



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

Woman, 25 years-old, Sudan

This is an experience shared by one of MSF's female patients in Sudan, yet MSF has witnessed sexual violence in conflicts for decades in many violent situations around the world.¹

The recent report [There is something I have to tell you: Surviving the sexual violence crisis in Darfur](#) documents the reality of conflict-related sexual violence in **Darfur**, based on MSF's direct medical and operational proximity to affected communities. **These figures underscore how pervasive and widespread rape and other forms of sexual violence has become, while still representing only the tip of the iceberg in terms of the true scale.** Sexual violence remains significantly underreported, and it is not confined to Darfur.

The evidence from Darfur points to a clear reality. It affirms that sexual violence in this conflict is not incidental; **it has been deliberate and weaponized.** It is being used by armed actors as a central tactic of violence, aimed at terrorizing communities, forcibly displacing populations and subjugating women as part of broader military objectives. Sexual violence is mainly used by **men in uniform**, and may be used in **campaigns of ethnic cleansing**, against non-Arab communities such as Zaghawa, Massalit and Fur. **Sexual violence in Darfur is closely intertwined with displacement, the seizure of land, and blocking women from public life.** Women and girls who are displaced face layered and sustained risks—during flight, along displacement routes, and inside displacement camps.

In the **Democratic Republic of Congo**, where cycles of violence heavily impact civilian life for decades, MSF teams treated² **more than two survivors** of sexual violence **every hour** during 2023. In 2025, MSF provided medical and psychosocial care to **53,980 survivors of sexual violence** across Ituri, North Kivu, South Kivu, and Maniema. These figures likely represent only a fraction of cases due to fear, stigma, and severely limited access to services. Access to holistic care remains extremely limited. **Access to justice is nearly nonexistent.** Beyond medical needs, survivors face significant social and economic challenges, isolation, and marginalization, underscoring the need for coordinated and context appropriate support. Most survivors are women and girls (97%), **most attacks (79%) perpetrated by armed men.**

Since 2015, MSF operates a clinic in **Haiti**, where 16,999 people received healthcare, 98% of whom are women and girls. Since 2022, rising insecurity has contributed to a **tripling in the number of sexual violence patients** who receive care at the clinic, and an increasingly difficult environment for survivors and service providers.

¹ This position paper presents the data collected and analysis written by Médecins Sans Frontières. MSF is an international, independent medical humanitarian organisation. In more than 70 countries, Médecins Sans Frontières provides medical humanitarian assistance to save lives and ease the suffering of people in crisis situations. MSF does not receive government funding to ensure its independence. The work of MSF is funded by 7.3 million private donors worldwide.

² MSF provides a combination of different services in different contexts to survivors of sexual violence: 1. treatment of wound and injuries, 2. post-exposure prophylaxis and treatment of sexually transmitted infections, 3. vaccinations against hepatitis B and tetanus, 4. short-term safe house, 5. emergency contraception to prevent unwanted pregnancies and long-term contraception for future protection, 6. HIV testing and post-exposure prophylaxis to prevent HIV transmission, 7. psychosocial support and long-term psychological follow-up, 8. provision of a medical certificate, 9. referrals to medical and non-medical services, 10. hotline and health promotion.

The scale and patterns of sexual violence we are documenting in different conflicts point to a profound failure of Protection of Civilians. The proliferation of this violence is the product of deeply entrenched impunity, built over many decades of conflict, and reinforced by repeated failures of political action to **ensure prevention, protection, accountability and meaningful support for survivors.**

Conflict related sexual violence persists beyond the frontlines

A critical finding of the Sudan report is that sexual violence persists long after frontlines shift and active fighting subsides. In South Darfur, despite the absence of sustained ground fighting, women and girls face **sexual violence as a persistent and everyday reality**, embedded in daily life rather than confined to moments of active conflict. Over time, this constant exposure **reshapes communities**. Fear and trauma become embedded in daily decision-making, eroding coping mechanisms, restricting women's mobility, and undermining social cohesion.

In many of the contexts in which MSF operates, we also treat survivors of intimate partner violence.

Access barriers and lifelong harm

The reality is that the vast majority of sexual violence cases goes unrecognized and untreated in conflict settings. Survivors face multiple, intersecting barriers that severely limit timely access to care and continuity of treatment. These barriers are: **security related**, including heavy military presence and harassment at checkpoints; **physical**, such as long distances to health facilities, prohibitive transport costs, and the absence of safe and confidential spaces; **and social**, particularly the stigma associated with sexual violence.

