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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Violence against mothers

**Report of the Special Rapporteur on violence against women and girls,
its causes and consequences, Reem Alsalem***

Summary

In the present report, submitted pursuant to the Human Rights Council resolution 50/7, the Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem, examines violence and discrimination faced by women and girls worldwide due to their status as mothers, and in connection with other grounds of discrimination. The Special Rapporteur offers recommendations on how to uphold international human rights obligations and ensure human rights-based responses.

* The present report was submitted to the conference services for processing after the deadline so as to include the most recent information.

I. Introduction

1. The Special Rapporteur on violence against women and girls, its causes and consequences, Reem Alsalem, submits the present report pursuant to Human Rights Council resolution 50/7. In the report, the Special Rapporteur examines the main forms and manifestations of violence experienced by women and girls because of their status as mothers, including in connection with other grounds.

2. For the present report, the Special Rapporteur received 167 submissions from different stakeholders, including 24 from States,¹ and subsequently convened consultations with 60 experts. The Special Rapporteur also analysed information from reliable secondary sources, noting the limited statistics available on violence against mothers.

II. Terminology and scope

3. Motherhood protections naturally arise from the act of giving birth (including through surrogacy), encompassing measures addressing the biological (“maternity-related”) and social (“motherhood-related”) dimensions of motherhood, as well as protection from related violence and discrimination. They are further grounded in scientific evidence demonstrating that pregnancy and childbirth involve profound biological transformations in females, including hormonal shifts, neural adaptations and stress responses that support adaptive caregiving behaviours. These changes have immediate and lasting effects on mothers’ mental health, cognition, attunement and resilience.²

4. For the purposes of the present report, mothers are understood as women and girls who meet one of the following criteria:

- (a) They have given birth;
- (b) They are pregnant (also referred to as expectant mothers);³

(c) They adopt children, based on the adoptive mothers’ specific needs. In most domestic legal frameworks, they enjoy the protections afforded to birth mothers. In some countries, including Ireland⁴ and the United Kingdom of Great Britain and Northern Ireland,⁵ the relationship between adoptive mothers and children is described as being as if the child was born to them.

5. While the role of “substitute mothers” or females providing caregiving to children must be acknowledged and supported, their legal status differs from the aforementioned, as they do not hold full parental rights and the child is typically not intended to remain in their care permanently.

6. The present report also builds on previous reports of the mandate holder, including references to mothers and the forms of violence to which they are particularly exposed.⁶

III. Root causes of violence against mothers

A. The devaluation of motherhood

7. Motherhood remains largely undervalued and mischaracterized as a private choice rather than a public good requiring recognition and support from society and institutions.⁷

¹ The submissions received in response to the Special Rapporteur’s call for input will be posted at <https://www.ohchr.org/en/calls-for-input/2026/call-input-report-special-rapporteur-violence-against-women-and-girls-62nd>.

² See <https://pubmed.ncbi.nlm.nih.gov/39612619/>.

³ Submission by Center for Family & Human Rights (C-Fam).

⁴ Ireland, Adoption Act 2010, art. 58.

⁵ United Kingdom, Adoption and Children Act 2002, sect. 67 (1).

⁶ See, for example, A/80/158, A/HRC/53/36 and A/HRC/56/48.

⁷ Submission by Fundacja Instytut na rzecz Kultury Prawnej Ordo Iuris.

Mother-specific considerations are largely missing from assessments of diversity in the workplace,⁸ educational institutions, academia⁹ and feminist discourse.¹⁰ According to a 2024 survey conducted in Europe, 41% of mothers reported that their role is not recognized in society.¹¹

8. In culture and media, women who openly prioritize motherhood are often portrayed as less ambitious or “choosing less”.¹² Child-rearing is framed as a source of inequality, an inherent limitation or disadvantage. Women who focus on or aspire to motherhood are seen as “unproductive”, despite care work accounting for approximately 9% of global gross domestic product.¹³ Caregiving competencies developed through motherhood, such as emotional regulation, are rarely recognized as transferable skills equivalent to formal credentials.¹⁴

9. However, the mounting concern about falling fertility rates¹⁵ is not resulting in a renewed appreciation for motherhood. Instead, women are blamed for not wanting children, with some States swiftly adopting discriminatory or partial policies that do not address the root causes, such as severely restricting access to contraceptives or abortions, promoting birth kits or legalizing surrogacy.

B. Intersectional discrimination against mothers

10. Mothers are subjected to multiple and intersecting forms of discrimination, including as females and as primary caregivers for their children, navigating patriarchal control and assuming disproportionate socioeconomic burdens. This discrimination might be further compounded where mothers are migrants, forcibly displaced, single, adolescent, incarcerated or living with a disability.¹⁶ Their experiences may also be affected by factors such as age, labour status, sexual orientation, economic status, religion, belief or race. These factors often shape the nature and extent of institutional responses and the inaccessibility of services for mothers.

C. Language, law and policies insensitive to motherhood

11. Policies that deprioritize mother-specific needs and realities, including those emanating from the uniqueness of pregnancy, giving birth and breastfeeding, and that fail to acknowledge the special relationship between a mother and her child, undermine the development of comprehensive and responsive policy frameworks for all females.¹⁷

⁸ See <https://niemanreports.org/where-are-the-mothers/>.

⁹ See <https://www.nature.com/articles/d41586-026-00981-3>.

¹⁰ See <https://zawn.substack.com/p/feminism-has-a-motherhood-problem>.

¹¹ See <https://makemothersmatter.org/wp-content/uploads/2025/03/MMM-State-of-Motherhood-in-Europe-2024.pdf>.

¹² See https://matteamerta.substack.com/p/the-most-underrated-promotion-in?r=19oj21&utm_campaign=post&utm_medium=web&triedRedirect=true.

¹³ See https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf, p. 49.

¹⁴ See <https://journals.sagepub.com/doi/abs/10.1177/0003122419859007>.

¹⁵ Natalia V. Bhattacharjee and others, “Global fertility in 204 countries and territories, 1950–2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021”, *The Lancet*, vol. 403, No. 10440 (May 2024).

¹⁶ Submission by Family Foundation Association.

¹⁷ Submission by Unizon.

12. For example, the absence of sufficient mother and baby hospitalization units may lead to a mother being forcibly separated from her child upon being admitted to a hospital.¹⁸ Sex-blind approaches also fail to take into account the needs of pregnant women and adolescent girls who may not identify as female, thereby creating unintended harm or risks to their health or their pregnancies.¹⁹

13. The use of “mother-blind” language forms part of a wider trend of pivoting away from sex-specific language in some contexts, which hinders females’ access to tailored services²⁰ and obscures maternal conditions.²¹ Efforts to retain female- and mother-specific language have, in some instances, been characterized as “exclusionary”, “stereotypical” or offensive.²² This trend has been accompanied by an increasing push to use reductionist terminology such as “birth givers”, “gestational carriers” or “chestfeeding”.²³ Those opposing such language or related policies, including breastfeeding counsellors,²⁴ are vilified or ostracized.²⁵

14. Mothers may also receive inconsistent or contradictory information regarding complaint mechanisms and legal remedies.²⁶ Accessing support may require navigating administrative and procedural burdens.²⁷ Drastic funding cuts to women’s organizations also result in support being unpredictable and inconsistent.

D. Harmful social norms and practices

15. Patriarchal norms and unequal power relations contribute to the normalization of violence, the devaluation of motherhood and the dismissal of complaints by mothers, particularly in healthcare settings.²⁸ In Afghanistan, extreme discrimination against females and their exclusion from public life have increased maternal and child mortality²⁹ and plunged mothers and their children into poverty.³⁰

16. Women are often blamed for alleged “improper child-rearing”, including where children turn out to be attracted to the same sex.³¹ Those who do not conform to prevailing social norms around mothering and family life may face punishment,³² particularly in child custody proceedings, where mothers are often presented as vindictive, irrational and obstructive.³³

17. Adoptive mothers may be treated as “second-class” mothers and subjected to heightened scrutiny.³⁴ Unmarried and divorced mothers also face stigma, being frequently

¹⁸ Submission by European Institute of Perinatal Mental Health.

¹⁹ See <https://www.nbcnews.com/feature/nbc-out/blurred-lines-pregnant-man-s-tragedy-tests-gender-notions-n1006466>.

²⁰ Submission by Affiliation of Australian Women’s Advocacy Alliances.

²¹ See https://www.frontiersin.org/journals/global-womens-health/articles/10.3389/fgwh.2022.818856/full?field=&journalName=Frontiers_in_Global_Women.

²² Expert consultations.

²³ See https://www.frontiersin.org/journals/global-womens-health/articles/10.3389/fgwh.2022.818856/full?field=&journalName=Frontiers_in_Global_Women.

