seek confidential help from trained personnel equipped to provide support to them and for their specific needs.

im4aegRNuakzFkPgXXysXsOwyqbP6uhc_c/edit?fbclid=IwAR1aov2zLihXIR5_AXZcaVC-u1gseTSKGAXfZSZTpeSjVyTlbr1YhljMmQ (accessed March 5, 2024); “Torture and murder- detention centres in Sudan,” *Ayin Network*, September 19, 2023, <https://3ayin.com/en/detain/> (accessed March 5, 2024); Human Rights Watch and other rights organizations have previously documented ill-treatment and torture by both RSF and SAF in the context of detentions.

¹¹⁹ See, for example, Human Rights Watch’s reporting on conflict-related sexual violence against men and boys in the Syria conflict: Human Rights Watch, *“They Treated Us in Monstrous Ways”: Sexual Violence Against Men, Boys, and Transgender Women in the Syrian Conflict* (New York: Human Rights Watch, 2020), <https://www.hrw.org/report/2020/07/29/they-treated-us-monstrous-ways/sexual-violence-against-men-boys-and-transgender>. Research on various conflicts around the world shows that in conflict and forced displacement settings, men and boys are subject to rape and other forms of sexual violence, including forced nudity, genital violence, enforced rape of others, forced witnessing of sexual violence, threat of rape, castration, and sterilization; see for example, Women’s Refugee Commission, “‘It’s Happening to Our Men as Well’: Sexual Violence Against Rohingya Men and Boys,” November 2018, <https://www.womensrefugeecommission.org/gbv/resources/1664-its-happening-to-our-men-as-well> (accessed March 5, 2024); All Survivors Project, “‘I Don’t Know Who Can Help’: Men and Boys Facing Sexual Violence in Central African Republic,” February 2018, <http://allsurvivorsproject.org/wp-content/uploads/2018/03/ASP-Central-African-Republic.pdf> (accessed March 5, 2024); Human Rights Council, “‘I Lost My Dignity’: Sexual and Gender-Based Violence in the Syrian Arab Republic,” Conference Room Paper of the Independent International Commission of Inquiry on the Syrian Arab Republic, A/HRC/37/CRP.3, March 8, 2018, <https://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A-HRC-37-CRP-3.pdf> (accessed March 5, 2024).

¹²⁰ Women’s Refugee Commission, “Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector,” February 2021, <https://www.womensrefugeecommission.org/wp-content/uploads/2021/02/Addressing-Sexual-Violence-against-Men-Boys-LGBTIQ-Persons-Guidance-Note-022021-1.pdf> (accessed March 5, 2024).

Physical and Psychological Impact of Sexual Violence

Clinical Management of Rape

The impacts of conflict-related sexual violence can include physical injuries and psychological trauma, pregnancy, sexually transmitted infections, short and long-term disabilities, and social stigma and exclusion. Response to gender-based violence should include the availability of skilled healthcare workers and relevant supplies in all primary healthcare centers and mobile teams as well as referrals for additional health, psychological, legal, and social services.¹²¹ Time-sensitive care includes provision of post-exposure prophylaxis within 72 hours of exposure to prevent HIV, and emergency contraception within 120 hours to prevent pregnancy.¹²² Other essential supplies and services include treatment of wounds, pregnancy testing, pregnancy options information and support including safe abortion referrals, treatment of sexually transmitted infections, and prevention of immunoglobulin and Hepatitis B.¹²³

Service providers said that survivors of sexual violence in Khartoum who were able to access functioning clinics or hospitals for care or reached out to volunteer networks primarily asked for care for physical trauma directly and indirectly linked to the act of rape. They also sought emergency contraception, pregnancy tests, and abortion. Service providers have also sought to provide survivors with testing and treatment for sexually transmitted infections including HIV and Hepatitis B and for psychological trauma.

A doctor in Khartoum said in January 2024:

In some cases, the survivors [had faced other forms of] physical violence [during the rape], [and so] they only approached hospitals seeking injury dressing or urgent surgeries for gunshot injuries. Recently, more survivors

¹²¹ Sphere, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2018, https://handbook.spherestandards.org/en/sphere/#choo2_002 (accessed March 5, 2024).

¹²² Ibid.

¹²³ Ibid.

are requesting abortion services. I received five cases just in the last two months.¹²⁴

Physical Injuries

Healthcare workers and volunteers received survivors requiring medical care for injuries directly related to the act of rape, including vaginal bleeding and bruises, a case of removal of a foreign object, as well as other physical trauma.

Interviewees spoke of at least four cases in which they believed the survivor died because of injuries they sustained during attacks involving rape.¹²⁵ A volunteer said: “At the end of May, I referred a girl, aged 17 or 18, who was shot in both her thighs after she was raped by a group of RSF soldiers. She was taken to hospital, underwent multiple operations, but died after several days as the operations had failed to stop the heavy bleeding caused by the bullets.”¹²⁶

A volunteer psychiatrist said in September “four cases were referred to hospitals because they needed major intervention due to the violence associated with the act of rape.”¹²⁷

Survivors have also approached midwives within their neighborhoods and have asked for help with ongoing vaginal bleeding.

“A young woman was raped by an RSF member in October and came to me for help,” said a midwife in January. “She was still bleeding and wanted me to help her to stop the bleeding, but she did not want me or anyone to touch her. I asked her to at least show me her pads to estimate the amount of the bleeding, she refused even to do that. I could not do anything but try to comfort her, I had no medicines to give to her at that point anymore.”¹²⁸

¹²⁴ Human Rights Watch interview with an interviewee, Phone, November 12, 2023; Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a pharmacist, November 2023.

¹²⁵ Human Rights Watch interview with a clinical psychologist, September 27, 2023; Human Rights Watch interview with a general physician, September 28, 2023.

¹²⁶ Human Rights Watch interview with volunteer, Phone call, September 23, 2023.

¹²⁷ Human Rights Watch interview with a psychotherapist, WhatsApp, November 11, 2023.

¹²⁸ Human Rights Watch interview with a midwife, January 14, 2024.

One midwife said that a survivor had asked her to repair stitches in her vagina that had torn when she was raped. The stitches had been placed there during female genital mutilation (FGM), a procedure involving the removal of part of the female genitalia for non-medical reasons, and the survivor was apparently concerned about the social stigma that she could face because of the impact of the rape. The midwife said that in January: “A girl who was raped a couple of months ago came asking for examination to her circumcision and to perform a repair, as she was a virgin before the incident.”¹²⁹ In Sudan over 88 percent of girls and women are estimated to have undergone some form of FGM, frequently/usually the most severe type, known as infibulation.¹³⁰

Service providers said that they encountered cases of rape when survivors sought care for other forms of physical trauma and injuries that accompanied the rape they faced, including shootings and beatings.

In Khartoum, a doctor said that in August, she received a woman who had been raped several months earlier and shot in both legs by the RSF. The survivor came to change bandages at the center after a major surgery on her legs.¹³¹ In early May a lawyer who supported two survivors said: “When I met with them, they had wounds on their shoulders and back, one seemed to have a broken leg. They told me that RSF forces first stopped them, then the younger girl tried to run. At first, they tried to arrest her. Then they shot around them, to make them scared.”¹³²

A health worker said: “I treated a survivor who had broken one of her facial bones while trying to resist being raped in front of family members in Khartoum.”¹³³

¹²⁹ Human Rights Watch interview with a midwife, January 14, 2024.

¹³⁰ UNFPA, “Female Genital Mutilation Dashboard – Sudan,” <https://www.unfpa.org/data/fgm/SD> (accessed February 14, 2024); See also, “Q&A on Female Genital Mutilation,” Human Rights Watch Q&A, June 16, 2010, <https://www.hrw.org/news/2010/06/16/qa-female-genital-mutilation>. The transitional government criminalized Female Genital Mutilation in 2020; see, Jehanne Henry, “Sudan’s Law Reform a Positive First Step: Problematic Laws, Practices Still a Challenge,” Human Rights Watch Dispatch, July 16, 2020, <https://www.hrw.org/news/2020/07/16/sudans-law-reforms-positive-first-step>.

¹³¹ Human Rights Watch interview with a general physician, October 8, 2023.

¹³² Human Rights Watch interview with a lawyer, May 18, 2023.

¹³³ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

A physician described providing care for a man who was sexually assaulted by RSF forces. The survivor required a surgical intervention to remove a foreign object.¹³⁴

Pregnancy from Rape

Many survivors only sought services after discovering they were pregnant.

A doctor providing support to survivors of SGBV said: “Most of the survivors are reaching out to private clinics but they are always coming very late to seek help after pregnancy. In most cases the survivors did not access other services before discovering their pregnancy.”¹³⁵

The Gender Based Violence (GBV) sub-cluster, an aid coordination structure working on this issue, reported in November 2023 an increase in unmarried pregnant women seeking sexual and reproductive health services in displacement settings: “The majority of those seeking GBV and Sexual Reproductive Health services for pregnant women are displaced from conflict-affected states and are pregnant as the result of rape,” they wrote.¹³⁶ A UN worker commented in December: “We are witnessing surging numbers of unwanted pregnancies and unmarried women turning up at health centers.”¹³⁷

One doctor provided support to a survivor who was abducted by RSF on the first day of the conflict and held for weeks with other women and raped on a daily basis. The survivor reached out for medical care after discovering she was pregnant, after she had escaped from captivity.¹³⁸

A midwife asked to deliver a baby in a neighborhood considered to be more religiously and socially conservative of Khartoum in December said: “Some of her family members told me that she had been raped, the family seemed to be very afraid. RSF soldiers were surrounding the house and some of them entered several times. I felt something was

¹³⁴ Human Rights Watch interview with a general physician, September 28, 2023, who helped treating the patient.

¹³⁵ Human Rights Watch interview with healthcare worker, February 17, 2024.

¹³⁶ UNFPA, “Sudan - The Current Context and Concerning GBV Trends: Trends Analysis and Situational Update, as of 29 November 2023,” November 29, 2023, <https://reliefweb.int/report/sudan/sudan-current-context-and-concerning-gbv-trends-trends-analysis-and-situational-update-29-november-2023> (accessed March 4, 2024).

¹³⁷ Human Rights Watch interview with an aid worker, December 18, 2023.

¹³⁸ Human Rights Watch interview with a general physician, November 9, 2023.

suspicious. I tried to get my work done as fast as possible and left without asking further questions.”¹³⁹

Sexually Transmitted Illnesses

A doctor said in September: “Most survivors who come forward are asking for the pregnancy prevention contraceptives. They are not aware of the risk of sexually transmitted diseases. It was very sad for me when I told them about it, they are not aware of the risks. They get terrified when they know and learn that we do not have the medicines that can protect them at that point.”¹⁴⁰

Service providers described a critical shortage in medical supplies used in the clinical management of survivors of rape during the period covered in this report and raised concerns about the health consequences of the lack of access to emergency care (**see section: Lack of Comprehensive Post-Rape Prophylaxis**). Service providers said they did not have the medical supplies needed to follow their rape treatment protocol. Several responders raised particular concerns about limited access to post-exposure prophylaxis (PEP) critical to preventing HIV/Aids infections and the treatment to prevent Hepatitis B infections.

“More than 90 percent of survivors who were raped did not have access to [emergency] medicines that prevent HIV or Hepatitis B in Khartoum, in the first four months,” said a doctor volunteering in hospitals in September 2023 (**see Text Box: Willful Obstruction of access and delivery of medical supplies and section: Lack of Comprehensive Post-Rape Prophylaxis**). “I fear we will face the risk of an increase in HIV infections, Hepatitis B, and other sexually transmitted diseases in the coming period.”¹⁴¹ “We were only able to provide the complete protocol in Khartoum from August, in some areas, but there are still areas that are difficult to access to date, including Bahri and central Khartoum,” said another doctor at a hospital serving large parts of Khartoum in September 2023.¹⁴²

¹³⁹ Human Rights Watch interview with a midwife, January 14, 2024.

¹⁴⁰ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

¹⁴¹ Human Rights Watch interview with a healthcare worker, September 9, 2023.

¹⁴² Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

Trauma, Emotional Distress, and Risk of Suicide

Survivors in Khartoum rarely directly sought support for anxiety, post-traumatic stress, and other mental health conditions. Service providers, however, said that survivors who they supported described symptoms consistent with post-traumatic stress and depression, including suicidal thoughts, fear and anxiety, sleeplessness, and an inability to complete daily tasks.

Mental health and psychosocial support services addressing the specific needs of survivors of sexual violence as well as family members, including spouses, parents, and children who witnessed the assaults, is an important part of the response but there are few accessible services available.