Survivors also face several **obstacles in seeking formal justice** – they often have to go through complicated and obstructive procedures that are not survivor-centred, including having to recount their story multiple times or being re-examined by various health professionals, which can be re-traumatizing. There is often no understanding among law enforcement and judicial authorities, that **rape is a medical emergency**. In some contexts, survivors are referred by the police for certificates, instead of for medical care, or are not cared for at all, if not reported to the police first.

Conflict-related sexual violence results in severe and often **lifelong physical and psychological harm**. Survivors face trauma, sexually transmitted infections, unwanted pregnancies, physical mutilation, and in some cases, death. Beyond the immediate violence, stigma, rejection, and social exclusion further compound the harm. Mothers of **children born of wartime rape**, as well as the children themselves, often bear the additional burden of marginalization by their families and communities.

Funding cuts on humanitarian aid and on sexual and reproductive health, and harmful policy shifts further threaten access to services. Crisis-affected communities often rely on UNFPA's reproductive health kits, which include supplies for contraceptive services, and care for survivors of sexual violence. Cuts to UNFPA jeopardize these services: support for [409 midwives in Afghanistan](#) will be lost, cutting skilled care for an estimated 500,000 women; and several organisations preventing sexual violence in Nairobi are closing down. **More unsafe abortions, rising HIV transmission and a lack of services for sexual violence survivors is expected, especially in fragile and conflict-affected contexts.**

Recommendations to the Dutch government:

1. Access to care and support for survivors and communities

- Tangible measures to protect those facing intersecting vulnerabilities, including displaced populations, are urgently needed: a **reliable long-term scale-up of (humanitarian) funding** and commitment to **place survivors at the center of protection** and the humanitarian response.
- **Protection efforts must also extend to local organizations and survivors-networks**, mutual aid groups, community initiatives, which continue to form critical pillars of the humanitarian responses in most conflicts.
- The humanitarian response must **prioritize prevention mechanisms** such as strengthened community-based protection mechanisms; awareness-raising and **education for the community and for the military and armed groups** regarding sexual violence and its harmful impact.
- **The Netherlands should deliver on its leading role and efforts in sexual and reproductive health and rights.** A strong SRH ecosystem is essential in humanitarian settings for the communities affected. The Netherlands has the expertise and the international reputation to champion sexual and reproductive health and rights. With the current backlash on gender and reproductive rights, such as the most extreme version of the Global Gag Rule, the Dutch government should invest in the care and dignity of women, girls, and LGBTIQ+ populations.
- National Action Plans on **Women, Peace, and Security**, on the implementation of UN Security Council resolutions (eg 1325), need to be fully resourced with concrete activities, including to local women's organizations.

2. Documentation and accountability to counter decades of impunity

- Documentation and visibility on these violations remain essential. This why the work of mandated bodies—such as **UN and African Union Fact-Finding Missions - must be upheld and their work protected** from politicization.
- The Netherlands supports the [Office of the Special Representative of the SG on Sexual Violence in Conflict](#) , as well as the UN Fact Finding Mission and the [UN Office of the High Commissioner for Human Rights](#). Ensure that the outcomes of the reports and recommendations **inform international policies** and decision-making, and that action plans are **properly funded**.
- The Netherlands should contribute to processes in which perpetrators of sexual violence are held accountable, both in **national and international justice systems**. The Netherlands must reinforce the primacy of **civilian protection norms and international humanitarian law** to halt sexual violence in conflicts. **There must be accountability for atrocities, for them to stop.**
- Together with the UN, The Netherlands co-organizes **the Africa Regional Conference on Combating Conflict-Related Sexual Violence**, in October 2026, on cooperation between prosecutors and other actors in the region involved in combating and preventing conflict-related sexual violence. Ensure that the conference will be **survivor-centered**, and ensure **diplomatic and financial commitment for its outcomes**. Ensure that survivors are **properly informed, protected**, and able to **contribute meaningfully** at every stage of justice, healing and accountability processes.

3. Policy Coherence

- Leverage existing trade relations, military partnerships, migration deals and strategic partnerships with states engaged in armed conflicts or supporting warring parties, to ensure those partnerships do not contribute to violations of International Humanitarian Law, and to prevent further violations against civilians in conflicts.