²⁴ Submission by Australian Feminists for Women’s Rights.

²⁵ See <https://www.ohchr.org/sites/default/files/documents/issues/women/sr/activities/consent-guidance-document.pdf>.

²⁶ Submission by Fair Hearing.

²⁷ Submission by The Association of People with Disability.

²⁸ Piya Roy, Muthusamy Sivakami and Surbhi Shrivastava, “Women’s narratives of disrespect and abuse during facility-based childbirth in Kolkata, India”, *Journal of Biosocial Science*, vol. 57, No. 2 (March 2025).

²⁹ See [A/HRC/61/63](https://www.ohchr.org/sites/default/files/documents/issues/women/sr/activities/consent-guidance-document.pdf).

³⁰ International Rescue Committee, “Afghanistan: an entire population pushed into poverty”, 16 August 2023.

³¹ Submission by Outright International.

³² Submission by Jaydip Phukan.

³³ Submission by Family Court Accountability Network.

³⁴ See <https://ora.ox.ac.uk/objects/uuid:32f56b96-ace0-4017-9712-97109536060e/files/mbb35518cc4c167a354624b5aa3f0ad0a>.

portrayed as irresponsible or morally deviant.³⁵ In some countries, mothers may lose custody of their children, especially if they convert to a different religion³⁶ or remarry.

18. Child marriage exposes girls to increased maternal mortality and morbidity risks, higher intimate partner violence³⁷ and reduced educational opportunities. Expectant mothers who have undergone female genital mutilation experience more difficult and painful deliveries.³⁸ Cultural preference for sons, combined with stigma against mothers who give birth only to daughters, can result in prenatal sex selection and pressure on women to have repeated pregnancies.³⁹

E. Economic marginalization

19. The International Labour Organization estimates that 800 million women lack economic security around childbirth.⁴⁰ Women of reproductive age face discrimination in hiring because they are perceived as less available⁴¹ or less committed to their workplace, contributing to anti-mother bias in salaries,⁴² promotion processes⁴³ and pensions.

20. The regressive notion of the “ideal” employee who can devote long, uninterrupted hours to paid work⁴⁴ disproportionately disadvantages women who, on average, spend 2.5 times more hours on unpaid care work than men.⁴⁵ In some countries, such as Papua New Guinea and the United States of America, paid maternity leave is not guaranteed.⁴⁶ In 41 countries, dismissal during pregnancy is not prohibited.⁴⁷

21. Analysis covering 134 countries found that an estimated 24% of women exit the labour market during their first year of motherhood and that, after a decade, 15% remain absent.⁴⁸ Similar dynamics affect adoptive mothers,⁴⁹ but not fathers.⁵⁰

F. Poverty

22. For mothers living in marginalized areas, the risk of maternal death remains two times higher than for those from advantaged areas.⁵¹ Women on a low income are also at greater

³⁵ Submission by Committee for Justice.

³⁶ Submission by ADF International.

³⁷ Nawal M. Nour, “Child marriage: a silent health and human rights issue”, *Reviews in Obstetrics & Gynaecology*, vol. 2, No. 1 (Winter 2009).

³⁸ Rigmor C. Berg and Vigdis Underland, “The obstetric consequences of female genital mutilation/cutting: a systematic review and meta-analysis”, *Obstetrics and Gynaecology International* (2013).

³⁹ Submission by Dignity Rights Centre.

⁴⁰ See <https://www.who.int/data/nutrition/nlis/info/maternity-protection-compliance-with-international-labour-standards>.

⁴¹ Submission by Women’s Network of Bosnia and Herzegovina.

⁴² Jeremy Staff and Jeylan T. Mortimer, “Explaining the motherhood wage penalty during the early occupational career”, *Demography*, vol. 49, No. 1 (2012).

⁴³ Ana Júlia Calegari Torres and others, “The impact of motherhood on women’s career progression: a scoping review of evidence-based interventions”, *Behavioral Sciences*, vol. 14, No. 4 (2024).

⁴⁴ Ibid.

⁴⁵ Submission by Make Mothers Matter.

⁴⁶ See <https://www.rippling.com/blog/maternity-leave-by-country>.

⁴⁷ See <https://www.globalpolicyjournal.com/blog/27/03/2024/how-pregnancy-penalty-supercharges-global-inequality>.

⁴⁸ Calegari Torres and others, “The impact of motherhood”.

⁴⁹ See <https://www.acaweb.org/research/charts/child-penalties-biological-adoptive-families>.

⁵⁰ Rossella Icardi, Anna Erica Hägglund and Mariña Fernández-Salgado, “Fatherhood and wage inequality in Britain, Finland, and Germany”, *Journal of Marriage and Family*, vol. 84, No. 1 (2022).

⁵¹ Ibid.

risk of maternal mental health challenges, with post-partum depression occurring two to four times more frequently than among mothers in middle- and upper-income groups.⁵²

23. Poverty and insufficient income can drive mothers to decisions that they would not otherwise make, just to survive. Studies in the United States⁵³ indicate that one of the main reasons women enter prostitution is to meet their children's needs.

24. Poverty is often a factor preventing incarcerated mothers from reuniting with their children upon release, particularly where social security benefits are suspended during imprisonment.⁵⁴

25. Poverty and marginalization may also force mothers to resort to abortion.⁵⁵ Data from France indicate that women in the poorest 10% are 40% more likely to undergo abortion than women in the richest 10% of comparable age and marital status.⁵⁶

G. Conflicts and crises

26. While mothers are often exposed to the same forms of violence experienced by other females in times of conflict, they are also increasingly targeted because they embody the continuity of life within a group.

27. Mothers are attacked and killed with the intent of destroying a group in whole or in part, including through femicide in contexts such as the Gaza Strip or Afghanistan ("femicide").⁵⁷ They are threatened with rape, or raped in front of their children and vice versa, including in the Sudan, at times the intent being forced pregnancy and thereby, alteration of the ethnic composition of communities.⁵⁸

28. Mothers face persecution because of their own work and opinions or those of their children. Mothers who advocate against the conscription of their children in wars and who search for their children who have been forcefully disappeared face harassment, threats or even murder. Examples include the Madres de la Plaza de Mayo (Mothers of the Plaza de Mayo) in Argentina⁵⁹ and the "madres buscadoras" (mothers looking for missing family members) in Mexico.⁶⁰

29. Threats to children are used to warn or punish women or force them to collaborate, flee or desist from exposing human rights violations.

30. Reproductive violence is also increasingly reported in conflict, disproportionately affecting mothers, including as a tool of genocide in Myanmar and the Sudan, as well as the State of Palestine.⁶¹ In the first one hundred days of the Israeli invasion of Gaza after 7 October 2023, on average, two mothers were killed every hour.⁶² Palestinian mothers and

⁵² Elinor Hansotte and others, "Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in western countries: a systematic literature review", *Public Health Reviews*, vol. 38, No. 3 (2017).

⁵³ Danielle Friedman Nestadt and others, "Sex workers as mothers: correlates of engagement in sex work to support children", *Global Social Welfare*, vol. 8, No. 3 (September 2021).

⁵⁴ Submission by Sisters Inside.

⁵⁵ Submission by European Centre for Law and Justice/Centre européen pour le droit, la justice et les droits de l'homme.

⁵⁶ Annick Vilain and others, "Interruptions volontaires de grossesse : une hausse confirmée en 2019", *Études et Résultats*, No. 1163 (September 2020).

⁵⁷ See [A/HRC/59/47](#).

⁵⁸ See [A/HRC/60/22](#).

⁵⁹ See <https://www.opendemocracy.net/en/mothers-plaza-de-mayo/#:~:text=%22There%20was%20a%20time%20when,demands%20linked%20to%20other%20ri ghts.>

⁶⁰ See <https://www.amnesty.org/es/latest/news/2025/07/mexico-la-busqueda-de-personas-desaparecidas-es-una-labor-de-alto-riesgo-para-las-colectivas-de-mujeres-buscadoras/>.

⁶¹ [A/HRC/59/47](#).

⁶² See <https://news.un.org/en/story/2024/01/1145707>.

their children were specifically targeted by Israel with genocidal language.⁶³ Another emblematic example was the destruction of an in vitro fertilization clinic in Gaza in 2023, where thousands of embryos and other reproductive specimens were destroyed.⁶⁴

31. Deliberate and large-scale attacks on healthcare systems and personnel, including maternal and neonatal services, increase maternal and child mortality risks.⁶⁵ Most healthcare facilities in Tigray in Ethiopia,⁶⁶ Gaza⁶⁷ and the Sudan⁶⁸ have been damaged or destroyed, constituting measures undermining civilian survival.⁶⁹ In the Islamic Republic of Iran, due to the aggression of the United States and Israel in 2026, achievements in reducing maternal mortality and the gains in girls' education are likely to be reversed.⁷⁰

32. Mothers are also disproportionately affected by the disruption of agriculture and markets, denial of humanitarian access leading to malnutrition, and lack of access to shelter and water.⁷¹

H. Policies that adversely affect mothers

33. Migration and resettlement policies that fail to protect family life disproportionately impact mothers, limiting their ability to reunite with their children.⁷² Mothers have been separated from their children during crackdowns on migrants and foreigners. In some contexts involving citizens of the Syrian Arab Republic and Iraq linked to Da'esh, countries including Belgium,⁷³ the Kingdom of the Netherlands and Sweden⁷⁴ have sought to repatriate child nationals without their mothers, presenting the latter with impossible choices.