Some service providers commented on the clear trauma their patients showed. A psychiatrist offering support via telephone described the deep anguish of survivors she spoke to:

When survivors call me, they cannot breathe out of the fear. I must give them breathing exercises to relax them first then talk to them. They cannot sleep, they are having continuous panic attacks. They are all having the symptoms of Post-Traumatic Stress Disorder (PTSD), they just shiver while talking about the attackers, many of them fear second attacks, others expressed some suicidal thoughts.¹⁴³

“A woman in her 30s was raped in front of her husband, led to great psychological trauma,” said a psychiatrist who treated her.¹⁴⁴

Service providers raised concerns that some survivors of gender-based violence had expressed suicidal thoughts and reported three cases since April where survivors had committed suicide.¹⁴⁵ A psychologist said a man who survived rape by RSF while in

¹⁴³ Human Rights Watch interview with a psychotherapist, November 11, 2023.

¹⁴⁴ Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023.

¹⁴⁵ Human Rights Watch interview with a healthcare worker, February 17, 2024; Human Rights Watch interview with a general physician, WhatsApp, September 11, 2023.

detention said he was having panic attacks, was not able to sleep and was emotionally devastated. The survivor told her, “I feel like my life has ended.”¹⁴⁶

In November, United Nations Population Fund (UNFPA) said: “Service providers have reported that it is common for GBV survivors to express suicidal thoughts. Girls are particularly at risk, with a number of suicide attempts by girls reported in IDP sites.”¹⁴⁷ A UN official said in December: “Our helpline workers are speaking about suicide tendencies.”¹⁴⁸ An October report by Care International Rapid Gender Analysis warned that “survivors of sexual violence and rape are in dire need of specialized support and there are indications of increased risk of suicide, especially amongst young women.”¹⁴⁹

Providers of psychosocial support observed the increasing needs for enhancing survivors’ access to psychological support in Khartoum, and after moving to other states. “We need to increase awareness among society on the importance of mental health for survivors of sexual violence. Most families seek only medical support and neglect psychological support,” said a psychiatrist working in Khartoum.¹⁵⁰

The Care Rapid Gender Analysis report found that, “Displaced women especially, are recognizing a growing mental health crisis amongst all, especially children, but only 10 percent of respondents note psychological support as a key health need.”¹⁵¹

Another service provider commented on the need to also provide care to the relatives of survivors. “There is a very clear impact on families and on mothers,” she said. “We had

¹⁴⁶ Human Rights Watch interview with an interviewee, January 2, 2024.

¹⁴⁷ UNFPA, “Sudan - The Current Context and Concerning GBV Trends: Trends Analysis and Situational Update, as of 29 November 2023,” November 29, 2023, <https://reliefweb.int/report/sudan/sudan-current-context-and-concerning-gbv-trends-trends-analysis-and-situational-update-29-november-2023> (accessed March 4, 2024).

¹⁴⁸ Human Rights Watch interview with aid worker, December 18, 2023.

¹⁴⁹ Care international, “Sudan – Khartoum, Al Gezira, East Darfur, South Darfur Rapid Gender Analysis,” October 1, 2023, <https://careevaluations.org/evaluation/sudan-khartoum-al-gezira-east-darfur-south-darfur-rapid-gender-analysis/> (accessed November 29, 2023).

¹⁵⁰ Human Rights Watch interview with a general physician, Skype, October 8, 2023.

¹⁵¹ Care international, “Sudan – Khartoum, Al Gezira, East Darfur, South Darfur Rapid Gender Analysis,” October 1, 2023, <https://careevaluations.org/evaluation/sudan-khartoum-al-gezira-east-darfur-south-darfur-rapid-gender-analysis/> (accessed November 29, 2023).

one case, the girl was under 18, she was accompanied by her uncle, he was in very bad condition. Also, in one case the mother was in bad situation after the rape as well.”¹⁵²

The need for culturally specific counseling and psychosocial support that could address the suicidal thoughts that survivors of gender-based violence may be feeling is key, given the shame and stigma associated with rape.

An emergency room volunteer in Omdurman described the very real consequences of lack of robust support to survivors:

A girl contacted us through our social media page and reported that another girl had been raped a few days before. She said the survivor was in a bad mental state. The fighting was heavy in the area, and we were unable to connect on the same day due to the interruption of the internet and the communications network. Colleagues in the area where the report came from attempted to search the neighborhood but did not find the victim's whereabouts. Two days later, when the communications network returned, we learned that the victim had committed suicide.¹⁵³

¹⁵² Human Rights Watch interview with an interviewee, February 20 and 21, 2024.

¹⁵³ Human Rights Watch interview with a general physician, WhatsApp, October 6, 2023.

Access to Services for Survivors in Khartoum

The presence of warring parties in the vicinity of health facilities and ongoing fighting in residential areas, hampers survivors' access to time-sensitive medical treatments. This is further exacerbated by unlawful conduct of warring parties, including the occupation of health facilities, attacks on healthcare workers, and arbitrary restrictions on and looting of medical supplies.

International humanitarian law requires that health facilities, including staff, premises, vehicles and supplies, be respected and protected in all circumstances. They only lose their status if misused to commit acts harmful to the enemy. Attacks should never be directed at health facilities or places where the sick and wounded are collected, and to do so is a war crime.¹⁵⁴

Added to this is stigma around receiving sexual and reproductive health services, a lack of trained professionals able to respond, a lack of confidential services, as well as repeated displacement of survivors further hampering access and follow-up.

Willful Obstruction of Access and Delivery of Medical Supplies

While several factors contributed to a widespread shortage of medical supplies since the early phases of the conflict, the conduct of the warring parties, including the willful obstruction of humanitarian supplies, and restrictions on visas and movement passes for medical staff, have directly impacted survivors' access to critical care.

Service providers, including aid workers, said that SAF, notably its military intelligence, have placed significant restrictions on aid access and delivery throughout the conflict, particularly since late 2023.¹⁵⁵

¹⁵⁴ For the scope of the special protection for medical units under the laws of war see, Rules 25, 26, 28 - 30 of the ICRC Study on Customary International Humanitarian Law, ICRC, "International Humanitarian Law Databases," 2005, <https://ihl-databases.icrc.org/en/customary-ihl/rules> (accessed July 18, 2024).

¹⁵⁵ "Sudan: Urgent Action Needed on Hunger Crisis," Human Rights Watch news release, March 15, 2024, <https://www.hrw.org/news/2024/03/15/sudan-urgent-action-needed-hunger-crisis>.

The Sudanese authorities associated with SAF have repeatedly restricted the provision of visas and blocked travel permits required to move between states to aid workers working with international organizations. This has limited their ability to respond, forcing medical organizations to focus primarily on emergency care, but also added to the immense burden facing health workers and other service providers working in Khartoum.¹⁵⁶ MSF warned in July 2023, that “visa applications for emergency staff—including surgeons, nurses, and other specialists—have been pending for more than eight weeks.”¹⁵⁷

Restrictions increased from September 2023 onwards according to health and humanitarian workers, when SAF imposed a near complete de facto ban on medical supplies, notably surgical supplies but also hampering access to other medical supplies. Restrictions on crossline movement for all aid supplies into RSF-controlled areas by SAF increased further following the RSF takeover of Wad Madani in December.¹⁵⁸ In April 2024, the health cluster reported that access to hard-to-reach areas had declined in 2024; with partners only reaching a fraction of the population in an RSF-controlled area of Khartoum.¹⁵⁹

“We have been in an area under the control of the RSF since the first day of the war, we have no medicines or aid, so we collected in a house in the neighborhood the medicines we got from the donations of some pharmacies,” said a volunteer in North Bahri in late 2023, an area where civilians could not easily move around.¹⁶⁰ “In

¹⁵⁶ With SAF relocating key state official functions and regulatory systems to Port Sudan, which were also the main entry point for international aid, authorities have upped their control and oversight through delays or denial of movement, entry visas for international humanitarian workers.

¹⁵⁷ The Sudan INGO forum called Sudanese authorities to grant visas to humanitarian workers in July 2023: “Currently over 110 INGO aid workers are prevented from deploying to Sudan to support the humanitarian response whilst their visa approval remains pending – many since the outbreak of the conflict.” See, “Health facilities struggle with depleted stocks and aid blocked by bureaucratic impediments as Sudan enters its 100th day of war,” Sudan INGO Forum press release, July 24, 2023, <https://reliefweb.int/report/sudan/health-facilities-struggle-depleted-stocks-and-aid-blocked-bureaucratic-impediments-sudan-enters-its-100th-day-war> (accessed March 5, 2024).

¹⁵⁸ “Sudan: Urgent Action Needed on Hunger Crisis,” Human Rights Watch news release, March 15, 2024, <https://www.hrw.org/news/2024/03/15/sudan-urgent-action-needed-hunger-crisis>.

¹⁵⁹ Health Cluster Sudan, “Sudan Health Cluster 4Ws Dashboard 2023-2024,” March 2024, <https://shorturl.at/UJfKm> (accessed July 12, 2024).

¹⁶⁰ Human Rights Watch interview with an emergency responder, November 1, 2023.

September 2023, the military blocked the entry of life-saving medicines to rescue cholera patients in the Sharq al-Nil,” said a medical worker in Khartoum.¹⁶¹

During the first week of November 2023, SAF soldiers stopped a transport carrying medicine including surgical items and lifesaving medications coming from Wad Madani before it entered Khartoum. “The army refused to let the shipment pass through until several days later. It contained life-saving medicines, so volunteers and health care professionals literally begged the army to allow the medicine to pass, they let it move ahead to Khartoum after three or four days,” a health professional said.¹⁶² “The shipment was stopped again for some time by the RSF once it made it into Khartoum. When the medicines eventually arrived at the hospital, all the life-saving medicines had been withdrawn, the packages were open. We found only burning ointments and antibiotics for children. We couldn't find out who took the medicines, was it the RSF or the army?”¹⁶³

In a statement in November, MSF condemned “an unconscionable ban that is preventing life-saving surgical supplies from being transported to hospitals in areas of Khartoum, Sudan, controlled by the Rapid Support Forces (RSF) is putting the lives of hundreds of people at risk.”¹⁶⁴ An aid worker raised concerns about quality control and reliance on non-certified medication as a result of the de facto blockade on medical supplies: “the emergency rooms rely on informal supply routes ... quality control is out the window.”¹⁶⁵

The few channels which remained open to bring in medication shut down following the takeover of Wad Madani by RSF in December.¹⁶⁶ In December, the World Health Organization (WHO) raised alarm about persisting “shortages of medicines and

¹⁶¹ Human Rights Watch interview with a pharmacist, WhatsApp, October 6, 2023; and with a pharmacist, November 2023.

¹⁶² Human Rights Watch interview with a pharmacist, November 2023.

¹⁶³ Ibid.

¹⁶⁴ “Surgical supply ban in Khartoum must be immediately reversed.” MSF press release, November 14, 2023, <https://www.msf.org/surgical-supply-ban-khartoum-must-be-immediately-reversed> (accessed March 5, 2024).

¹⁶⁵ Human Rights Watch interview with aid worker, December 6, 2023.

¹⁶⁶ Human Rights Watch interview with UN aid worker, December 2, 2023.

medical supplies....” And the obstruction of supplies: “Provisions of supplies by WHO and health partners are ongoing but are not meeting the rising demands due to delays caused by insecurity and bureaucratic hurdles impeding on efficient delivery of supplies.”¹⁶⁷

While some medical supplies have been allowed into RSF- controlled parts of Khartoum and its sister cities since February 2024, other supplies are still restricted.¹⁶⁸

A medical staff member working in a hospital in Khartoum said: “We go to rest in Wad Madani every few weeks, and in October the army prevented us from getting the permission to return to Khartoum and work in the hospital, arguing that we were working in an area under the control of the Rapid Support Forces. For two weeks, we were unable to return to Khartoum.”¹⁶⁹

In February 2024, Sudan’s military leader, Lt. Gen. Abdel Fattah al-Burhan, said that the authorities would no longer allow aid to reach areas under RSF control.¹⁷⁰ The de facto blockade is largely in place, at time of writing.¹⁷¹

¹⁶⁷ World Health Organization, “Sudan Health Emergency. Situation Report No. 4,” December 15, 2023, https://www.emro.who.int/images/stories/sudan/WHO-Sudan-conflict-situation-report-15-December_2023.pdf (accessed December 19, 2023).

¹⁶⁸ Human Rights Watch telephone interview with an aid worker, November 28, 2023; email exchange with aid worker, July 17, 2024.