34. Unilateral coercive measures further contribute to States' and society's inability to provide adequate protection and assistance to mothers. Analysis of 67 low- and middle-income countries found that aid sanctions were associated with an average annual increase of 6.4% in maternal mortality (10.9 additional maternal deaths per 100,000 births).⁷⁵ Data

⁶³ See <https://mondoweiss.net/2023/11/influential-israeli-national-security-leader-makes-the-case-for-genocide-in-gaza/>.

⁶⁴ See the conference room paper of the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel on the legal analysis of the conduct of Israel in Gaza pursuant to the Convention on the Prevention and Punishment of the Crime of Genocide, at <https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/sessions-regular/session60/advance-version/a-hrc-60-crp-3.pdf>.

⁶⁵ See <https://data.who.int/indicators/i/C071DCB/AC597B1>, showing the States with the highest maternal mortality ratio.

⁶⁶ See <https://www.who.int/emergencies/situations/crisis-in-tigray-ethiopia>.

⁶⁷ See <https://www.who.int/news/item/22-05-2025-health-system-at-breaking-point-as-hostilities-further-intensify--who-warns>.

⁶⁸ See <https://www.who.int/news/item/14-04-2026-after-three-years-of-conflict--sudan-faces-a-deeper-health-crisis>.

⁶⁹ Physicians for Human Rights, "Motherhood under fire: how much can a woman endure?", January 2026.

⁷⁰ United Nations Development Programme, "Military escalation in the Middle East: reversals in global development, policy response options", 13 April 2026.

⁷¹ See <https://sihanet.org/submission-by-the-strategic-initiative-for-women-in-the-horn-of-africa-to-the-the-united-nations-human-rights-council-on-the-escalating-conflict-related-sexual-violence-in-sudan-and-the-urgent-need-fo/>.

⁷² Submission by New Wave Feminists.

⁷³ Ronja Bossen and Yazan Badran, "Mothers, terrorists, or victims? The framing of Dutch and Belgian women in the Syrian camps and the question of repatriation in news media", *Journalism*, vol. 26, No. 7 (July 2025). See also NLD 1/2021. All allegation letters and/or urgent appeals mentioned in the present report are available from <https://spcommreports.ohchr.org/Tmsearch/TMDocuments>.

⁷⁴ See SWE 1/2024.

⁷⁵ See [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00058-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00058-0/fulltext).

also point to adverse impacts on food and nutrition security in sanctioned countries, which have a disproportionately negative impact on mothers,⁷⁶ as documented in Cuba.⁷⁷

35. Sharp reductions in humanitarian and official development assistance disproportionately affect women and children and have led to the closure of essential health services for females, including mothers, with at least a thousand health facilities and mobile health teams shut down in 2025.⁷⁸ The cuts in assistance in 2025 affected at least 370 women-led and women's rights organizations across 44 humanitarian and crisis settings.⁷⁹ Some 88% of United States foreign aid allocated for maternal and child health was cut in 2025 to 12 countries, totalling at least \$740.3 million. That could affect as many as 16.8 million pregnant women annually and result in 510,000 additional maternal deaths by 2040.⁸⁰

IV. Specific forms of violence experienced by mothers

A. Economic violence

36. Many mothers suffer from the fact that their caregiving responsibilities are not perceived as economically or socially relevant, as well as the financial consequences of the "motherhood penalty". Some mothers support small family businesses without recognition or compensation,⁸¹ and cannot make claims to matrimonial property upon divorce.⁸²

37. In family courts, children are often used as bargaining tools by fathers, with mothers trading off financial entitlements to secure custody or the safety of their children.⁸³ They also struggle with financial instability when child support is unpaid or only partially paid,⁸⁴ and sometimes feel compelled to return to an abusive partner when they lack affordable housing.⁸⁵ Migrant mothers disproportionately face poverty, as they lack any safety nets⁸⁶ and face particular difficulties in accessing services for victims of violence.

B. Reproductive violence

38. Mothers may experience maltreatment or discrimination⁸⁷ during maternity care, including on intersecting grounds.⁸⁸ There are reports of Roma women having been placed in segregated maternity wards and of women belonging to lower castes in India being forced to give birth on the floor.⁸⁹

⁷⁶ See <https://applications.emro.who.int/docs/Technical-report-SHAMS-project.pdf>.

⁷⁷ See https://www.oas.org/en/iachr/jsForm/?File=/en/iachr/media_center/preleases/2024/081.asp; and Angel Arturo Escobedo and others, "Impact of economic sanctions on child health in Cuba", *BMJ Paediatrics Open*, vol. 10, No. 1 (2026).

⁷⁸ See <https://www.unfpa.org/press/unfpa-funding-cuts-undermine-maternal-health-systems-worldwide-putting-millions-risk>.

⁷⁹ See <https://www.unwomen.org/en/digital-library/publications/2025/05/at-a-breaking-point-the-impact-of-foreign-aid-cuts-on-womens-organizations-in-humanitarian-crises-worldwide>.

⁸⁰ Women's Refugee Commission, "A year of harms: the impact of US foreign aid cuts on women and girls in humanitarian crises" (New York, 2026).

⁸¹ Submission by Punita Chowbey.

⁸² Submission by Centre for Fundamental Rights.

⁸³ Submission by Feminist Legal Clinic.

⁸⁴ Submission by Association des familles monoparentales (France).

⁸⁵ Submission by Affiliation of Australian Women's Advocacy Alliances.

⁸⁶ Submission by Grupo de Apoio a Mulheres Brasileiras no Exterior (GAMBE) and SHERA Research Group.

⁸⁷ Meghan A. Bohren and others, "The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review", *PLOS Medicine*, vol. 12, No. 6 (June 2015).

⁸⁸ Meghan A. Bohren and others, "How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys", *The Lancet*, vol. 394, No. 10210 (November 2019).

⁸⁹ Submission by Global Forum of Communities Discriminated on Work and Descent.

39. Females are frequently subjected to medical interventions without their free and informed consent.⁹⁰ Research on perineal injuries, affecting up to 85% of first-time mothers, has long been neglected, and related complications are often dismissed as “part of the experience”.⁹¹

40. Mothers may experience breaches of confidentiality, including regarding HIV status,⁹² be required to pay bribes for life-saving treatment,⁹³ or be denied the presence of a chosen birth companion.⁹⁴

41. Mothers may also be coerced or forced into abortion, including as a result of abortion-by-mail or telemedicine abortion regimes that do not require the medically supervised administration of abortifacient drugs. They may be subjected to abortion without their knowledge or informed consent,⁹⁵ including in contexts of intimate partner violence, trafficking and sexual exploitation.⁹⁶ A lack of minimum financial means or conditions considered necessary to raise a child may also compel women to undergo abortion.⁹⁷ Refusal to undergo an abortion, including in cases involving disability, has led to stigmatization, denial of assistance,⁹⁸ attacks and killings.

42. Mothers who give birth to children conceived through rape, especially in conflict settings, are ostracized by their communities for bearing children “of the enemy”.⁹⁹ Some newborns are therefore abandoned due to the stigma or trauma of conflict-related sexual violence.¹⁰⁰ Fear, insecurity and deliberate attacks on healthcare services, such as those on Lebanon by Israel in 2026,¹⁰¹ inflict trauma and heighten serious risks to mother and child. By dehumanizing mothers, distancing and dissociating them from their children through violent practices, patriarchy breaks the mother-child link, subjugating women and appropriating their children.

C. Physical and sexual violence

43. Studies indicate that pregnant females are nearly twice as likely to experience violent trauma injuries as their non-pregnant counterparts.¹⁰² Physical violence against them is mainly directed at the abdomen, demonstrating the intent to harm the mother and/or the child.¹⁰³ Mothers subjected to intimate partner violence are more likely to sustain miscarriage and to undergo abortion.¹⁰⁴

⁹⁰ Submission by Observatorio de Violencia Obstétrica de Chile and others.

⁹¹ See <https://www.bmj.com/content/391/bmj.r2537>.

⁹² Submission by Eurasian Women’s Network on AIDS.

⁹³ Submission by Women’s Network of Bosnia and Herzegovina.

⁹⁴ Submission by Udruženje Baby Steps.

⁹⁵ Submission by Pro Life Campaign.

⁹⁶ Submission by ADF International.

⁹⁷ See <https://www.cureus.com/articles/124269-effects-of-pressure-to-abort-on-womens-emotional-responses-and-mental-health%23!/#!/>.

⁹⁸ Tamar Nov-Klaiman and others, “Views on disability and prenatal testing among families with Down syndrome and disability activists: a comparative analysis of interviews from Germany and Israel”, *Social Science & Medicine*, vol. 303 (June 2022).

⁹⁹ Submission by Rights for Peace.

¹⁰⁰ Global Survivors Fund, “Expert roundtable on children born of conflict-related sexual violence: breaking down barriers to accessing the rights to identity and nationality – outcome report”, June 2023.

¹⁰¹ See <https://internationalmidwives.org/statement-on-the-escalating-situation-in-the-middle-east/>.

¹⁰² Neha A. Deshpande and others, “Pregnant trauma victims experience nearly 2-fold higher mortality compared to their nonpregnant counterparts”, *American Journal of Obstetrics and Gynecology*, vol. 217, No. 5 (November 2017).

¹⁰³ Fatemeh Abdollahi and others, “Physical violence against pregnant women by an intimate partner, and adverse pregnancy outcomes in Mazandaran Province, Iran”, *Journal of Family & Community Medicine*, vol. 22, No. 1 (2015).

¹⁰⁴ Janet Fanslow and others, “Pregnancy outcomes and intimate partner violence in New Zealand”, *Australian and New Zealand Journal of Obstetrics and Gynaecology*, vol. 48, No. 4 (August 2008).

44. Pregnancy-associated femicide accounts for mortality rates comparable to the leading obstetric causes of maternal mortality in developed countries. Such killings are usually preceded by a continuum of violence,¹⁰⁵ with the post-separation period being particularly dangerous.¹⁰⁶ Consequential suicide linked to intimate partner violence remains one of the leading causes of maternal death during the first year after birth,¹⁰⁷ together with inadequate or abusive medical treatment during pregnancy and childbirth.¹⁰⁸ Intimate partners also perpetrate sexual violence on mothers unwilling to engage in sexual relations before or after childbirth.¹⁰⁹

D. Psychological violence

45. Mothers suffer serious psychological distress and trauma amounting to violence, resulting from pressure to return to work before they or their child are ready for separation,¹¹⁰ economic precarity and the burden of combining motherhood with other roles without support.¹¹¹

46. The post-partum period is often marked by profound isolation, intensified by pressures associated with the maternal role.¹¹² Mothers who have experienced miscarriage or stillbirth are often placed in the same rooms with mothers who have given birth to healthy newborns,¹¹³ compounding grief.

47. Psychological violence also arises through blame directed at mothers for children's behavioural difficulties, miscarriage or even the sex of the child.¹¹⁴

48. Violence against mothers is often inflicted through violence against their children. Mothers suffer severe trauma upon learning that their children have been killed.¹¹⁵ Between October 2023 and February 2026, mothers in Gaza lost at least 21,289 children.¹¹⁶ The attack by the United States on the school in Minab, Islamic Republic of Iran, left the mothers of more than 160 children bereaved.¹¹⁷ Mothers are also bereaved when their children are starved, subjected to sexual violence,¹¹⁸ arbitrary detention, imprisonment, torture, abduction,¹¹⁹ enforced disappearance, forced adoption, trafficking or forceful transfer.

49. Awareness of the suffering of their children, prolonged separation or being deprived of information about their fate subjugates mothers to a level of suffering that can amount to torture, inhuman and degrading treatment.

¹⁰⁵ Submission by Mexico.

¹⁰⁶ Submission by NANE Women's Rights Association, PATENT Association and Hungarian Women's Lobby.

¹⁰⁷ Kathleen Chin and others, "Suicide and maternal mortality", *Current Psychiatry Reports*, vol. 24, No. 4 (April 2022).

¹⁰⁸ Juan Miguel Martínez-Galiano and others, "Risk of suicide and postpartum depression in women who feel they were treated inadequately during childbirth", *Women and Birth*, vol. 38, No. 1 (January 2025).

¹⁰⁹ Submission by The Beehive (Equipo La Colmena).

¹¹⁰ Submission by The Countess Advocacy.

¹¹¹ Submission by ECOM (Eurasian Coalition on Health, Rights, Gender and Sexual Diversity) and Feministan.

¹¹² Submission by Prochoice RICA (Rete Italiana Contraccezione Aborto).

¹¹³ See <https://www.abc.net.au/news/2023-08-12/call-for-bereavement-units-hospitals-for-families-of-lost-babies/102719094>.

¹¹⁴ Submission by Madhumita Pandey.

¹¹⁵ Submission by GEM Tigray (Gender Empowerment Movement Tigray).

¹¹⁶ See <https://www.unicef.org/sop/reports/unicef-state-palestine-humanitarian-situation-update>.

¹¹⁷ See <https://www.dropsitenews.com/p/minab-iran-elementary-school-airstrike-cemetery-families>.

¹¹⁸ See https://www.sipri.org/sites/default/files/2025-03/2503_through_their_eyes_0.pdf.

¹¹⁹ See <https://www.theguardian.com/world/2025/jun/27/russia-ukrainian-children-abduction-war-crime>.

E. The nexus between violence against mothers and violence against children

50. Violence against mothers also profoundly impacts their children, even before birth. Exposure in utero to maternal stress can affect brain development, with abusive dynamics in the post-partum period linked to poorer maternal attachment.¹²⁰ Females who experience violence are less likely to breastfeed (breastfeeding is highly beneficial for children) or do so for a shorter time.¹²¹ The children of prostituted women are often sexually and physically abused.

51. Research from Australia indicates that children who witness violence against their mother are 2.5 times more likely to become victims of intimate partner domestic violence from the age of 15.¹²² Research from the United States indicates that intimate partner violence significantly contributes to a child's lasting behavioural harm.¹²³

52. Harming and killing children¹²⁴ or deliberately attacking a mother-child bond, including through removing the child from its mother, often happens as an extension of coercive control by an intimate partner. It takes many forms,¹²⁵ to force compliance,¹²⁶ prevent reporting, punish mothers,¹²⁷ or force submission to abuse,¹²⁸ often with great impunity.

53. This continuum of abuse is reinforced in cross-border contexts, where legal frameworks, particularly the Convention on the Civil Aspects of International Child Abduction, can disadvantage protective mothers. Although designed to ensure the prompt return of children, the Convention often prioritizes restoring the status quo over assessing domestic violence. As a result, mothers fleeing abuse may be ordered to return children, despite credible risks, since exceptions like the "grave risk" defence are narrowly applied and concepts such as "parental alienation" may be used to discredit abuse claims.¹²⁹

V. Groups of women and girls particularly affected by violence

54. Some groups of mothers are particularly at risk of discrimination and violence on account of their being mothers intersecting with other factors. These groups include, but are not limited to, those detailed in sections A to M below.

A. Mothers in crises and humanitarian settings

55. A pregnant woman living in a country affected by conflict is almost four times more likely to die due to maternal causes than her peer living in a stable country.¹³⁰ According to data from 2024, an estimated 10.9 million pregnant and breastfeeding women faced acute

¹²⁰ Viviane Costa de Souza Buriol and others, "Violence against women, mother-infant bond and child behaviour: an exploratory path analysis at IVAPSA cohort", *Child: Care, Health and Development*, vol. 52, No. 2 (March 2026).

¹²¹ Kathleen A. Kendall-Tackett, "Violence against women and the perinatal period: the impact of lifetime violence and abuse on pregnancy, postpartum, and breastfeeding", *Trauma, Violence, & Abuse*, vol. 8, No. 3 (July 2007).

¹²² See <https://findanexpert.unimelb.edu.au/news/131251-young-people-who-witness-domestic-violence-are-more-likely-to-be-victims-of-it.-here%E2%80%99s-how-we-can-help-them>.

¹²³ Judith McFarlane and others, "The intergenerational impact of intimate partner violence against mothers on child functioning over four years", *Journal of Family Violence*, vol. 32, No. 7 (October 2017).

¹²⁴ Submission by Rights for Peace.

¹²⁵ Submission by Federal Public Defender's Office, Brazil.

¹²⁶ Submission by Australia.

¹²⁷ Submission by Sudan Rights Defenders Network.

¹²⁸ Submission by Amy Neustein.

¹²⁹ Submission by Federal Public Defender's Office, Brazil. See also [A/HRC/53/36](#).