¹⁶⁹ Human Rights Watch interview with a nurse, September 27, 2023; Human Rights Watch interview with an interviewee, November 28, 2023; MSF said on X platform on December 1: “This week, Médecins Sans Frontières (MSF) had to make the difficult decision to keep staff at Alban Jadeed hospital to a minimum. The move follows severe restrictions on staff movements and delays in issuing travel permits.” Médecins Sans Frontières (@MSF_Sudan), post on X (formerly known as twitter), December 1, 2023, https://twitter.com/MSF_Sudan/status/173059051823553822?s=20 (accessed March 5, 2024).

¹⁷⁰ “Sudan’s Burhan Rejects Aid Delivery to RSF- Held Areas,” *Sudan Tribune*, February 11, 2024, <https://sudantribune.com/article282200/>; see also, “Sudan: Urgent Action Needed on Hunger Crisis,” Human Rights Watch press release, March 15, 2024, <https://www.hrw.org/news/2024/03/15/sudan-urgent-action-needed-hunger-crisis>.

¹⁷¹ In July 2024, MSF announced they were suspending operations in the Turkish Hospital in Khartoum as a result of repeated violent incidents in and around the hospital, as well as due to the ongoing blockade. The organization said: “The team are physically and mentally exhausted. Due to the blockade that has been imposed by the Sudanese authorities since September—forbidding the transportation of medical supplies and humanitarian personnel into Rapid Support Forces-controlled areas—the team in the Turkish hospital have been working without a break for the past 10 months.” See “MSF Suspends Delivery of Care in Khartoum’s Turkish Hospital,” MSF Press release, July 10, 2024, <https://www.msf.org/msf-suspends-delivery-care-turkish-hospital-sudan> (accessed July 12, 2024).

Lack of Comprehensive Post-Rape Prophylaxis

Given the widespread obstruction of supplies entering the city, the intensity of fighting, the occupation and looting of health facilities including warehouses, and the lack of an international aid presence, medical supplies essential for post-rape care, notably Post-Exposure Prophylaxis kits to prevent HIV transmission and anti-retroviral therapy, and the treatment to prevent Hepatitis B infections have been in short supply since the conflict's onset, with only some phases where they were more easily accessible in some parts of Khartoum.¹⁷²

While emergency clinical management of rape kits were available in Khartoum at the conflict's onset, they were not easily accessible. UNFPA reported in May 2023, that “supplies are available to cover 47,000 reproductive health emergencies such as clinical management of rape, treatment of sexually transmitted infections and family planning services. However, the distribution of these life-saving supplies ... is not possible at this time due to the absence of safe access to the warehouses.”¹⁷³ An emergency room volunteer described the impact: “We communicated with UNFPA in the first weeks of the war to provide the rape kits to the survivors, but they said they were not able to access their warehouses in Khartoum.”¹⁷⁴

UNFPA also said: “Access to gender-based violence prevention and response services in Khartoum—and across Sudan—has been severely curtailed by the ongoing fighting, destruction and looting of health care centers and hospitals. There are critical shortages of supplies for the clinical management of rape (CMR) and Dignity Kits as the stocks are inaccessible. Meanwhile, the central and state-level GBV helplines, usually managed by the Government of Sudan's Combating Violence Against Women (CVAW) Unit have been suspended, limiting GBV survivors' access to counseling services.”¹⁷⁵

¹⁷² Human Rights Watch interview with a doctor, November 7, 2023.

¹⁷³ UNFPA, “Sudan Emergency. Situation Report N. 1,” May 9, 2023, https://arabstates.unfpa.org/sites/default/files/pub-pdf/unfpa_-_sudan_emergency_situation_report_no.1.docx.pdf (accessed July 15, 2024).

¹⁷⁴ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

¹⁷⁵ UNFPA, “Sudan Emergency: Situation Report No.2 (Revised),” May 22, 2023, <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20-%20Sudan%20Emergency%20Situation%20Report%20No.2.pdf> (accessed June 3, 2024).

One of the health professionals working in HIV management clinics in Khartoum said: “We learned after a couple of weeks of the war that the RSF had occupied our center where we have most of our medicines. We are afraid for the patients’ health and the impact of shortage of supplies on them and on the survivors of sexual violence.”¹⁷⁶

Local responders in Khartoum have had to procure medicines from private pharmacies within neighborhoods when these were available.¹⁷⁷ A group of obstetricians adapted the protocol for post-rape intervention to include locally available drugs, reflecting the severe limitations on locally available supplies.¹⁷⁸ The protocol that has been followed includes contraceptive drugs and antibiotics. But most doctors and volunteers did not have access to post-exposure prophylaxis (PEP) medications nor were they able to obtain the antiretroviral medications to prevent Hepatitis B transmission.¹⁷⁹

A healthcare worker described particular challenges in administering the full protocol in the first four months of the conflict:

I managed to change the protocol to match the available medicines in Khartoum. We did not have access to HIV protection and Hepatitis medications as part of the rape protocol. Over 90 percent of the rape victims in the period from May to July 2023, did not take these medications, they only took the antibiotics and the pregnancy prevention courses. The international organizations we reached out to were not able to help us, we mainly relied on our personal relations with pharmacists and hospitals. We started to receive the full rape kits in mid-August and September. There is better availability now in some hospitals and [some] areas [as of September 2023].¹⁸⁰

A UN worker told Human Rights Watch: “At the beginning of the war, [there] really was no way to get supplies in. We managed [to set up] a WhatsApp group with local pharmacists

¹⁷⁶ Human Rights Watch interview with a doctor, June 22, 2023.

¹⁷⁷ Human Rights Watch interview with a doctor, November 7, 2023.

¹⁷⁸ Human Rights Watch interview with an interviewee, November 1, 2023.

¹⁷⁹ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

¹⁸⁰ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

and doctors. We relied on local pharmacists, we would check the stocks with pharmacies, with any pharmacy, but even they had limited supplies. In June, we were able to bring rape kits into Khartoum.”¹⁸¹

Each neighborhood and area faced its own dynamics. A healthcare worker in an emergency response unit in Khartoum said that through to August 2023, they had found ways to move around and access some rape kits but that:

Things shifted dramatically in August when fighting intensified in Khartoum. Battlegrounds everywhere, and frontlines were blurry, so crossing from A to B became even more risky. During that month, we had someone with medical items, including rape kits, but SAF military intelligence in Wad Madani blocked it on the way to Khartoum. They said these medical items are prohibited to enter Khartoum as there is a ban on these items, fearing it will be used by the RSF to treat their wounded.¹⁸²

On limited occasions, supplies from MSF have reached Khartoum and appeared to increase survivors’ chances of receiving the full protocol notably in areas where MSF were operating.¹⁸³ A doctor in a hospital in Khartoum said they were able to increase their staffing and provide the full protocol to survivors coming into their clinics for a limited period from August, thanks to MSF support.¹⁸⁴ As described above (**see section Box: Willful Obstruction of access and delivery of medical supplies**), SAF imposed a de facto ban on medical supplies from entering RSF-controlled areas of Khartoum from at least October onwards.

A pharmacist and emergency response rooms volunteer working at a hospital said in December: “We have received supplies in August and then in November. We have now

¹⁸¹ Human Rights Watch interview with aid worker, December 18, 2023.

¹⁸² Human Rights Watch interview with a volunteer, February 15, 2024.

¹⁸³ Human Rights Watch interview with a women’s rights organization staff, October 3, 2023; Human Rights Watch interview with an interviewee, volunteer, WhatsApp, September 26, 2023; Human Rights Watch interview with a pharmacist, Skype, September 18, 2023.

¹⁸⁴ Human Rights Watch interview with a general physician, Skype, October 8, 2023.

some supplies for HIV patients and PEP. It came from UNFPA and health ministry also.”¹⁸⁵ She explained that between November and December she had received reports via emergency response rooms of at least 14 new cases of rape in her neighborhood, 10 of whom had managed to reach the hospital and received care: “We had supplies that came from UNFPA, so we gave them the full protocol.”¹⁸⁶

But challenges continued through February 2024. An activist coordinating responses described the challenges they faced in February 2024, supporting male survivors of rape compared to their ability to respond early on: “We heard about the cases from one of the emergency response rooms’ activists from Khartoum. He asked us what to do. For us in that area of Khartoum, we unfortunately don’t have PEP on the ground right now. Only thing that can be done is psychological support and evacuation outside of Khartoum. The first four cases were in the first two months when we still had PEP kits.”¹⁸⁷

Endangering and Interfering with Health Settings

Health and service providers Human Rights Watch interviewed faced harassment, intimidation, and attacks by RSF and SAF since the conflict’s onset which hampered survivors access to support.

RSF have repeatedly posted their forces in and around health facilities in Khartoum. At time of writing, RSF occupied three functioning facilities.¹⁸⁸

Such conduct violates the obligation under international humanitarian law to respect and protect health facilities and personnel in all circumstances.

“We worked in a hostile environment in the hospital, in the first couple of months of the war, we struggled to secure ourselves or the working team. RSF officers attacked the staff in the hospital, the volunteers, and the patients’ relatives at least four times up through to

¹⁸⁵ Human Rights Watch interview with a pharmacist, November 2023.

¹⁸⁶ Human Rights Watch interview with a pharmacist, November 2023.

¹⁸⁷ Human Rights Watch interview with an interviewee, February 20 and 21, 2024.

¹⁸⁸ Human Rights Watch interview with a doctor, November 2023; Human Rights Watch with an interviewee, phone call, September 9, 2023.

July 2023. We published reports on our emergency room page, which led to further threats from the RSF. The [RSF] officers said to me and other colleagues that ‘You are exposing our violations, and you should stop that,’” said an emergency response room volunteer in Khartoum.¹⁸⁹

“RSF soldiers walk around the hospital asking health workers about everything happening in the hospital,” said a nurse in September.¹⁹⁰

A doctor from a hospital in Khartoum providing essential services to survivors of sexual violence and reproductive health care services explained the hospital’s relocation in October as a result of incessant harassment by RSF: “The RSF continued to be present around the hospital for weeks. They would search us, the health staff, insult us and shoot around our legs when they tried to enter or leave our hospital. That added to the continued threats, looting of patients along the way as they tried to reach the hospital, forced us to close the hospital and move to a place where the RSF was less present.”¹⁹¹ The RSF’s attacks continued at time of writing.¹⁹²

The presence of RSF fighters inside and in the vicinity of health facilities and their occupation of some, also affected survivors’ ability to access discreet, confidential, and sensitive care, as their presence was frightening and retraumatizing.

One doctor in a hospital in Khartoum said that the RSF were at the gate and inside the hospital in May to September posing “a major challenge for us and for patients in general and especially survivors of sexual violence.”¹⁹³ The doctor tried to find ways of shielding

¹⁸⁹ Human Rights Watch interview with a volunteer, WhatsApp, September 26, 2023.

¹⁹⁰ Human Rights Watch interview with a nurse, September 27, 2023.

¹⁹¹ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

¹⁹² In July 2024, MSF announced it was suspending care in Khartoum’s Turkish Hospital, in an area under RSF-control, because of repeated violent incidents in and around the hospital and threats on the lives of their staff. The head of MSF’s emergency response said: “Most-recently, on the nights of 17 and 18 June, dozens of wounded combatants were brought to the Turkish hospital, and our team was aggressively woken up as Kalashnikovs were fired into their bedrooms.” See, “MSF Suspends Delivery of Care in Khartoum’s Turkish Hospital,” MSF press release, July 10, 2024, <https://www.msf.org/msf-suspends-delivery-care-turkish-hospital-sudan> (accessed July 12, 2024).

¹⁹³ Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

survivors: “I try as much as I can to protect victims of sexual violence by placing them in special care rooms so that they do not get questioned by the RSF.”¹⁹⁴

On July 23, RSF’s spokesperson, Lt. Col. Al-Fateh Qurashi, responding to Human Rights Watch’s right of reply letter, stated that RSF forces “recognize the sanctity of not attacking health institutions, hospitals, medical centers, or medical personnel during armed conflict.” He said that the RSF “does not occupy any hospitals or medical centers in the three cities of Khartoum State.” Their response and accompanying documents are available as an annex in this report and on our website.