¹³⁰ Human Rights Council resolution 39/10.

malnutrition in 21 countries, most of them torn by conflicts.¹³¹ Maternal malnutrition increases the risks of adverse pregnancy outcomes and maternal morbidity.¹³² Mothers – especially during pregnancy and while breastfeeding – and their children also face heightened risks from climate change, including health harms from pollution that affects the quality of breastmilk,¹³³ water scarcity and disease. Resource shortages increase caregiving burdens and expose women to sexual violence while seeking water or food. Economic stress linked to environmental degradation exacerbates domestic violence when women cannot fulfil the caregiving roles they are expected to play.¹³⁴

B. Indigenous mothers

56. Indigenous mothers experience violence and discrimination in intersecting and structural ways, shaped by sex, race and socioeconomic marginalization.¹³⁵ They are disproportionately subjected to abuses related to their reproductive roles, including forced sterilization, coercive population control policies, and culturally insensitive or violent obstetric practices. They also face systemic barriers in accessing maternal healthcare that respects their dignity, autonomy and cultural identity, alongside higher exposure to poverty, environmental degradation and forced displacement. These forms of violence are compounded by racism within health and justice systems, criminalization or suppression of traditional midwifery,¹³⁶ including policies that separate them from their land and communities, thereby disrupting intergenerational caregiving, cultural transmission, and group identity and belonging.¹³⁷ They thus carry the burden of individual and collective trauma that affects their own well-being and that of future generations.¹³⁸

C. Migrant and refugee mothers

57. Migrant and refugee women, particularly single mothers, face heightened vulnerability at every stage of their journey.¹³⁹ They are at heightened risk of deportation,¹⁴⁰ trafficking and sexual exploitation and experience higher barriers to accessing sexual and reproductive healthcare, higher maternal mortality and preterm birth.¹⁴¹ Mothers may be forcefully separated from their children or have them stolen from them.¹⁴²

58. Increasingly restrictive migration and asylum policies often deny refugee and migrant mothers the right to family unity, as they limit family reunification possibilities to minor children only, or condition reunification on sufficient economic resources.¹⁴³ In countries

¹³¹ See <https://www.unwomen.org/en/articles/facts-and-figures/facts-and-figures-women-peace-and-security>.

¹³² Anna Lartey, “Maternal and child nutrition in Sub-Saharan Africa: challenges and interventions”, *Proceedings of the Nutrition Society*, vol. 67, No. 1 (February 2008).

¹³³ Martyna Pajewska-Szmyt, Elena Sinkiewicz-Darol and Renata Gadzała-Kopciuch, “The impact of environmental pollution on the quality of mother’s milk”, *Environmental Science and Pollution Research*, vol. 26, No. 8 (March 2019); and Mariana Matera Veras and Paulo Hilário Nascimento Saldiva, “Impact of air pollution and climate change on maternal, fetal and postnatal health”, *Jornal de Pediatria*, vol. 101, No. S1 (March–April 2025).

¹³⁴ See [A/77/136](#).

¹³⁵ Submission by Feminist Legal Clinic.

¹³⁶ See <https://minorityrights.org/app/uploads/2025/09/unfpa-final.pdf>.

¹³⁷ For example, in Canada, under the Indian Act, Indigenous women lose their Indigenous status upon marrying non-status men and cannot pass that status on to their children, unlike Indigenous men.

¹³⁸ See [A/HRC/50/26](#).

¹³⁹ Sarah Neal and others, “Motherhood on the move: new evidence of vulnerability for central American mothers migrating with children”, *Journal of Ethnic and Migration Studies*, vol. 52, No. 8 (2026).

¹⁴⁰ See [A/HRC/20/24](#) and [A/HRC/41/38](#).

¹⁴¹ See <https://www.intechopen.com/chapters/1225161>.

¹⁴² See <https://www.theguardian.com/global-development/2025/jan/02/threadbare-facilities-high-mortality-cats-in-the-corridors-the-realities-of-life-for-new-rohingya-mothers-in-coxs-bazar>.

¹⁴³ European Union, Council Directive 2003/86/EC of 22 September 2003 on the right to family reunification, art. 7.

such as those in the Persian Gulf, low-wage domestic workers are not eligible to bring family members with them, leading to the separation of mothers from their children for many years.

D. Stateless mothers

59. Stateless mothers experience heightened forms of violence and discrimination closely tied to their legal invisibility and dependency. When women are unable to acquire, retain or transmit their nationality to their children, they often become trapped in abusive relationships, as their legal status – and that of their children – may depend on a spouse or male relative. Nationality-related discrimination also exposes mothers to profound insecurity during pregnancy and childbirth, including barriers to birth registration,¹⁴⁴ healthcare and social services. They may also lose custody because of their precarious residence status and exclusion.¹⁴⁵ The lack of legal identity and documentation further restricts access to justice and protection mechanisms, increasing vulnerability to exploitation, trafficking and poverty. These dynamics perpetuate intergenerational cycles of marginalization.¹⁴⁶

E. Child mothers

60. Globally, one in five girls is married before the age of 18 and millions become mothers during childhood – often immediately after marriage.¹⁴⁷ Once married, many experience high levels of domestic and intimate partner violence,¹⁴⁸ economic dependency, loss of decision-making power and school dropout.¹⁴⁹ Child mothers also face serious risks to their health and life, including from early pregnancy. They are often stigmatized and excluded – especially if unmarried – and remain trapped in cycles of poverty and inequality.¹⁵⁰

F. Older mothers

61. Mothers who have children later in life often find themselves at a double disadvantage: their age is seen as a barrier by potential employers, and they are still actively parenting young children.¹⁵¹ Mothers of adolescent or adult children may also be particularly vulnerable to abandonment and violence, including femicide by partners and children, and marginalization by society, even as they continue to care for children living with rare illnesses, addiction or physical or mental disabilities. As older women are more likely to be accused of witchcraft in some communities, those who are also mothers may be forcefully expelled from the community with their children, assaulted and humiliated.¹⁵²

G. Mothers with disabilities and mothers of children with disabilities

62. Pregnant females with disabilities experience higher rates of intimate partner violence than other pregnant females.¹⁵³ They may require more time for household and parenting tasks or need assistance, which sometimes results in their dual marginalization – first, due to

¹⁴⁴ United Nations Children’s Fund, Office of the United Nations High Commissioner for Refugees and Coalition on Every Child’s Right to a Nationality, “Background note on sex-discrimination in birth registration”, 2021.

¹⁴⁵ See <https://newslab.malaysiakini.com/stateless/en/>.

¹⁴⁶ See A/78/256.

¹⁴⁷ United Nations Population Fund, *Motherhood in Childhood: The Untold Story* (New York, June 2022).

¹⁴⁸ United Nations Children’s Fund, “Gender equality: intimate partner violence”, UNICEF Data, October 2022.

¹⁴⁹ See <https://genderdata.worldbank.org/en/data-stories/adolescent-fertility>.

¹⁵⁰ See https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/?utm_source=chatgpt.com.

¹⁵¹ Submission by Make Mothers Matter.

¹⁵² Submission by Jaydip Phukan.

¹⁵³ Ari K. Mwachofi, “Violence against pregnant women with disabilities”, *Journal of Health Disparities Research and Practice*, vol. 9, No. 2 (2016).

their disabilities, and second, because of their caregiving responsibilities. They experience stigma when interacting with professionals,¹⁵⁴ and report feeling pressure to demonstrate their competence as caregivers.¹⁵⁵ Mothers of children with disabilities are less likely to maintain full-time employment and experience increased job insecurity, which in turn results in lower income. At times, such mothers, if they married foreigners, are discriminated against in securing access to disability-related services and assistance on a par with nationals. Their physical and mental health is affected by the stress and strain of prioritizing the health of their children over their own.¹⁵⁶

H. Incarcerated mothers

63. In some States, such as El Salvador,¹⁵⁷ incarcerated women continue to be shackled during pregnancy, including during labour. They face health risks and even lose their children due to institutional bureaucracy, inadequate food, lack of ventilation, hygiene, access to drinking water and overcrowding.¹⁵⁸ Mothers are often separated from their children upon entering prison for the first time, and those who give birth there may have their children removed, especially in the absence of dedicated mother-baby units. The harm is compounded by the relative scarcity of women's prisons.¹⁵⁹ As a result, children and mothers may experience long-term emotional and behavioural harm and trauma and a possible increase in recidivism.¹⁶⁰

I. Single mothers

64. Single mothers are disproportionately exposed to stigma and associated violence. Historically, in several countries such as Australia,¹⁶¹ Ireland,¹⁶² the Kingdom of the Netherlands¹⁶³ and Spain,¹⁶⁴ children were forcefully removed from single mothers, especially young, poor or Indigenous mothers, by the State, the Church or both after being deemed "unfit".