Attacks on Health Workers Linked to their Support to Survivors

As described above, both warring parties have threatened, harassed and attacked healthcare workers (**see section: Background**). The warring parties have on occasion targeted and attacked health workers explicitly because of their work, providing services to survivors of sexual violence. Attacks directed at health workers are war crimes, and punishing a person for performing medical duties is prohibited under international humanitarian law.¹⁹⁵

The RSF detained a doctor at a hospital in Khartoum alongside two other emergency response room volunteers, who insisted on accompanying the doctor upon her detention. The doctor who was detained for several hours said:

After the RSF [officer] forced me to open my phone.... They asked me about the reports of SGBV, as they found some messages on some cases to a colleague on my phone. The higher rank officer was more aggressive with me, he said: ‘You should not provide information about us to the health ministry or to the UN. The SGBV cases you are reporting about should not

¹⁹⁴ Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

¹⁹⁵ See for example, Rome Statute of the International Criminal Court (Rome Statute), article 8(e)(ii) which sets out the war crime of intentionally directing attacks against buildings, material units and transport, and personnel using the distinctive emblems of the Geneva Conventions in conformity with international law; and article 10 of Additional Protocol II to the Geneva Conventions Relating to the Protection of Victims of an Non-International Armed Conflicts which provides that, “under no circumstances shall any person be punished for having carried out medical activities compatible with medical ethics, regardless of the person benefitting therefrom.”

be reported and you should stop receiving SGBV victims in the hospital. I have heard that you were raped in the hospital, is that right? Someone knocked on your door and raped you, was he your colleague or someone else?’ He further added: ‘I can kill you right here right now if I want to, you should be careful and stop sending reports.’¹⁹⁶

The doctor was released but the two volunteers spent several days in RSF detention.¹⁹⁷ During the arrest, RSF forces humiliated and beat them. One of those released said: “The RSF told me, ‘It is better to fight against us with weapons than to report us to the UN organizations.’”¹⁹⁸

In at least four incidents, RSF have detained and subjected to sexual violence women health care professionals.

On September 27, an emergency response room volunteer in Khartoum was detained by RSF forces and reportedly sexually assaulted according to an emergency response rooms’ statement.¹⁹⁹ “The volunteer was working in the neighborhood collecting some data from women in the neighborhood, when three RSF soldiers intercepted her and forced her into a house in the neighborhood,” said a volunteer in the area.²⁰⁰

In late 2023, RSF forces detained a local volunteer and sexually assaulted her. She only managed to escape from being raped by telling the forces she had her period. She explained to Human Rights Watch:

¹⁹⁶ Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

¹⁹⁷ Human Rights Watch interview with an volunteer, Phone call, September 23, 2023; with a general physician, WhatsApp, September 28, 2023.

¹⁹⁸ Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

¹⁹⁹ Khartoum State of Emergency room Facebook page, October 4, 2023, https://m.facebook.com/story.php?story_fbid=pfbidobjTnekZQTvi7Xg41DPJM4HLzKz2mX84j5XRnHwedBUmv7qgGAbC1TaNSEXUnDkaS1l&id=100093084189257 (accessed March 6, 2024).

²⁰⁰ Khartoum State of Emergency room Facebook page, October 4, 2023, https://m.facebook.com/story.php?story_fbid=pfbidobjTnekZQTvi7Xg41DPJM4HLzKz2mX84j5XRnHwedBUmv7qgGAbC1TaNSEXUnDkaS1l&id=100093084189257 (accessed March 6, 2024); Human Rights Watch interview with a clinical psychologist, Microsoft teams, September 27, 2023; Human Rights Watch interview with a lawyer, October 10, 2023.

A group of RSF stopped me and dragged me to a house ... they pulled me into a room and ordered me to take off my clothes. I refused at first, they started to beat me. Another higher rank officer, their leader, came and asked, 'What is going on.' They told him, 'This woman had refused to take off her clothes and let us have sex with her.' I ran away from the room while they were talking and headed out to the main door. One of them hit me on my head with the back of the gun. I fell on the ground—I almost fainted. He started beating me again and ordered me to stand up. I stood up while still dizzy. The leader asked me why you refused to take of your clothes and have sex with us. I told them I have my period; I was ashamed to tell your officers this. He said I do not believe you, show me, I want to check myself you have your period. I refused to let them see and I took my panty off and show them the bleeding. Then the high officer said go.²⁰¹

Fighting in Residential Areas, Parties' Restrictions on Civilians' Movement

Ongoing, incessant fighting in Khartoum, as well as presence of armed forces, particularly RSF forces, throughout residential areas, repeated harassment of civilian as they moved around the city, severely hampered both survivors and responders' ability to reach health care facilities and also undermined the ability of volunteers and aid actors to safely access existing supplies in the capital and distribute them to those in need.

A pharmacist described: "The RSF detain many young men and volunteers, sometimes because they were transporting medicines or supplies. We have to talk to them to release the volunteers, some officers cooperate with us when they understand they are volunteers from the emergency response rooms. But the soldiers are not aware of the situation, and they just arrest people on suspicion of helping SAF."²⁰²

Another health worker described the daily risks she faces to reach her hospital: "I have to avoid RSF checkpoints and carry food or clothes with me to tell them I am visiting my relatives where the hospital is, which is in a SAF-controlled area now. They can arrest me if

²⁰¹ Human Rights Watch interview with a local volunteer, January 14, 2024.

²⁰² Human Rights Watch interview with a pharmacist, WhatsApp, October 6, 2023.

they found out I work in that hospital and accuse me of supporting or spying for SAF.... I keep going to save lives.”²⁰³

"We were informed of two cases of rape of two sisters in Omdurman, who had been raped by the [SAF] army. There was ongoing shelling in the area. The survivors were unable to go to the nearest hospital, so I had to go under the shelling to a hospital a long distance away from us [to get medication]," said an emergency response room volunteer from Omdurman.²⁰⁴ Once at the hospital, "they refused to give me the medicine without the presence of the survivors as they wanted to examine her first.... I searched late into the night for medicines from pharmacies in nearby neighborhoods so that the medicine could reach them before the 72-hour period ended." He eventually found the medication and brought it to the survivors.²⁰⁵

A health professional said in May 2023: "Two volunteers drove under intense shelling through the inner alleys of the neighborhoods to avoid checkpoints for more than 3 hours so that they could bring the protocol to another hospital that in normal circumstances could be reached in less than 30 minutes."²⁰⁶

A women's rights activist seeking to help survivors access post-rape care said: "We had a volunteer in east Khartoum who refused to take three survivors to the hospital to get the protocol as he said it was too risky for the survivors and himself."²⁰⁷

The fighting and checkpoints along the way also hamper civilians trying to get medical care for their relatives.

A doctor in eastern Khartoum said that in November 2023, "A tired young man came to us after a long walk and in a state of great fear." ²⁰⁸ The young man had crossed roads filled with RSF checkpoints in order to seek medical support for his sister who had been raped

²⁰³ Human Rights Watch interview with a midwife, January 14, 2024.

²⁰⁴ Human Rights Watch interview with a volunteer, September 22, 2023.

²⁰⁵ Human Rights Watch interview with a volunteer, September 22, 2023.

²⁰⁶ Human Rights Watch interview with an interviewee, phone call, September 9, 2023.

²⁰⁷ Human Rights Watch interview with women's rights organization staff, October 3, 2023.

²⁰⁸ Human Rights Watch interview with a psychotherapist, WhatsApp, November 11, 2023.

20 days earlier. His family was refusing her care, but the young man was hoping medical staff could come home with him to convince his family. The fighting that day had prevented them from going with him, the doctor said. “We learned that he tried to come the next day, but the RSF arrested him on the way to the hospital, and he spent two days in detention, after which his family decided to travel outside Khartoum,” said the doctor.²⁰⁹

Difficulty in Accessing Abortion Care

Survivors seeking abortion have faced a range of challenges in accessing safe abortions, including because the survivors’ pregnancies had advanced to later stages by the time they were able to access care, they were unable to navigate the legal hurdles to obtaining an abortion after rape, or they encountered medical professionals either unwilling, ill-equipped, or too scared to provide abortion care.²¹⁰

A doctor said: “I received a case of a survivor in her 20s. She was almost five months pregnant. She said she was afraid to tell her family or approach the hospital. Unfortunately, I couldn’t perform the abortion procedure, as it was too late and could put her life at risk. I had to refer her to counseling and offered to explain the situation to her family. I am afraid that she would try to do something herself to terminate the pregnancy.”²¹¹

Under the Sudanese Criminal Code, abortions are legal following rape only within a period not exceeding 90 days of pregnancy. The law spells out several procedural requirements, including that the survivors must report the rape to the police and submit documentation including a medical examination confirming the rape (using what is known as Form 8), following which a survivor is granted permission from the prosecutor’s office to abort the pregnancy legally in a public or private hospital.²¹²

²⁰⁹ Ibid.

²¹⁰ Human Rights Watch interview with an interviewee, October 23, 2023; Human Rights Watch interview with an interviewee, phone call, September 9, 2023; Human Rights Watch interview with a pharmacist, November 2023.

²¹¹ Human Rights Watch interview with an interviewee, September 9, 2023.

²¹² Form 8 is a general form made for medical reporting of crime of physical assaults for the police. The form must be obtained from police officers at time of reporting any physical assault. Doctors and hospitals in Sudan must use these forms for making official medical reports of any crime including injury. Rape, and other forms of SGBV do not have specific reporting forms.

The collapse of the rule of law institutions in Khartoum from the onset of the conflict (**see section: Background and section: Access to Justice for Survivors**) adds to what were already major barriers to obtaining a legal abortion after rape.²¹³ International medical NGOs described the additional hurdle to providing abortion care presented by the excessive and difficult legal requirements in addition to the broader challenges hampering their work and the enormous trauma injuries caseload. “We have not been able to offer the legal certificates to survivors,” said an international medical worker in December.²¹⁴ An emergency rooms volunteer helping survivors outside of Khartoum said: “Survivors face major problems when they need to obtain legal abortion permission themselves. The period could last for weeks, maybe months. In one case, I was only able to complete the abortion procedure on the 90th day, the last day of the legal deadline allowed to perform an abortion.”²¹⁵

On occasion, doctors in hospitals and functioning health centers have also refused to provide abortion-related services, including because many doctors are personally opposed to abortion. An international medical worker commented on how abortion even within the legally permitted timeframe is “culturally frowned upon.”²¹⁶

According to one emergency response rooms volunteer, the medical director at the clinic in Khartoum at which she worked said: “I will not allow any abortion-related services here because rape must first be legally proven in order for the abortion to be performed. I will also not risk the reputation of the clinic in the area, as we may be expelled by the residents or the government.” The volunteer said he also asked: “How can we make sure that all those seeking abortion services are for rape?”²¹⁷

A doctor in Khartoum described the case of a woman who was raped, shot, and two months later found out she was pregnant:

²¹³ OHCHR, “Annual Report of the Office of the High Commissioner for Human Rights: Situation of Human Rights in Sudan,” A/HRC/55/29, March 4, 2024, <https://digitallibrary.un.org/record/4045183/> (accessed March 4, 2024) para. 87.

²¹⁴ Human Rights Watch interview with an aid worker, December 5, 2023.

²¹⁵ Human Rights Watch interview with a general physician, November 9, 2023.

²¹⁶ Human Rights Watch interview with an aid worker, December 5, 2023.

²¹⁷ Human Rights Watch interview with an interviewee, WhatsApp, November 11, 2023.

Her husband expelled her, took away her children leaving her to live in the street. When she came to us looking for a way to abort the pregnancy so that she could get her children back, the director at the hospital did not agree to the procedure. We referred her to another hospital, but they also weren't able to do the procedure because they didn't have an obstetrician and at that time. After the pregnancy exceeded four months, we had to offer her psychological assistance services so that she could accept the condition and complete the pregnancy period, as it was the only solution in our hands.²¹⁸

An activist said that even health workers are at times confused about the required procedures.²¹⁹ Another raised concerns that “many doctors and health workers are not trained enough to manage the cases.”²²⁰

Healthcare workers interviewed for this research knew of only four cases in which abortions had been conducted in Khartoum between June and December.²²¹

Service providers and activists have tried to help survivors obtain abortion care outside of Khartoum notably in the town Wad Madani, before the RSF took it over in mid-December.²²²

Even there, survivors have faced challenges. An activist described the intimidation a survivor faced at the hands of the police when trying to report her rape by SAF forces in order to access abortion services: “We had a case of a married woman who was raped, she was pregnant, she refused to go to the hospital, we tried to follow-up with her, she was scared that police would detain her, as when she initially reported to the police, in Madani, they said ‘Of course it's RSF’ so, she didn't finish the procedure and she went to a midwife.

²¹⁸ Human Rights Watch interview with a general physician, Skype, October 8, 2023.

²¹⁹ Human Rights Watch interview with an interviewee, February 20 and 21, 2024.

²²⁰ Human Rights Watch interview with an interviewee, October 23, 2023.

²²¹ Human Rights Watch interview with a doctor, October 23, 2023; with an interviewee, doctor, phone call, September 9, 2023; with a pharmacist, November 2023.

²²² Human Rights Watch interviews with a volunteer, WhatsApp, September 26, 2023; with a clinical psychologist, Microsoft teams, September 27, 2023; with an interviewee phone call, September 9, 2023; with an interviewee, Phone call, November 1, 2023.

The police and AG are not sensitive. Not good mechanism in place, it's by luck you find someone who is more willing.”²²³

Following the fall of Madani to the RSF in December, many hospitals and clinics providing support to survivors either closed or stopped working.²²⁴ Some of those facilities resumed work later but civilians’ access remained hampered.²²⁵ Survivors in the city had to flee to other cities further east. “The second day of the attack on Madani, all hospitals were not working. I was following two survivors who needed abortion, we lost their contacts as people fled the city and we couldn’t contact them a month later,” said a health worker who was working in Madani. In February, UNFPA reported that “Clinical management of rape services are available in Elhoush, Wad Elhadad and Manaqil Hospitals,” following the takeover of Wad Madani.²²⁶

Lack of Confidential and Survivor-Centric Services

Service providers believed that the lack of privacy in health care and the failure to provide discreet, confidential, and sensitive care were also deterring survivors from disclosing sexual violence or successfully accessing help.²²⁷ International aid organizations raised concerns about how few cases of sexual violence were being reported inside the hospitals in which they operated.²²⁸

A volunteer doctor in Khartoum said: “There is a major crisis in training health personnel to deal with cases of sexual violence. Survivors fear that privacy in hospitals will not be protected. And there is a lack of private rooms to examine survivors. In public hospitals, the survivor must talk in an open room with a number of doctors and patients about what happened to her.”²²⁹

²²³ Human Rights Watch interview with interviewee, February 20 and 21, 2024.

²²⁴ Human Rights Watch interview with a doctor, November 9, 2023; with a lawyer, October 20, 2023.

²²⁵ Human Rights Watch interview with a lawyer, October 20, 2023; with a doctor, November 9, 2023; with a pharmacist, Skype, September 18, 2023.

²²⁶ UNFPA, “Situation Report. Update No.10,” February 5, 2024, <https://www.unfpa.org/sites/default/files/resource-pdf/10%20UNFPA%20Sudan%20Emergency%20Situation%20Report%20%2310.docx-4.pdf> (accessed March 12, 2024).

²²⁷ Human Rights Watch interview with a general physician, November 9, 2023.

²²⁸ Human Rights Watch interview with an aid worker, December 6, 2023.

²²⁹ Human Rights Watch interview with a general physician, November 9, 2023.

A UN staff commented: “We used to have a confidential corner in hospitals, which could allow sexual and gender-based survivors to have counselling. These have been destroyed. Doctors have been moving to other facilities to provide [this care], but it’s overcrowded.”²³⁰

Service providers also believed the lack of specialized medical staffing, notably female personnel, was also affecting survivors’ access.²³¹ The October 2023 Care International Rapid Gender analysis said: “Women are experiencing the biggest gap in healthcare as fewer female medical staff are available, and many women are reluctant or even prohibited to be treated by male medical staff due to cultural norms and practices.”²³² A general physician who has worked in Khartoum since the first day of the war said in September: “We were not able to provide any health services to survivors of sexual violence in the hospital where I work, which is one of the largest hospitals still functioning in Khartoum, until August, as we did not have a midwife or gynecologist in the hospital.”²³³ A health professional in the emergency rooms said in October: “There are fewer than seven obstetricians and gynecologists working in the whole of Khartoum now.”²³⁴

Survivors who overcome the legal challenges in accessing abortion risk also facing a hostile environment, even in health facilities. A doctor described the treatment survivors in a hospital outside Khartoum seeking access to abortions faced:

The process within the hospital is very devastating for the survivors and for us who help her. First the procedure is supposed to be free, but to get the permission to make it free, we have to go through the medical and administrative process that can take few days as well. To access free medical services, survivors need to register in the administration office and speak within a room filled with people to identify themselves and their situation. In this process we have to reveal the personal information of the

²³⁰ Human Rights Watch interview with an aid worker, December 18, 2023.

²³¹ Human Rights Watch interview with an interviewee, October 23, 2023.

²³² Care international, “Sudan – Khartoum, Al Gezira, East Darfur, South Darfur Rapid Gender Analysis,” October 1, 2023, <https://careevaluations.org/evaluation/sudan-khartoum-al-gezira-east-darfur-south-darfur-rapid-gender-analysis/> (accessed November 29, 2023).

²³³ Human Rights Watch interview with a general physician, WhatsApp, September 28, 2023.

²³⁴ Human Rights Watch interview with an interviewee, October 23, 2023.

survivor to the administrative officers, and the staff sometime just use this information in their gossip inside the hospital. The survivor's information is kept in the general files and ledgers of the admins which are open and can be seen by anyone in the hospital. The hospital does not have a private space to examine and keep the survivors safe. The survivors have to talk in public examination about their situation, there are no safe zones for special treatment of survivors seeking abortion services.²³⁵

Other Factors Hampering Access to Post-Rape Care

The impact of internet and communication outages, and power outages which have affected Khartoum since the early weeks of the conflict has hampered the provision of remote health care, in particular mental health care responses.

Psychosocial care providers in Khartoum, mainly volunteer mental health providers working in coordination with emergency response rooms or women's rights organizations, have relied on telephone or online therapy, but persistent disruptions and prolonged interruptions of communication have reduced survivors' ability to access the necessary mental health care.

While some operating health facilities have a resident psychiatrist, "most of the services are provided remotely," said a coordinator of health services in emergency response rooms.²³⁶

Service providers said that the interruptions in the communication network and the fact that many survivors and their families fled the city also hampered their ability to follow-up with survivors.²³⁷ "I often lose contact with survivors after the first or second call because they move to places where their network is very weak in rural Sudan," said a psychiatrist.²³⁸

²³⁵ Human Rights Watch interview with a general practitioner, November 9, 2023.

²³⁶ Human Rights Watch interview with an interviewee, October 23, 2023; with a general physician, WhatsApp, September 11, 2023; with a clinical psychologist, Microsoft teams, September 27, 2023; with a psychotherapist, WhatsApp, November 11, 2023.

²³⁷ Human Rights Watch interview with a psychotherapist, November 11, 2023.

²³⁸ Ibid.

Another also said, “There is very little I can do for them as the majority talk to me on phone only once. There were very few survivors I was able to give two therapy sessions to.”²³⁹

In addition, the central and state-level GBV helplines, usually managed by the Government of Sudan’s Combating Violence Against Women (CVAW) Unit have been suspended after the war erupted and the RSF gained control of most of Khartoum, limiting GBV survivors’ access to counseling services.

Fear of social stigma has undermined survivors’ ability to access care as well. Several healthcare providers reported having to work hard to convince relatives of survivors to allow them to access existing care. “In early May we received a report that two sisters had been raped. We called the family, but the mother refused to let them take medications or go to the hospital for examination. It took us several days just to convince her to let them take the medication,” said a volunteer in Khartoum.²⁴⁰

A midwife was contacted by the sister of a survivor of gang rape by SAF forces in December. She said the SAF forces had also pressured the family not to report the rape. The midwife explained: “She was very afraid but said her sister needed help. I told her to bring her to me. I said, I do not have the protocol, but I could take her to the hospital or get the medication for her from the hospital. The girl never came, I think they were too afraid to come to see me.”²⁴¹

²³⁹ Ibid.

²⁴⁰ Human Rights Watch interview with a pharmacist, WhatsApp, October 6, 2023; with a general physician, WhatsApp, October 6, 2023.

²⁴¹ Human Rights Watch interview with a midwife, January 14, 2024.

Access to Justice for Survivors

Fighting since April has brought rule of law institutions, namely the police, prosecution, and judiciary, to a halt in Khartoum. The UN reported in September that “Justice institutions in Khartoum and Central, North, South, and West Darfur ceased to function.”²⁴²

This situation has blocked survivors of sexual violence from being able to access justice and police services. The legal procedures required to prove the crime of rape are no longer available, and survivors cannot obtain medical reports to document rape cases, due to the lack of Form No. 8 in health facilities,²⁴³ which the Code of Criminal Procedure requires to be filled out by medical bodies when examining rape cases.²⁴⁴

Interviewees were not aware of any case in which survivors were able to get the relevant documentation inside Khartoum until early January 2024, when some police stations resumed working in some SAF controlled areas.²⁴⁵

The lack of police services also hinders families from reporting missing women and girls, also has hampered their access to abortion services.

A doctor described how one survivor’s efforts to seek abortion was delayed for several weeks, because the police refused to accept her request because her family had not filed a missing person’s report in Khartoum.²⁴⁶ In this case and similar cases, a report that an

²⁴² UNITAMS, “Situation in the Sudan and the activities of the United Nations Integrated Transition Assistance Mission in the Sudan Report of Secretary General,” S/2023/861, November 13, 2023. For more info see, African Center for Justice and Peace Studies (ACJPS), “Sudan: The War and the Justice System,” August 8, 2023, <https://web.acjps.org/sudan-the-war-and-the-justice-system/> (accessed June 24, 2024); “Judicial Facilities Destroyed in War Shows Alarming Collapse of Sudan’s Justice System,” *Radio Dabanga*, May 23, 2023, <https://www.dabangasudan.org/en/all-news/article/judicial-facilities-destroyed-in-war-shows-alarming-collapse-of-sudans-justice-system>; UNITAMS, “Situation in the Sudan and the activities of the United Nations Integrated Transition Assistance Mission in the Sudan,” S/2023/861, November 13, 2023, https://unitams.unmissions.org/sites/default/files/november_2023_eng.pdf (accessed March 6, 2024).

²⁴³ Human Rights Watch interview with a lawyer, Signal, September 9, 2023; interview with a lawyer, October 10, 2023; interview with a lawyer, Phone, October 3, 2023.

²⁴⁴ Africa Centre for Justice and Peace Studies, “Sudan: The War and The Justice System” August 8, 2023, <https://web.acjps.org/sudan-the-war-and-the-justice-system/> (accessed June 4, 2024).

²⁴⁵ Human Rights Watch interview with a lawyer, Signal, September 9, 2023; interview with a lawyer, October 10, 2023; interview with an interviewee, phone call, September 9, 2023.

²⁴⁶ Human Rights Watch interview with a general physician, November 9, 2023.

individual was missing was required to prove the allegations that a victim was raped after being kidnapped in Khartoum by RSF officers.

Women human rights defenders and women's rights groups in Sudan have also faced many difficulties in documenting violations related to sexual violence. “We do not have access to information due to poor communication, common fear among victims from retaliation of the perpetrators and fear of social stigma, which limits the number of cases we can document,” said a lawyer.²⁴⁷ “We get little and missing information most of the time because survivors come to hospitals or emergency rooms and just look for treatment, and most don't feel safe to talk about the details of what happened to them,” said an activist working for a feminist organization.²⁴⁸

A lawyer said that the make-up of the emergency rooms was also an obstacle: “Survivors find it difficult to talk to emergency room volunteers, who are mostly men, and doctors in hospitals don't care much about getting details of cases due to working conditions and survivors’ desire to be discharged quickly.”²⁴⁹

Another lawyer said in some of the rape cases she referred to the prosecution office in Wad Madani, prosecutors were cooperative in allowing survivors to access legal abortion services in the area: “This however has now probably changed, with RSF’s takeover of Wad Madani in December. Many of the lawyers and service providers—many originally fled from Khartoum to Madani—have now left and it is hard to see a resumption of rule of law institutions such as the prosecution office in the state. I also feel survivors would fear reporting cases especially if perpetrated by the RSF, with them now being in control of the city.”²⁵⁰

Service providers believed fear of reprisals was also deterring survivors from coming forward. While survivors and service providers face risks from both warring parties, some interviewees said that there was a greater fear or reluctance to report on cases by SAF. One activist said: “We have two cases, victims, who have been raped by SAF. For their protection,

²⁴⁷ Human Rights Watch interview with a lawyer, Phone, October 3, 2023; Human Rights Watch interview with women’s rights organization staff, October 3, 2023.

²⁴⁸ Ibid

²⁴⁹ Human Rights Watch interview with a lawyer, Phone, October 3, 2023.

²⁵⁰ Human Rights Watch interview with a lawyer, February 15, 2024.

we directed survivors not to mention that it was SAF, told them to say, ‘wearing military uniform’ and don't recognize them. Told not to say it was SAF.”²⁵¹ A psychotherapist said that one of her patients who had been raped by two SAF soldiers said the soldiers had “threatened her to kill her,” and that “if she talked, they will kill the person she informed as well. They told her they can bring her any time they want.”²⁵²

Several services providers and human rights activists said that survivors are not asking to pursue legal accountability at present. “There are few [survivors] who mention they wanted justice for what happened to them, so we think it’s just not the priority for those women now,” said one rights activist.²⁵³ She continued, “But we are looking into legal actions regionally and other advocacy options for justice and accountability for future.”²⁵⁴

In March 2024, the attorney-general announced that he had ordered the suspension of the geographical jurisdiction requirement for the filing of cases of sexual violence, in theory allowing survivors to record their case before any prosecutor across the country, regardless of the location in which the sexual violence occurred.²⁵⁵

²⁵¹ Human Rights Watch interview with an interviewee, February 20 and 21, 2024.