65. Those who bear children as single mothers, including in cases of rape or sexual exploitation, may be ostracized¹⁶⁵ and are often unable to secure birth registration and paternity recognition. In some countries where extramarital sex is criminalized, pregnancy outside marriage may be used as evidence of the offence, exposing women to arrest, detention and even "honour killings".¹⁶⁶

¹⁵⁴ Submission by ECOM and Feministan.

¹⁵⁵ Nicole Buonocore Porter, "Mothers with disabilities", *Berkeley Journal of Gender, Law & Justice*, vol. 33 (2018).

¹⁵⁶ Ewa Rejman, "Discrimination that requires a remedy: the case of mothers of children with disabilities", *Mercer Law Review*, vol. 76, No. 2 (2025).

¹⁵⁷ CEDAW/C/SLV/CO/10.

¹⁵⁸ Submission by Mujeres Libres.

¹⁵⁹ Susan Hatters Friedman, Aimee Kaempf and Sarah Kauffman, "The realities of pregnancy and mothering while incarcerated", *Journal of the American Academy of Psychiatry and the Law*, vol. 48, No. 3 (September 2020).

¹⁶⁰ See <https://journalofethics.ama-assn.org/article/shackling-and-separation-motherhood-prison/2013-09>.

¹⁶¹ Submission by Collective Shout.

¹⁶² See <https://www.cbc.ca/radio/asithappens/philomenas-law-uk-1.7558684>.

¹⁶³ See <https://www.courthousenews.com/distance-mother-sues-dutch-state-for-taking-her-child-away-in-the-1960s/>.

¹⁶⁴ See <https://www.ohchr.org/en/press-releases/2025/11/spain-un-experts-urge-parliament-approve-pending-law-stolen-babies>.

¹⁶⁵ See <https://www.aljazeera.com/features/2021/3/24/wrenching-choice-yazidi-mothers-to-choose-children-or-community>.

¹⁶⁶ See

https://www.ohchr.org/sites/default/files/Documents/Issues/Children/BirthRegistrationMarginalized/B.Fisher_1.pdf.

66. Single mothers may also face serious barriers in accessing basic rights such as housing,¹⁶⁷ healthcare, education and social protection for themselves and their children and are often left without effective remedies, including child support.

J. Lesbian mothers

67. Lesbian mothers, for example, in the United Kingdom,¹⁶⁸ have historically been denied custody or separated from their children based on their same-sex attraction. Similar practices persist in other countries. They might also face a double motherhood penalty when both women in the relationship have children and each faces a reduced income.

K. Surrogate mothers

68. Surrogate mothers experience multiple forms of violence and discrimination.¹⁶⁹ They are often subjected to:

- (a) Economic violence, including exploitation, non-payment and dependency;
- (b) Psychological violence, including coercion, relinquishing of control over their bodies, and severe trauma linked to the forced separation from the child;
- (c) Physical violence through exposure to hazardous drugs, leading to serious pregnancy complications resulting in grave threats to life;
- (d) Reproductive violence, such as exposure to harmful medical procedures and imposed interventions without their genuine consent, including forced embryo transfer and forced abortion at the request of commissioning parents and agencies. They are often denied legal recognition as mothers, despite having given birth, and subjected to practices amounting to trafficking, torture, servitude or slavery-like conditions.¹⁷⁰

L. Prostituted mothers

69. Available studies indicate that the majority of women in prostitution are mothers.¹⁷¹ Pornography, which is widely consumed globally, has also catered to the increasing fetishization of pregnant and post-partum women, with a dedicated genre for such content,¹⁷² degrading and exploiting mothers and grandmothers. Pregnant females are also subjected to physical abuse, sadism and masochism by sexual act buyers.¹⁷³

70. Many prostituted women and girls become pregnant and often lose custody of their children, being labelled as bad mothers.¹⁷⁴ As they typically do not have childcare options, they are forced to leave their children alone or in high-risk locations like brothels, on the street or with other prostituted women.¹⁷⁵

M. Mothers who defy the application of harmful practices to their children

71. Mothers seeking to protect their children from harmful practices and to act in their children's best interests through the exercise of their parental responsibilities are sometimes denied their rights. This includes mothers who refuse to subject their daughters to female

¹⁶⁷ Submission by Genre et Droits des Femmes.

¹⁶⁸ Submission by Lesbian Persistence.

¹⁶⁹ Submission by Italy.

¹⁷⁰ See [A/80/158](#).

¹⁷¹ Leshata Winter Mokhwelepa and Gsakani Olivia Sumbane, "Sex work and parenthood: the experiences of female sex workers who are also parents or caregivers: a scoping review", *International Journal of Environmental Research and Public Health*, vol. 21, No. 7 (July 2024).

¹⁷² See [A/80/158](#).

¹⁷³ See [A/HRC/56/48](#).

¹⁷⁴ Ibid.

¹⁷⁵ Submission by Collective Shout.

genital mutilation and those who object to their children's social, legal or medical "gender transition",¹⁷⁶ who may be threatened, attacked or ostracized.¹⁷⁷ In some instances, mothers have lost custody of their children,¹⁷⁸ having been deemed unfit mothers.¹⁷⁹ This is despite the fact that neither they nor their children are provided with adequate, evidence-based information regarding the root causes and the grave health consequences of such practices.¹⁸⁰

VI. Perpetrators of violence

72. Current and former partners are typically the primary perpetrators of different forms of violence against mothers,¹⁸¹ in addition to family members, including in-laws,¹⁸² and the wider community.

73. In humanitarian and other crisis settings, men and boys exploit females' vulnerability, marginalization and structural power imbalances, including through prostitution, often with impunity. As a result, those responsible may father children, yet refuse to recognize their paternity and related responsibilities. Perpetrators include United Nations staff and related personnel, including those operating in peacekeeping and humanitarian contexts.¹⁸³

74. Violence against mothers,¹⁸⁴ including killing, is also perpetrated by their offspring, particularly sons,¹⁸⁵ which is rarely acknowledged. Children growing up in a household where their mother suffers violence can turn into either perpetrators or victims of that same violence themselves.¹⁸⁶

75. At the institutional level, Governments, civil society and private organizations perpetrate violence through their policies, failure to ensure due diligence, participation in the erasure of mother-specific language and the lack of motherhood-sensitive policies.

76. In conflict and humanitarian settings, States, de facto authorities and non-State actors may directly perpetrate multiple forms of violence against mothers, including through the abrupt and large-scale reduction of humanitarian and development aid, the blocking of humanitarian aid and access,¹⁸⁷ the application of coercive unilateral measures on countries and the adoption of harsh migratory policies that separate mothers from their children.

77. Family courts inflict violence through minimizing or dismissing domestic abuse allegations, and imposing contact by children with abusive partners.¹⁸⁸ Courts may also impose forceful separation of mothers, including surrogate mothers, from their child, contrary to the child's best interest.¹⁸⁹

78. Healthcare and medical professionals can be responsible for subjugating mothers to reproductive or obstetric violence, while employers contribute to economic violence through discrimination in hiring and pay, or by denying necessary accommodations and benefits.

¹⁷⁶ Submission by Matria.

¹⁷⁷ Sophia Koukou, Ghayda Hassan and Jaswant Guzder, "The mothering experience of women with FGM/C raising 'uncut' daughters, in Ivory Coast and in Canada", *Reproductive Health*, vol. 14, No. 1 (December 2017).

¹⁷⁸ See <https://www.foxnews.com/world/swiss-court-takes-trans-child-away-from-parents-over-objections-puberty-blockers>.

¹⁷⁹ Submission by Padres Unidos Argentina.

¹⁸⁰ See [A/HRC/59/47](#).

¹⁸¹ Submission by Chile.

¹⁸² Submission by Women Cultural Empowerment International.

¹⁸³ See [A/HRC/58/52](#).

¹⁸⁴ See <https://journals.sagepub.com/doi/10.1177/03085759241251854>.

¹⁸⁵ Rachel Condry and Caroline Miles, "Adolescent to parent violence: framing and mapping a hidden problem", *Criminology & Criminal Justice*, vol. 14, No. 3 (July 2013).

¹⁸⁶ Submission by Femicide Watch Denmark.

¹⁸⁷ Submission by Al-Haq, Law in the Service of Man.

¹⁸⁸ Submission by Fair Hearing.

¹⁸⁹ Submission Stop Surrogacy Now.