²⁵² Human Rights Watch interview with a psychologist, January 2, 2024; Human Rights Watch interview with a general physician, October 8, 2023.

²⁵³ Human Rights Watch interview with a lawyer, October 3, 2023.

²⁵⁴ Ibid.

²⁵⁵ “The Attorney-General launches “together against rape” Campaign,” *Al Ahdaath News*, March 21, 2024, <https://alahdaathnews.com/توجيهات-جديدة-من-النيابة-العامة-بشأن-ق/> (accessed July 15, 2024).

International Response

Despite regular international condemnation of warring parties' and notably the RSF's widespread use of rape and other forms of sexual violence, as documented in this report, throughout the conflict neither the UN nor the AU have proactively rolled out existing mechanisms to respond to conflict-related sexual violence in Sudan.²⁵⁶

On May 24, 2023, the UN special representative of the Secretary-General on Sexual Violence in Conflict expressed “grave concerns” over reports of sexual violence following the outbreak of the conflict.²⁵⁷ She reported that a “number of the incidents appear to have occurred in the residential areas of the capital, or while fleeing from the capital, while others took place in Darfur where reports of sexual violence have consistently been reported since 2003.”²⁵⁸ In August, the special representative said she met with Abdel Raheem Dagalo, Hemedti's brother and RSF deputy leader, pressing the force to undertake unilateral commitment to combat sexual violence, and to commit to “effective measures to prevent and address any such violations with a time-bound implementation plan, as well

²⁵⁶ In resolution 2467, the Security Council further asked the secretary-general to ensure “arrangements” to monitor and report on sexual violence in conflict, specifically to address sexual violence as a “tactic of war.” See, UN security council, “Resolution 1456(2019): Strengthens justice and accountability and calls for a survivor-centered approach in the prevention and response to conflict-related sexual violence,” S/Res/ 2467 (2019), April 23, 2019, https://www.un.org/shestandsforpeace/sites/www.un.org/shestandsforpeace/files/unscr_2467_2019_on_wps_english.pdf (accessed June 4, 2024). In its resolution 1960, the Security Council “encouraged” the secretary-general to “enhance data collection and analysis of incidents, trends, and patterns of rape and other forms of sexual violence to assist the Council’s consideration of appropriate actions.” See UN Security Council, “Resolution 1960(2010): Requested the Secretary-General to establish monitoring, analysis, and reporting arrangements on conflict-related sexual violence,” S/Res/1960 (2010), December 16, 2010, https://www.un.org/shestandsforpeace/sites/www.un.org/shestandsforpeace/files/unscr_1960_2010_on_wps_english.pdf (accessed June 4, 2024).

²⁵⁷ “Special Representative of the Secretary-General on Sexual Violence in Conflict expresses grave concern over alleged acts of sexual violence in Sudan during the ongoing violence,” UN news release, May 24, 2023, <https://www.un.org/sexualviolenceinconflict/press-release/un-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-expresses-grave-concern-over-alleged-acts-of-sexual-violence-in-sudan-during-the-ongoing-violence/> (accessed February 15, 2024).

²⁵⁸ “UN Special Representative of the Secretary-General on Sexual Violence in Conflict expresses grave concern over alleged acts of sexual violence in Sudan during the ongoing violence,” United Nations press release, May 24, 2024, <https://www.un.org/sexualviolenceinconflict/press-release/un-special-representative-of-the-secretary-general-on-sexual-violence-in-conflict-expresses-grave-concern-over-alleged-acts-of-sexual-violence-in-sudan-during-the-ongoing-violence/> (accessed February 7, 2024).

as command orders that declare zero-tolerance for sexual violence as part of upholding military discipline.”²⁵⁹

In its July 23 letter to Human Rights Watch, the RSF said that “both before and after the war” they have “always taken all necessary measures to prevent sexual violence and all other forms of violence that constitute human rights violations.” The letter notes that “[i]n line with the recommendations of the United Nations Secretary-General regarding sexual violence, human rights, and international humanitarian law, the Rapid Support Forces Commander issued Standing Order No. 6, dated April 19, 2023, to ensure no assault on personal dignity, including sexual violence.” The standing order shared with Human Rights Watch does not in fact explicitly ban sexual violence. The forces’ rules of engagement, also shared with Human Rights Watch, only prohibit sexual violence and sexual exploitation of children.

The RSF have yet to provide credible evidence that they have held perpetrators from among their forces to account for acts of sexual violence.²⁶⁰ In its July 23 response the RSF said that its “Ground Monitoring and Negative Phenomena Control Committee,” works to follow up on any violations or abuses and prosecute the perpetrators.” It did not provide concrete details on the committee’s mandate, make-up, or what investigations and/or prosecutions, if any, have been conducted into sexual violence in Khartoum state, whether by the committee or other bodies.

In August 2023, the UN High Commissioner for Human Rights said that his office received reports of “32 incidents of sexual violence against 73 victims,” including “28 incidents of rape,” and that at least 19 of these cases reported to be perpetrated by men in RSF uniforms from across Sudan, stating that the actual number of cases is most likely much higher.²⁶¹

²⁵⁹ “SUDAN: UN Special Representative on Sexual Violence in Conflict engages with parties to address sexual violence,” UN news release, August 1, 2023, <https://www.un.org/sexualviolenceinconflict/press-release/sudan-un-special-representative-on-sexual-violence-in-conflict-engages-with-parties-to-address-sexual-violence/> (accessed February 15, 2024).

²⁶⁰ Human Rights Watch interview with UN official, July 8, 2024.

²⁶¹ “Sudan: Turk decries “disastrous” impact of war, urges accountability,” United Nations press release, August 15, 2023, <https://www.ohchr.org/en/press-releases/2023/08/sudan-human-rights-situation> (accessed February 7, 2024).

In her annual report to the Security Council, the special representative to the Secretary-General on children in armed conflict, reported that in 2023, her office had recorded sexual violence against 114 girls, including 57 by the Rapid Support Forces (57), and 1 case by the Sudanese Armed Forces.²⁶² The report also documented 20 incidents of abductions, half of boys and half of girls.²⁶³

The UN system in Sudan has, since the decision to withdraw the UN/AU peacekeeping mission in December 2020, had a much more reduced human rights reporting and monitoring capacity in the country.²⁶⁴ Following the withdrawal of peacekeepers, the UN Security Council established a new political mission, the UN Integrated Transition Assistance Mission in Sudan (UNITAMS), in June 2020. While mandated to support the protection of civilians and human rights, the new mission remained Khartoum-focused, concentrating on national political negotiations and relying heavily on the Office of the High Commissioner for Human Rights (OHCHR) country office when it came to monitoring and reporting. UNITAMS' mandate did not include a physical civilian protection component.²⁶⁵

The mission's focus, and ability, to monitor human rights violations shrunk further once the conflict started.

At the onset of fighting in Khartoum, UNITAMS, among other UN agencies, evacuated its international staff out of the city, basing many in Port Sudan.²⁶⁶ For months SAF-aligned authorities delayed the issuance of visas or travel permits for UNITAMS staff, before declaring Mr. Volker Perthes, the UN special representative of the secretary-general for

²⁶² United Nations Security Council, "Report of the Secretary-General, Children and Armed Conflict," June 3, 2024, S/2024/384, <https://www.undocs.org/Home/Mobile?FinalSymbol=S/2024/384&Language/> (accessed July 18, 2024), para. 192.

²⁶³ Ibid, para. 194.

²⁶⁴ The United Nations Integrated Transition Assistance Mission in Sudan (UNITAMS) established by the UN Security Council in 2020 to replace UNAMID, came with a mandate on human rights reporting, along with the UN OHCHR country office. However, UNITAMS largely focused on the political dynamics in Khartoum and especially following October 25, 2021, coup. In November 2023, Sudan pushed against the renewal of the mission, leading eventually to its termination.

²⁶⁵ "Sudan: UN/AU Plan for Darfur Falls Short," Human Rights Watch news release, March 16, 2020, <https://www.hrw.org/news/2020/03/16/sudan-un/au-plan-darfur-falls-short>.

²⁶⁶ "United Nations Reassures Its Commitment to Sudan," UNITAMS press release, April 24, 2023, <https://unitams.unmissions.org/en/united-nations-reassures-its-commitment-sudan> (accessed June 4, 2024).

Sudan and head of UNITAMS, a persona non grata in June 2023.²⁶⁷ Then, following a letter from the SAF-aligned Sudanese authorities in November demanding an immediate termination of UNITAMS, the UN Security Council on December 1 decided to terminate UNITAMS, removing the protection of civilians monitoring infrastructure embedded in the mission.²⁶⁸

While a handover period was granted, and functions of UNITAMS expected to be handed over to other UN agencies, critical capacity has been lost. At time of writing, Monitoring, Analysis and Reporting Arrangements (MARA) key to addressing the widespread conflict-related sexual violence are not in place.²⁶⁹ The MARA is a central component of an effort by the UN Security Council to expand its ability to respond to conflict-related sexual violence. “There is almost no infrastructure to respond to sexual violence across Sudan at UN level,” said one international aid worker in May 2024. “The only referral systems-for survivors-existing since the conflict’s onset for instance, are established and facilitated by local initiatives.”²⁷⁰

As the situation on the ground continued to deteriorate, notably with incessant fighting in and around the north Darfur capital of El Fasher from April and especially mid-May 2024 onwards, both the AU Peace and Security Council (AUPSC), and later the UN Security Council recognized the importance of civilian protection. On June 13, the UN Security Council passed resolution 2736 which requested that the secretary-general, in “consultation” with “regional stakeholders ... make further recommendations for the protection of civilians in Sudan.”²⁷¹ In a June 21 communique, following a heads of state AUPSC summit on Sudan, it called on “the African Union and its relevant Organs, in

²⁶⁷ “SRSG for Sudan and Head of UNITAMS Volker Perthes Remarks to the Security Council,” UNITAMS news release, May 22, 2023, <https://unitams.unmissions.org/en/unitams-srsg-mr-volker-perthes-remarks-security-council-22-may-2023>; “Sudan declares UN envoy Volker Perthes ‘persona non grata’,” *Al Jazeera*, June 9, 2023, <https://www.aljazeera.com/news/2023/6/9/sudan-declares-un-envoy-volker-perthes-persona-non-grata> (accessed June 4, 2024).

²⁶⁸ “Security Council Terminates Mandate of UN Transition Mission in Sudan, Adopting Resolution 2715 (2023) in Vote of 14 in Favor to 1 Abstention,” UN Security Council press release, SC/15512, December 1, 2023, <https://press.un.org/en/2023/sc15512.doc.htm> (accessed June 4, 2024).

²⁶⁹ Human Rights Watch interview with an international aid worker, December 2, 2023; interview with UN official, July 8, 2024.

²⁷⁰ Human Rights Watch interview with an international aid worker, May 7, 2024.

²⁷¹ UN Security Council resolution 2736 (2024), S/RES/2736 (2024), June 13, 2024, [https://undocs.org/Home/Mobile?FinalSymbol=S%2FRES%2F2736\(2024\)&Language/](https://undocs.org/Home/Mobile?FinalSymbol=S%2FRES%2F2736(2024)&Language/) (accessed July 13, 2024).

collaboration with the High-Level Panel on Sudan and IGAD,” to “develop a plan for the protection of civilians.”²⁷²

Despite the massive needs of civilians in Khartoum, international aid access into Khartoum, notably by the UN, has been confined since the conflict’s onset to a pocket of areas controlled by SAF. Two health non-governmental organizations have operated in the capital but with significant restrictions on their ability to function (see **Text Box: Willful Obstruction of Access and Delivery of Medical Supplies**).

The humanitarian response to sexual violence has also been severely hampered by the massive funding gaps. As of March 2024, UNFPA said they required US\$ 40.8 million for their gender-based violence response, but only US\$8.5 million has been received so far.²⁷³

On April 15, 2024, the governments of France, Germany, and the European Union hosted a conference in Paris marking the passing of one year since the outbreak of the conflict. The conference is largely aimed at bringing focus on the situation, collecting pledges from individual governments to fill in massive funding gaps, and highlighting the broader humanitarian catastrophe. While the conference’s hosts announced an additional US\$2 billion in pledges, no detailed breakdown of these pledges was provided.²⁷⁴ At time of writing, the Humanitarian Response Plan, was funded at only 18.4 percent.²⁷⁵

At the conference, the United States Agency for International Development (USAID) recognized the “heroic contributions of local volunteers, front-line responders, civil society, emergency response rooms, and mutual aid groups.”²⁷⁶ It dedicated US\$15 million

²⁷² AU Peace and Security Council “Communique of the 1218th Meeting of the Peace and Security Council held on June 21 2024 on the Situation on Sudan,” June 21, 2024, <https://papsrepositary.africa-union.org/handle/123456789/2132> (accessed June 24, 2024).