VII. Insufficient data

79. Insufficient data seriously impede the design of solutions that adequately address discrimination and violence, as mothers are rarely recognized as a distinct category in statistics.¹⁹⁰ Data are rarely gathered on how many women killed were mothers,¹⁹¹ or the number of mothers working in the informal economy.¹⁹² Research frameworks generally rely on broad categories such as “women”, “families” or “parents”, thereby failing to capture the specific vulnerabilities and experiences of harm associated with motherhood.¹⁹³

VIII. Applicable international legal instruments

80. While no international instrument expressly defines the term “mothers”, international human rights law consistently affirms States’ obligations to provide mothers with “special” protection before and after childbirth, encompassing both the biological dimensions of maternity and the social realities of motherhood.¹⁹⁴ Humanitarian law recognizes “expectant mothers” as a vulnerable population group in need of specific protection, in recognition of their heightened vulnerability to human rights violations, as well as assistance needs,¹⁹⁵ which must be tailored to their specific circumstances.¹⁹⁶

A. International human rights and humanitarian law

1. Concerning mothers and motherhood

81. Article 10 (2) of the International Covenant on Economic, Social and Cultural Rights provides for special protection for mothers before and after childbirth, including paid leave or leave with adequate social security benefits for working mothers. Similarly, article 25 of the Universal Declaration of Human Rights affirms that motherhood and childhood are entitled to special care and assistance, as necessary to ensure the right to an adequate standard of living.

82. The Convention on the Elimination of All Forms of Discrimination against Women, while referring to maternity, encompasses both biological and social dimensions. It obliges States Parties to ensure appropriate services in connection with pregnancy, childbirth and the postnatal period, including adequate nutrition and, where necessary, free services (art. 12 (2)), an approach echoed in the Convention on the Rights of the Child (art. 24 (2) (d)). It also mandates measures to prevent discrimination based on maternity, including protection from dismissal, paid maternity leave without loss of employment or benefits, workplace safeguards, and access to childcare and social services (art. 11). It recognizes special measures to protect maternity (art. 4 (2)) and emphasizes shared parental responsibility (art. 5).

83. The Maternity Protection Convention, 2000 (No. 183) of the International Labour Organization establishes minimum workplace standards, including at least 14 weeks of maternity leave, protection from work that is prejudicial or poses a significant risk to the health of the mother or the child, cash benefits, breastfeeding breaks and job security, although ratification remains limited.¹⁹⁷

¹⁹⁰ Submission by ANAIS Association.

¹⁹¹ Submission by Plataforma CEDAW-Estambul-Beijing (CEB) Sombra.

¹⁹² Bianca Stumbitz and others, “Maternity protection in formal and informal economy workplaces: the case of Ghana”, *World Development*, vol. 110 (October 2018).

¹⁹³ Submission by Soroptimist International.

¹⁹⁴ International Covenant on Economic, Social and Cultural Rights, art. 10 (2).

¹⁹⁵ Geneva Convention relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention), arts. 14, 16, 23, 38 (5), 50, 89 and 132.

¹⁹⁶ For example, International Covenant on Economic, Social and Cultural Rights, art. 10 (3); Convention on the Rights of the Child, arts. 20 (1) and 23 (2), International Convention on the Elimination of All Forms of Racial Discrimination, arts. 1 (4) and 2 (2).

¹⁹⁷ See <https://treaties.un.org/Pages/showDetails.aspx?objid=080000028008ac4b>.

84. Global policy frameworks reinforce these obligations. The Programme of Action of the International Conference on Population and Development calls for expanded maternal health and nutrition services and access to skilled birth attendants.¹⁹⁸ The Beijing Declaration and Platform for Action stresses that motherhood must not be a basis for discrimination,¹⁹⁹ urging States to remove barriers to education for pregnant girls and young mothers,²⁰⁰ strengthen maternal and emergency obstetric care,²⁰¹ and adopt policies enabling the reconciliation of work and caregiving responsibilities.²⁰²

85. Under the Geneva Convention relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention), States must protect expectant mothers during war by creating safe areas, ensuring respect and protection, allowing free passage of essential food, and granting them preferential treatment equal to nationals (arts. 14, 16, 23 and 38 (5)). Occupying Powers may not hinder such protections. Interned pregnant and nursing women must receive additional food, and parties should facilitate their release to neutral countries (arts. 50, 89 and 132). Similarly, the Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I) requires that priority be given to, *inter alia*, pregnant women and mothers in the distribution of humanitarian relief, and that detained or interned mothers with dependent infants have their cases considered with utmost priority (arts. 69 (2) and 76 (2)). These obligations confirm that protecting mothers in armed conflict is a core requirement of international humanitarian law.

86. The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) require that incarcerated mothers, particularly those who are pregnant or breastfeeding, receive adequate nutrition, a healthy environment, and prison regimes adapted to their needs, including appropriate childcare facilities (rules 42 and 48). They also prohibit disciplinary segregation for pregnant and nursing women and call for flexible, open and extended contact with children outside prison (rules 22 and 28).

87. In several of its resolutions on preventable maternal mortality and morbidity and human rights in humanitarian settings, such as resolution 39/10, the Human Rights Council requested States and other relevant actors to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and international assistance and cooperation arrangements. Similarly, in its resolutions on the elimination of all forms of discrimination against women and girls, such as resolution 56/22, the Council urged States to ensure timely access to maternal health services and emergency obstetric care.

2. Concerning equal parental rights and responsibilities

88. International human rights law affirms equality between mothers and fathers in parental rights and responsibilities while recognizing the family as entitled to protection. The International Covenant on Civil and Political Rights provides in article 23 (4) that spouses have equal rights and responsibilities during marriage and at its dissolution, and that in the case of dissolution, provision should be made for the necessary protection of any children. The International Covenant on Economic, Social and Cultural Rights provides in article 10 (1) that the widest possible protection and assistance should be accorded to the family, as well as the special protection accorded to mothers before and after childbirth (art. 10 (2)).

89. The Convention on the Rights of the Child affirms in articles 5, 7 (1) and 9 (1) the role of parents in the care and upbringing of the child and establishes in article 18 (1) that both parents have common responsibilities for the child's upbringing and development, with article 18 (2) requiring State support and article 27 (2) recognizing parents' primary responsibility for securing the conditions of living necessary for the child's development. This is reinforced by the Convention on the Elimination of All Forms of Discrimination

¹⁹⁸ A/CONF.171/13/Rev.1, p. 34, para. 6.11; and p. 58, paras. 8.22 and 8.24.

¹⁹⁹ A/CONF.177/20/Rev.1, p. 12, para. 29.

²⁰⁰ *Ibid.*, p. 133, para. 277 (a).

²⁰¹ *Ibid.*, p. 39, para. 106 (e); and p. 206 (i).

²⁰² *Ibid.*, p. 81, para. 190 (i); and A/CONF.171/13/Rev.1, p. 25, para. 4.13; and p. 29, para. 5.3.

against Women, which guarantees in articles 5 (b) and 16 (1) (d) and (f) equality between women and men in all matters relating to parenthood.

B. Regional instruments

90. The European Social Charter (arts. 8 and 17) and the Charter of Fundamental Rights of the European Union (arts. 33 and 34) provide for special economic protections, the prohibition of dismissal on the basis of maternity and the right to paid maternity leave, as well as leave following the adoption of a child. As the Court of Justice of the European Union confirmed, the purpose of such leave is twofold: “first, to protect a woman’s biological condition during and after pregnancy and, second, to protect the special relationship between a woman and her child over the period which follows pregnancy and childbirth”.²⁰³

91. The Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) provides for “special care and assistance to mothers during a reasonable period before and after childbirth” (art. 15 (3) (a)), an obligation which is also reflected in the American Declaration of the Rights and Duties of Man (art. VII). The Inter-American Court of Human Rights has explained that pregnancy, especially if intersecting with other vulnerabilities, imposes a “special duty of protection” that requires the provision of “augmented care”.²⁰⁴ Similarly, it has acknowledged the psychological violence experienced by women prisoners who are mothers, noting the suffering of those who are unable to communicate with their children.²⁰⁵

92. In the African system, the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa provides for maternal health and nutritional services for pregnant, post-partum and breastfeeding mothers, and guarantees paid maternity leave in the private and the public sectors (arts. XIII (i) and XIV (2) (b)). Similarly, the African Charter on the Rights and Welfare of the Child requires States Parties to ensure appropriate healthcare for expectant and nursing mothers and to provide “special treatment” to incarcerated mothers (arts. 14 (2) (e) and 30). The African Committee of Experts on the Rights and Welfare of the Child has stressed that the State is responsible for discrimination against mothers, including pregnant students, perpetrated by private actors, if it fails to prevent or investigate them, so long as it can be shown that the State knew or had reasonable grounds to believe that such acts were occurring.²⁰⁶

IX. Conclusions and recommendations

93. **Mothers experience many forms of violence on intersecting grounds, including on the basis of sex. However, they also experience specific forms of violence by virtue of being mothers. Current policies do not properly identify their experiences, contributions or vulnerabilities to discrimination and violence. Perpetrators are emboldened by a climate of impunity, and monitoring is limited due to the lack of disaggregated data. To thrive, maintain physical and mental health and develop a bond with a child, mothers need comprehensive support.**

94. **Considering the above, regarding the recognition of mothers as a specific category of rights holders, with distinct needs and contributions, the Special Rapporteur recommends that States and other relevant stakeholders:**

²⁰³ Court of Justice of the European Union (Sixth Chamber), *Merino Gómez v. Continental Industrias del Caucho SA*, Case No. C-342/01, Judgment, 18 March 2004, para. 32.