²⁷³ UNFPA, “Sudan Emergency Situation Report no.11,” March 6, 2024, <https://sudan.unfpa.org/en/publications/unfpa-sudan-emergency-situation-report-11> (accessed June 4, 2024).

²⁷⁴ “Sudan: Paris conference raises €2 billion in aid pledges,” *DW News*, April 15, 2024, <https://www.dw.com/en/sudan-paris-conference-raises-2-billion-in-aid-pledges/a-68819762> (accessed June 4, 2024).

²⁷⁵ OCHA Financial Tracking Service, “Sudan Humanitarian Response Plan 2024,” 2024, <https://fts.unocha.org/plans/1188/summary> (accessed July 15, 2024).

²⁷⁶ “Deputy Administrator Isobel Coleman at the International Humanitarian Conference on Sudan,” USAID news release, April 15, 2024, <https://www.usaid.gov/news-information/speeches/apr-15-2024-deputy-administrator-isobel-coleman-international-humanitarian-conference-sudan> (accessed June 4, 2024).

to enhanced localization efforts in Sudan and urged “other partners to increase their direct support to the local heroes on the frontlines.”²⁷⁷

Some governments have taken specific measures, albeit limited, to hold those responsible for sexual violence to account. On September 6, 2023, the US government rolled out sanctions targeting Abdel Raheem Hamdan Dagalo, the Rapid Support Forces deputy commander and brother of Rapid Support Forces leader Mohamed Hamdan Dagalo “Hemedti,” for wide range of abuses, including conflict-related sexual violence.²⁷⁸

In October 2023, the UN Human Rights Council (HRC) established an Independent International Fact-Finding Mission for the Sudan, with a mandate to investigate and advance accountability for grave abuses and violations of international law, and specific expertise in investigation of sexual and gender-based violence.²⁷⁹ The broader UN liquidity crisis initially significantly hampered the operationalization of the Fact-Finding Mission, however, and member states will need to ensure its mandate is extended, renewed, and adequately resourced to conduct the necessary investigations.²⁸⁰

In March 2024, the UN High Commissioner for Human Rights told the UN HRC that “Sexual violence as a weapon of war, including rape, has been a defining—and despicable—characteristic of this crisis since the beginning.”²⁸¹ He noted that since the start of the conflict in April 2023, his Office had documented “60 incidents of conflict-related sexual violence, involving at least 120 victims across the country, the vast majority women and girls,” recognizing that those figures “are sadly a vast underrepresentation of the reality.”

²⁷⁷ Ibid.

²⁷⁸ “Actions Against Senior Rapid Support Forces Commanders in Sudan,” U.S. Department of State press release, September 6, 2023, <https://www.state.gov/actions-against-senior-rapid-support-forces-commanders-in-sudan/> (accessed June 4, 2024).

²⁷⁹ “Independent International Fact-Finding Mission for Sudan,” United Nations Human Rights Council, <https://www.ohchr.org/en/hr-bodies/hrc/ffm-sudan/index> (accessed July 18, 2024)

²⁸⁰ Sarah Jackson, “Sudan: Give the UN Fact-Finding Mission a Chance,” Amnesty International, March 4, 2024, <https://www.amnesty.org/en/latest/news/2024/03/sudan-give-un-fact-finding-mission-a-chance/> (accessed June 5, 2024).

²⁸¹ OHCHR, “High Commissioner outlines ‘insidious disregard for human life,’” March 1, 2024, <https://www.ohchr.org/en/statements-and-speeches/2024/03/high-commissioner-outlines-insidious-disregard-human-life-sudan> (accessed July 18, 2024)

In May 2023, the United States and Saudi Arabia- led mediation effort in Jeddah led both SAF and RSF to sign the Jeddah declaration which lays out a commitment of both warring parties to uphold international humanitarian law, including committing to vacate and refraining from occupying hospitals.²⁸² None of these commitments have been complied with. At time of writing, the RSF continue to occupy at least three hospitals in Khartoum.

Despite the critical role played by local groups and organizations, notably emergency response rooms, in responding to widespread sexual violence, these groups continue to struggle to access international financial and logistical support. “The procedures of proposals writing and demands of the donors and humanitarian organizations such as continuous reports, bank accounts and other requests, complicate our ability to access timely needed funding required to save lives of hundreds of thousands in Khartoum,” said a lawyer working closely with emergency response rooms in Khartoum in October.²⁸³ Another local volunteer commented on support received for their sexual violence response: “We used to receive a few grants here and there from a few groups at the early stages of the conflict, “but this money largely was to respond to emergency situations, mostly relocation ... nothing sustainable and not enough to respond to the scale of the issues.”²⁸⁴ A UN official commented in July 2024, “a lot more can be done in this regard.... Only way we can [support them]— [is through] small grants. So, they end up having to be more self-sufficient and get remittances. Hard to meet the needs.”²⁸⁵

²⁸² “Jeddah Declaration of Commitment to Protect Civilians,” U.S. Department of State press release,” May 11, 2023, <https://www.state.gov/jeddah-declaration-of-commitment-to-protect-the-civilians-of-sudan/> (accessed June 4, 2024).

²⁸³ Human Rights Watch interview with a lawyer, October 10, 2023.

²⁸⁴ Human Rights Watch interview with an interviewee, March 20, 2024.

²⁸⁵ Human Rights Watch interview with UN official, July 8, 2024.

International Legal Standards

Under international humanitarian law (or laws of war) acts such as rape, sexual assault, sexual slavery, forced prostitution, forced sterilization, forced abortion, and forced pregnancy are strictly prohibited, whether committed in an international or—as in Sudan’s current conflict—a non-international armed conflict, and are serious violations constituting war crimes.²⁸⁶

If such acts are found to be committed as part of a systematic or widespread attack on a civilian population, they may also constitute and be prosecuted as crimes against humanity.²⁸⁷ Forced marriage may also be prosecuted as a crime against humanity, under the category of “other inhumane act.”²⁸⁸

Rape and other forms of sexual violence may also constitute and be prosecuted as torture, in particular, in the context of detention.²⁸⁹

Under international law, warring parties have the obligation to allow and facilitate rapid and unimpeded delivery of humanitarian assistance for civilians in need. They should ensure the safety of humanitarian personnel, as required under international humanitarian law, as well as facilitate their movement.

While consent of the parties is required to allow relief operations, they may not refuse such consent on arbitrary grounds.²⁹⁰

²⁸⁶ See Rome Statute of the International Criminal Court (Rome Statute), A/CONF.183/9, July 17, 1998, entered into force July 1, 2002. Such crimes may be prosecuted as war crimes in violation of Common Article 3 of the Geneva Conventions, art. 8(2) (c); or as violations of the laws and customs of war in the context of non-international armed conflict, art. 8(2) (e) (vi).

²⁸⁷ See e.g. Rome Statute art. 7(1)(g), for definition of crimes against humanity.

²⁸⁸ See Rome Statute art. 7(1)(k) for the crime against humanity of “other inhumane act”; case of *The Prosecutor v Dominic Ongwen*, Case No. ICC-01/04-01/15, Appeals Decision, December 15, 2022, <https://www.icc-cpi.int/sites/default/files/2022-12/2022-12-15-ongwen-judgment-summary-eng.pdf> (accessed July 18, 2024) paras 1010 – 1024, or paras 42-34 of the summary judgement.

²⁸⁹ See e.g. *Delalic et al*, Case No. IT-96-21-T, Trial Judgement, November 16, 1998, paras 475 – 496.

²⁹⁰ International Committee of the Red Cross (ICRC), Study on Customary International Humanitarian Law, rule 55; The withholding of consent is considered arbitrary when the resulting circumstances violate international law with respect to the civilian population; exceed what is necessary for achieving the ends sought in withholding consent or is disproportionate to achieving those ends; or lead to injustice, lack of predictability, or are otherwise inappropriate. See UNOCHA, “Humanitarian

In armed conflicts, international humanitarian law provides rules to protect access to healthcare. This means that healthcare facilities, providers, and medical equipment and supplies are to be protected from all attacks, and warring parties should not impede but facilitate access to healthcare.²⁹¹

Under international humanitarian law, medical facilities enjoy special protection from attacks and should not be used for military purposes or targeted by parties to the conflict. They remain protected unless they are used outside their humanitarian function to commit harmful acts to enemy.²⁹²

Parties to a conflict are prohibited from impairing access to medical treatment. The wounded and sick, including injured fighters, must not be denied medical care, and must be protected from ill-treatment and pillage. Under international law, parties to the conflict are obliged—to the extent possible—to avoid placing military targets such as troops within or near populated areas.²⁹³

In December 2014, the United Nations General Assembly passed a landmark resolution that urged member countries to take immediate steps to ensure that health workers everywhere are protected from violence.²⁹⁴

Multiple regional and international treaties to which Sudan is party, such as the African Charter on Human and People's Rights²⁹⁵ and the International Convention on Economic,

Relief Operations in Armed Conflict: IHL Framework,” January 10, 2019, <https://www.unocha.org/publications/report/world/humanitarian-relief-operations-armed-conflict-ihl-framework>[https://www.unocha.org/sites/unocha/files/Fact-Sheet_Humanitarian_Relief_Operations - January 2019.pdf](https://www.unocha.org/sites/unocha/files/Fact-Sheet_Humanitarian_Relief_Operations_-_January_2019.pdf) (accessed June 4, 2024); see also, University of Oxford, *Guidance on the Law Relating to Humanitarian Relief Operations in Situations of Armed Conflict*, 2016, <https://www.law.ox.ac.uk/content/oxford-guidance-law-relating-humanitarian-relief-operations-situations-armed-conflict> (accessed June 4, 2024).

²⁹¹ ICRC, “Respecting and Protecting Health Care in Armed Conflicts and in Situations Not Covered by International Humanitarian Law,” <https://www.icrc.org/en/doc/assets/files/2012/health-care-law-factsheet-icrc-eng.pdf> (accessed March 6, 2024).

²⁹² International Committee of the Red Cross (ICRC), Study on Customary International Humanitarian Law, rules 25-30.

²⁹³ Additional Protocol II of 1977 to the 1949 Geneva Conventions relating to the Protection of the victims of non-international armed conflicts (Protocol II), adopted June 8, 1977, entered into force December 1978, art. 13(1).

²⁹⁴ United Nations General Assembly, Global Health and Foreign policy resolution, A/RES/69/132, January 9, 2015, <https://digitallibrary.un.org/record/786179/> (accessed June 4, 2024).

²⁹⁵ Organization of African Unity (OAU) The African Charter on Human and People's Rights (the Banjul Charter), Doc No. CAB/LEG/67/3 rev.5, 21 ILM 58 (1982) was adopted in 1981 and entered into force in 1986, article 16.

Social, and Cultural Rights,²⁹⁶ recognize and protect the right to health, including accessibility and availability.²⁹⁷

The Committee on the Elimination of Discrimination against Women, the body of independent experts that monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women (the CEDAW Committee) in its general recommendation No. 30, calls for states to ensure that sexual and reproductive health care includes emergency contraception, post-exposure prophylaxis and other medication to treat and prevent sexually transmitted infections, safe abortion services, psychosocial care, and care for sexual-violence related injuries. Displaced and refugee women should also have access to such service.²⁹⁸ The CEDAW Committee in its general recommendation No. 27 also calls on states to give due consideration to older women when addressing sexual violence in armed conflict.²⁹⁹

World Health Organization standards on post-rape care call for access to safe abortion for survivors of sexual violence, in accordance with national law.³⁰⁰ UN human rights bodies

²⁹⁶ UN General Assembly, International Covenant on Economic, Social and Cultural Rights, United Nations, Treaty Series, vol. 993, p. 3, December 16, 1966, article 12.

²⁹⁷ The right to health is also protected in the African Charter on the Rights and Welfare of the Child (Organization of African Unity (OAU), CAB/LEG/24.9/49 (1990), July 11, 1990), the Maputo Protocol on the Rights of Women in Africa (African Union, African Union, July 11, 2003), the Protocol on the Rights of Older Persons in Africa (African Union, January 31, 2016), the Convention on the Elimination of Discrimination against Women (UN General Assembly, United Nations, Treaty Series, vol. 1249, p. 13, December 18, 1979) and the Convention on the Rights of the Child (UN General Assembly, United Nations, Treaty Series, vol. 1577, p. 3, November 20, 1989).

²⁹⁸ UN Committee on the Elimination of Discrimination Against Women (CEDAW), General recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations, CEDAW/C/GC/30, November 1, 2013, para. 57(g). Also, in its general recommendation No. 30, para. 50, the CEDAW Committee noted that as a consequence of disruptions to healthcare systems and prevalence of sexual violence in conflict, women and girls face higher risks of reproductive health-related illness and injury, such as unplanned pregnancy, pelvic injuries, and sexually transmitted infections including HIV. It adds that the “breakdown or destruction of health services, combined with restrictions on women’s mobility and freedom of movement, further undermines women’s equal access to health care.” In its General Comment No. 22, the Committee on Economic, Social and Cultural Rights underlined the importance of the availability, accessibility, affordability, and acceptability of sexual and reproductive health care. It highlights ensuring an adequate number of functioning healthcare facilities, availability of trained and skilled health providers, and essential medicines including a wide range of contraceptive methods, such as condoms and emergency contraception, medicines for abortion and for post-abortion care, and medicines, including generic medicines, for the prevention and treatment of sexually transmitted infections and HIV; See, UN Committee on Economic, Social and Cultural Rights General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights), U.N. Doc. E/C.12/GC/22 (2016), para. 13.

²⁹⁹ The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) General recommendation No. 27, on older women and protection of their human rights, CEDAW/C/GC/27, 2010, para. 38.

³⁰⁰ World Health Organization, *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines*, Section 3.1.2. Emergency Contraception, Recommendation 14, June 16, 2013, <https://www.who.int/publications/i/item/9789241548595> (accessed June 4, 2024), p. 27.

and experts, including the Human Rights Committee, the Committee on Economic, Social, and Cultural Rights, the CEDAW Committee, the Committee on the Rights of the Child, and the special rapporteur on the right to health have noted that criminalization of abortion, including criminal penalties for women and girls who have abortions, is discriminatory and puts women's lives, health, and rights at risk.³⁰¹

³⁰¹ UN Human Rights Committee, "Views adopted by the Committee under article 5(4) of the Optional Protocol, concerning communication No. 2324/2013," U.N. Doc. CCPR/C/116/D/2324/2013, November 17, 2016, https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Mellet_v_Ireland.pdf (accessed June 4, 2024), paras. 7-10; UN Committee on Economic, Social, and Cultural Rights, "General Recommendation No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights)," UN Doc. E/C.12/GC/22, May 2, 2016, <https://rb.gy/4m658k> (accessed June 4, 2024), art. 1; "Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: Beyond 2014 ICPD review, Fifty-seventh session," CEDAW Statement, February 10-28, 2014, <http://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/SRHR26Feb2014.pdf> (accessed June 4, 2024); "Joint Statement by UN human rights experts, the Rapporteur on the Rights of Women of the Inter-American Commission on Human Rights and the Special Rapporteurs on the Rights of Women and Human Rights Defenders of the African Commission on Human and Peoples' Rights," OHCHR Statement, September 24, 2015, <https://www.ohchr.org/en/statements/2015/09/joint-statement-un-human-rights-experts-rapporteur-rights-women-inter-american> (accessed June 4, 2024); UN Committee on the Rights of the Child (CRC), General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence, CRC/C/GC/20, December 6, 2016, para. 60.

Acknowledgments

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The report was prepared for publication by Eunice Njagi, associate, Africa division; Travis Carr, publications officer; and Fitzroy Hepkins, senior administrative manager at Human Rights Watch.

Annex I: Human Rights Watch Letter to the Rapid Support Forces, July 10, 2024

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July 10, 2024

Lieutenant Colonel El Fatih Gurashi
The Official Spokesperson of the Rapid Support Forces

Transmitted via email

RE: Request for Response to Human Rights Watch Findings on Conflict Related Sexual and Gender Based Violence in Khartoum

Dear Lieutenant Colonel, El Fatih Gurashi,

We write from Human Rights Watch to share with you the main findings of our research into sexual and gender-based violence by Sudan's warring parties that has been taking place in Khartoum since April 2023, and the challenges survivors face in accessing critical emergency care.

To ensure our reports are as comprehensive and accurate as possible, we value input from all relevant perspectives. Therefore, we would highly appreciate your response by **July 22** to the queries outlined below to ensure we can accurately reflect your viewpoint in our upcoming reporting.

Our research, based on 42 interviews with service providers including medical professionals, indicates widespread conflict-related sexual violence is taking place in Khartoum and its sister cities of Bahri and Omdurman since the conflict's onset. It finds that warring parties have subjected women and girls to widespread sexual violence, including rape, gang rape, forced marriage, and child marriage.

Women and girls who had been deprived of their liberty by warring parties, also gave accounts to service providers of being subjected to sexual violence and being forced to engage in sexual activity during confinement, in what could constitute sexual slavery. Men and boys have also been victims of sexual violence. It describes the impacts of sexual violence on survivors including health impacts. It also details the lack of emergency post-rape health care, psychosocial support, and other services due to warring parties' attacks on health care and healthcare workers, ongoing fighting in populated areas, and deliberate obstruction of aid.

Service providers interviewed by Human Rights Watch, attributed most of cases they were aware of to the RSF members in the context of their



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widespread occupation of residential areas of Khartoum. Fewer cases were attributed to SAF members. However, several service providers said that survivors and community members were scared to report incidents involving SAF forces, notably because they were concerned the SAF-aligned authorities would dismiss their claims. We received reports of an uptick in cases of sexual violence by SAF following its take-over of parts of Omdurman in January 2024.

The report also documents the impact of the warring parties' attacks on healthcare facilities, including their occupation, and health care workers, humanitarian and local volunteers, as well as the unlawful obstruction of aid, and how this hampers survivors access to critical emergency care.

We would appreciate your answers to the following questions by July 22:

1. Since the conflict's onset, what measures have you taken to prevent your forces from committing sexual violence in Khartoum and elsewhere? Please provide any relevant statements or material.
2. What measures have you taken to prevent the use of civilian and residential areas and property by your forces?
3. Please describe the rules of engagement of your forces in urban areas? Please share any relevant documentation.
4. At time of writing, how many hospitals do your forces occupy in Khartoum, Omdurman and Bahri?
5. Have there been any investigations into the following allegations against your forces:
 - i. Incidents of sexual violence;
 - ii. Attacks on healthcare including occupation of hospitals;
 - iii. Cases of intimidation and threats and other attacks against health care workers and local responders;
 - iv. Looting of humanitarian warehouses and medical facilities in Khartoum;
6. What steps have you taken to comply with the recommendations of the office of the secretary-general on conflict related sexual violence?
7. What steps will you take to collaborate with the international independent investigations into cases of sexual violence, notably by the UN Fact-Finding Mission, established by the UN Human Rights Council?

Yours Sincerely,

Laetitia Bader
Deputy director,
Africa Division
Human Rights Watch

Annex II: Response from the Rapid Support Forces to Human Rights Watch, July 22, 2024

COPY FROM EMAIL:

Rapid Support Forces Command
Office of the Official Spokesperson
Khartoum, Sudan

July 22, 2024

Human Rights Watch
350 Fifth Avenue, 34th Floor
New York, NY 10118-3299

Dear Ms. Laetitia Bader:

Greetings.

Subject: Request for Response to Human Rights Watch Conclusions on Allegations of Sexual and Gender-Based Violence Related to the Conflict in Khartoum

First and foremost, we express our sincere gratitude for reaching out to us regarding your conclusions on allegations of sexual and gender-based violence in Khartoum.

The Rapid Support Forces, both before and after the war, has always taken all necessary measures to prevent sexual violence and all other forms of violence that constitute human rights violations. These measures were emphasized immediately after the outbreak of the war on April 15, 2023, either through direct instructions to field commanders on the ground via standing orders, or through statements and declarations from the Rapid Support Forces' leadership from the bases to the top leadership.

The Rapid Support Forces is strictly committed to all international conventions and treaties related to human rights and international humanitarian law. They recognize the sanctity of

not attacking health institutions, hospitals, medical centers, or medical personnel during armed conflicts.

The Rapid Support Forces does not occupy any hospitals or medical centers in the three cities of Khartoum State. On the contrary, despite the systematic destruction of hospitals and medical centers by the armed forces through repeated aerial bombardment, the Rapid Support Forces, through its medical unit, has sought to open medical centers in collaboration with neighborhood committees in various parts of Khartoum to provide medical and health care to Sudanese residents in those areas. In this regard, our troops have opened and are helping to operate 54 hospitals and health centers in Khartoum State.

The Rapid Support Forces, through the Ground Monitoring and Negative Phenomena Control Committee, works to follow up on any violations or abuses and prosecute the perpetrators.

Regarding sexual violence and all other violations reported in incidents in West Darfur State, an investigation committee was formed in West Darfur State under Resolution No. 13 of 2023 by the Rapid Support Forces Command (see attachments).

In line with the recommendations of the United Nations Secretary-General regarding sexual violence, human rights, and international humanitarian law, the Rapid Support Forces Commander issued Standing Order No. 6, dated April 19, 2023 (see attachments), to ensure no assault on personal dignity, including sexual violence.

The Rapid Support Forces fully understands that stopping human rights violations, which unfortunately cannot be entirely avoided in wars, requires stopping the war itself. Therefore, the Rapid Support Forces has responded positively and complied with all international calls for a peaceful ceasefire. In this regard, they participated in the Jeddah Platform negotiations with the armed forces, sponsored by the Kingdom of Saudi Arabia and the United States of America, which began on May 6, 2023, less than a month after the conflict broke out. The Rapid Support Forces also participated in the Geneva negotiations, which began on Thursday, July 11, 2024, mediated by the United Nations, to reach a potential ceasefire to facilitate humanitarian aid and protect civilians from human rights violations.

Regarding the independent international fact-finding mission, the Rapid Support Forces is fully prepared to cooperate with the United Nations fact-finding mission and are in contact with them. The Rapid Support Forces has repeatedly called for the necessity of forming this mission, welcomed the decision to form it, and expressed their complete readiness to cooperate with it to uncover all the facts related to the war in Sudan.

They have committed in all their statements to cooperate with the international mission, either by sharing information with them or allowing the mission team to visit areas under the control of the Rapid Support Forces to conduct their investigations.

Please find attached the following documents:

- The measures taken by the Rapid Support Forces.
- Code of conduct.
- Rules of engagement.
- The decision to form the investigation committee on the incidents in West Darfur State.
- Standing Order No. 6 issued by the Rapid Support Forces Commander.

We, once again, express our sincere gratitude for reaching out to us regarding your conclusions on allegations of sexual and gender-based violence in Khartoum. Please do not hesitate to reach out to us if you have any further questions or need additional information.

With my sincere thanks and appreciation,
Lt. Col. Al-Fateh Qurashi

Official Spokesperson of the Rapid Support Forces
General Command of the Rapid Support Forces
Khartoum, Sudan

“Khartoum is not Safe for Women!”

Sexual Violence against Women and Girls in Sudan’s Capital

Since conflict broke out in Sudan’s capital Khartoum in April 2023, between the Rapid Support Forces (RSF) and Sudanese Armed Forces (SAF), both sides, particularly the RSF, have committed widespread sexual violence against women and girls, which are war crimes. Both warring parties, in violation of international humanitarian law, have attacked local responders, and obstructed aid, doubly victimizing survivors.

Based on 42 interviews conducted between September 2023 and February 2024 with service providers to survivors of sexual violence, including healthcare workers, within and outside of the local responders, as well as aid workers, “*Khartoum is not Safe for Women!*” documents conflict-related sexual violence in Khartoum and its sister cities of Bahri and Omdurman, since April 2023.

Service providers described how the warring parties have subjected women and girls, aged 9 through 60 to rape, gang rape, as well as forced and child marriages. Men and boys have also been victims of sexual violence.

Despite the serious harm to the health of survivors described in the report, it finds that the actions of both warring parties have prevented survivors from accessing critical and comprehensive emergency health care. SAF has restricted humanitarian supplies imposing a de facto blockade on drugs entering RSF-controlled areas of Khartoum since October 2023, in violation of international humanitarian law. The RSF have pillaged medical supplies and occupied medical facilities. Both warring parties have intimidated and arbitrarily arrested doctors, nurses, and volunteers because of their work.

The United Nations and African Union should deploy a civilian protection mission to Sudan tasked with monitoring human rights abuses, including conflict related sexual violence and willful aid obstruction, and ensure that those responsible for rape and attacks on healthcare and local responders, are held to account.



Women walk on an empty street in Khartoum's Jabra neighborhood, on May 28, 2023, as fighting between two rival generals persists.

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