²⁰⁴ Inter-American Court of Human Rights, *Brítez Arce et al. v. Argentina*, Judgment, 16 November 2022, para. 82.

²⁰⁵ Inter-American Court of Human Rights, *Miguel Castro Castro Prison v. Peru*, Judgment, 25 November 2006, para. 330.

²⁰⁶ African Committee of Experts on the Rights and Welfare of the Child, *Legal and Human Rights Centre and Centre for Reproductive Rights (on behalf of Tanzanian girls) v. United Republic of Tanzania*, Communication No. 0012/Com/001/2019, Decision No. 002/2022, para. 32.

(a) Define mothers in national law as a distinct category entitled to specific protection, and clarify that motherhood cannot be contractually reassigned, transferred or extinguished. For the purposes of legal recognition, a mother should be understood as a female who: (i) gives birth to a child, including as a surrogate mother; (ii) is pregnant and expecting to give birth to a child; or (iii) has formally adopted a child;

(b) Address violence against mothers in legal and policy frameworks as a distinct form of violence against women and girls requiring targeted prevention and response measures, and ensure the systematic collection of data on violence against women and girls, disaggregated by motherhood status, sex, age and other relevant factors;

(c) Use sex- and mother-specific language in law and policy and preserve single-sex spaces and services for mothers where necessary and proportionate.

95. Regarding mothers' access to accountability, justice and reparations, the Special Rapporteur recommends that States and other relevant stakeholders:

(a) Reaffirm and strengthen the protections afforded to mothers in times of crisis by urgently reversing the erosion of respect for international humanitarian law and human rights law, including the prohibition of attacks against protected populations, the rights of women and children, and the protection of civilian infrastructure, including health facilities and personnel;

(b) Reverse the trend towards militarization and severe reductions in humanitarian and development assistance, particularly to support and assist pregnant, lactating and other mothers in vulnerable situations and their children;

(c) Ensure recognition, investigation and accountability for the specific and emerging forms of violence and atrocities experienced by mothers during conflicts, such as reproductive violence;

(d) Guarantee that mothers subjected to human rights violations have access to effective remedies, reparations, including guarantees of non-repetition, and the right to truth, apology and memorialization;

(e) Strengthen protection for mothers defending their rights and those of their children, including children who are missing or forcibly disappeared, recognizing them as human rights defenders and enhancing their access to community-based, State and self-protection mechanisms.

96. Regarding the improved prevention of and response to violence against mothers, the Special Rapporteur recommends that States and other relevant stakeholders:

(a) Strengthen the identification of mothers who are victims of violence, including through mandatory training for all stakeholders who come in contact with mothers, through routine screening for vulnerability, particularly during pregnancy, the post-partum period and in cases of domestic abuse, and by enhancing their understanding of the specific forms of violence experienced by mothers and the barriers they face in accessing sufficient support;

(b) Improve reporting and coordination mechanisms for mothers exposed to or at risk of violence by adapting procedures to their needs, provide trauma-informed, accessible and culturally sensitive assistance and protection, including shelters equipped for mothers and their children, and operate on the presumption that children remain with their mother seeking safety in a shelter, without requiring the consent of the abusive parent or separate placement decisions;

(c) Promote community-based and peer support programmes to reduce isolation and strengthen the resilience of survivors of violence, including through enhanced financial support for those experiencing economic violence and access to good quality and affordable childcare support systems;

(d) Guarantee paid maternity leave of sufficient duration, and in no case shorter than the minimum 14 weeks set out under the relevant International Labour Organization standards. Consider extending leave for mothers facing particular

difficulties or vulnerabilities, financed through social insurance or public contributory schemes to prevent de facto discrimination in the labour market;

(e) Extend social security protections for women in the informal economy, migrant and refugee women, as well as those not gainfully employed, at a level sufficient to ensure an adequate standard of living and enable a life free from violence and discrimination;

(f) Adopt measures to improve the sharing of caregiving responsibilities and fathers' engagement through education, campaigns and paternity leave, while supporting fathers' active role, and avoid disincentives for mothers who wish to use parental leave and related arrangements to care for their young children, including through breastfeeding;

(g) Strengthen support for parents and couples through parenting support systems and voluntary early confidential mediation;

(h) Guarantee the access of rape survivors to comprehensive care that includes the option of abortion.

97. Regarding obstetric violence, the Special Rapporteur recommends that States and other relevant stakeholders:

(a) Address systemic drivers of obstetric violence, including understaffing, inadequate infrastructure and financial barriers, and establish effective accountability mechanisms;

(b) Safeguard the right to the presence of a chosen birth companion during childbirth, and ensure respect for confidentiality and informed consent for medical procedures;

(c) Guarantee free and accessible healthcare for all women throughout the pregnancy and post-partum period, or longer where maternal health complications arise, regardless of migration or insurance status;

(d) Ensure that mothers who experience miscarriage, stillbirth or the loss of a child after birth receive adequate medical and psychological support, are afforded the possibility of burial where they so wish and are protected from retraumatization.

98. Regarding non-discrimination and the protection of specific groups of mothers, the Special Rapporteur recommends that States and other relevant stakeholders:

(a) Support adolescent mothers with educational re-entry, promoting their financial autonomy, and tailored assistance enabling access to essential services for themselves and their children, including birth registration, documentation and age-sensitive referral mechanisms for assistance and protection, and remove legal exceptions allowing child marriage;

(b) Adopt targeted measures to address the specific risks and barriers faced by mothers with disabilities and mothers of children with disabilities, ensuring that they are not disadvantaged or penalized because of their needs;

(c) Ensure that lesbian mothers are not denied custody nor separated from their children on the basis of same-sex attraction and afford them equal protection. While the second female in the relationship should be recognized as the mother's partner, she should not be granted the status of mother, based on the fact of her relationship as a mother's partner and without prejudice to the adoption laws that may exist nationally;

(d) Facilitate family reunification procedures for refugees and forcibly displaced mothers, broadening eligibility beyond definitions that fail to recognize the mother-child relationship and rigid age limits in refugee and resettlement contexts;

(e) Ensure that mothers considering abortion receive accurate and comprehensive information on available alternatives, including access to support services, and criminalize coerced or forced abortion, including sex- or disability-selective abortion. In the case of medical abortion, require in-person or online screening

by a trained health professional to identify indicators of coercion, violence or exploitation before dispensing the medication;

(f) Strengthen the detection of abuse against older mothers, particularly those in the care of their offspring, and ensure that violence against them is not treated as a private matter;

(g) Prioritize maternal health in climate adaptation plans through tailored maternal healthcare, targeted warnings for pregnant mothers, and measures empowering women, strengthening community resilience and supporting responsive solutions;

(h) Reduce incarceration of pregnant women or mothers of young children by offering alternate measures, community and institutional support. Offer women in prison prenatal and obstetric care, adequate nutrition and dignified and secure spaces, as well as mental health support, even when their children are separated from them;

(i) Ratify the International Labour Organization Maternity Protection Convention, 2000 (No. 183), which prohibits both direct and indirect discrimination against mothers in the workplace.

99. Regarding child custody, the Special Rapporteur recommends that States and other relevant stakeholders:

(a) Ensure that family courts prioritize the safety and economic security of mothers, taking into account caregiving responsibilities and experiences of abuse when determining custody and visitation;

(b) Recognize the weaponization of mother-child relations as a core mechanism of coercive control and post-separation abuse constituting violence against mothers and their children, and also recognize litigation abuse and court-induced poverty as forms of economic violence against mothers;

(c) Remove duties requiring mothers to facilitate abusive contact and end the forced removal of children from protective mothers, including by banning punitive supervision orders;

(d) Enforce child support obligations, including through direct withholding of support from fathers' incomes and establishing State maintenance funds providing timely payments where fathers default or delay, thereby shifting the burden of enforcement from individual mothers to the State. Consider establishing child maintenance obligations during pregnancy to cover related expenses arising in that period;

(e) Introduce a mandatory, child- and survivor-centred exception under the Convention on the Civil Aspects of International Child Abduction requiring courts to conduct a thorough domestic violence risk assessment before ordering return;

(f) Take appropriate measures to ensure that women who wish to become mothers can do so in conditions of dignity and safety.

100. Regarding education and culture, the Special Rapporteur recommends that States and other relevant stakeholders promote the social significance of motherhood and the shared responsibility to support mothers within sex, family, civic and other relevant education curricula and through public awareness-raising campaigns.
