



Call for input to the report of the Special Rapporteur on violence against women and girls to the 62nd session of the UN Human Rights Council on Violence against mothers

Violence against women is widely recognised as a human rights violation; however, violence experienced because of women's status as mothers remains largely invisible in law, policy, and data. Across contexts, motherhood often intensifies women's exposure to economic deprivation, institutional discrimination, health-related harm, and interpersonal violence, including domestic violence.

Social norms that idealise unpaid caregiving and maternal sacrifice frequently normalise these harms, framing them as inevitable consequences of motherhood rather than as violations of human rights. Failure to protect mothers not only undermines women's autonomy and dignity, but also affects children and communities, perpetuating intergenerational cycles of violence and inequality.

This submission draws on qualitative evidence from Make Mothers Matter's (MMM) network of grassroots member organisations and partners. Contributing organisations include **Associations des Familles Monoparentales (ADFM, France)**, **AMECEF (Haiti)**, **L'Ilot (Belgium)**, **Mulheres à Obra (Portugal)**, **Mom Got a Job Foundation (Bulgaria)**, **Mouvement OTITSARA (Madagascar)**, **Life for African Mothers (Sierra Leone)**, **Mothers for Peace (Afghanistan)**, and **Maternity and Midwife Support (MMS, Democratic Republic of Congo)**¹. The lived experiences of mothers served by these organisations demonstrate how motherhood intersects with structural and interpersonal violence, revealing persistent gaps in protection, social support, and access to justice.

Violence against women associated with maternal status: manifestations, causes, and perpetrators

Violence against women is pervasive and globally recognised as a violation of human rights and fundamental freedoms. This violence is rooted in entrenched gender inequality, discriminatory practices and social norms, as well as power imbalances that legitimise control and coercion across private and public spheres. These structural conditions shape not only interpersonal abuse, but also economic, legal, and institutional forms of violence that are frequently normalised or rendered invisible.

When women become mothers, these dynamics are often intensified.² Social expectations around caregiving, gender stereotypes, and insufficient legal and social protections create conditions in which

¹ All these contributions are available on request

² Sue P. Nash et al., *The Stress of Motherhood and Intimate Partner Violence during Emerging Adulthood*, which found that mothers (especially those with multiple children) reported significantly more IPV than non-mothers.

violence is experienced precisely because of motherhood. Mothers face economic, institutional, physical, psychological, and reproductive forms of violence, often intersecting with other vulnerabilities such as poverty, disability, migratory status, or single parenthood.³

Economic Violence

On average, women spend approximately 2.5 times more hours on unpaid domestic and care work than men, a care gap that limits their access to decent work and other income generating opportunities⁴ – even more so when they are mothers.

In addition, women who are mothers face specific discriminations and challenges in accessing and remaining in formal employment. To begin with, women are too often asked during job interviews about their plans for marriage and children. This is a form of pre-emptive discrimination aimed at avoiding future social security and maternity costs, effectively "punishing" women for their reproductive potential.

After having children, when they can, women also tend to change their working patterns and wage rates, and even transition to new jobs. According to the London School of Economics and Political Science, this phenomenon, known as the "child penalty", explains the bulk of the gender pay gap in developed countries⁵.

Once a mother returns to work, she is also frequently perceived as unreliable and not committed. Mothers are in particular usually the ones taking legitimate sick days to care for their children, thereby facing hostility, professional stagnation, and exclusion from decision-making positions.

Mothers who have children later in life, particularly after the age of 40, 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.

<https://www.ojp.gov/library/publications/stress-motherhood-and-intimate-partner-violence-during-emerging-adulthood-0>

³ UNICEF, *Working at the Intersections of Violence Against Children and Violence Against Women*, evidence briefs on intersecting harms and the need for coordinated responses across violence contexts.

<https://www.unicef.org/innocenti/reports/working-intersections-violence-against-children-and-violence-against-women>

⁴ United Nations, *The Sustainable Development Goals Report 2025 – Goal 5: Gender Equality*, showing that women and girls spend on average 2.5 times more hours per day on unpaid domestic and care work than men, with higher disparities in some regions, and that this unequal distribution limits access to education, career opportunities, and political engagement. Available at <https://unstats.un.org/sdgs/report/2025/goal-05/>

⁵ LSE Blog: *The "child penalty" creates most of the gender earnings gaps in rich countries*, March 2024 – <https://blogs.lse.ac.uk/businessreview/2024/03/08/the-child-penalty-creates-most-of-the-gender-earnings-gaps-in-rich-countries-1/>

Make Mothers Matter (MMM) - Paris, France

mmmi@makemothersmatter.org – www.makemothersmatter.org

Contact UN Advocacy Team: un@makemothersmatter.org

When they can't stay in formal employment, mothers are forced into informal work, turn to self-employment or stop paid work altogether, often becoming de facto excluded from social protection benefits.

In other words, structural inequities in unpaid care work⁶ combined with discriminatory labour market and regulatory environments restricts mothers' financial autonomy and decision-making over the use of resources, trapping them in cycles of economic dependency.

MMM member organisations provide concrete illustrations of economic violence around the world.

- In Portugal, self-employed mothers contributing fully to social security are routinely excluded from unemployment benefits, leaving them financially vulnerable.
- In France, nearly 1/3 of child maintenance payments go unpaid, undermining single mothers' ability to provide food, housing, and security to their children. In addition, single-parent households have incomes 30% lower than two-parent families.
- In Bulgaria, while the Labour Code provides protection against dismissal for mothers of children under age 3, there is a documented trend of firing mothers immediately after the child turns three, the "three-year protection cliff", which can be particularly dramatic for single mothers. In addition, part-time work is practically non-existent (only about 2% of the workforce), largely because the social security system is designed around a full 8-hour workday, making it very expensive for employers to insure part-time workers. Because mothers cannot find flexible part-time jobs that maintain their social security rights, they are forced into either full-time work or no work at all.
- In Haiti, entrenched poverty and the near-absence of functional social protection deepen mothers' dependence on abusive partners.
- In Sierra Leone, customary laws denying women equal access to land and inheritance trap mothers in violent households, preventing independent survival.

Economic exclusion is not incidental; it is structural violence that traps mothers and children in intergenerational poverty.

Institutional and legal violence

Institutional violence arises when state systems, administrative procedures, and legal frameworks fail to protect mothers or reproduce inequality. International human rights law obliges States to exercise due diligence to prevent, protect, investigate, punish, and provide redress for gender-based violence, including under CEDAW Articles 11, 12, and 16, which protect women's rights to employment, health, and freedom from discrimination on the basis of marriage and maternity. CEDAW General

⁶ International Labour Organization (ILO), *Care work and care jobs for the future of decent work* (Geneva, June 2018), which highlights persistent gender inequalities in unpaid and paid care work around the world and outlines policy measures to address these disparities
https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_633135.pdf

Recommendation No. 35 highlights that gender-based violence is structural, intersecting, and requires comprehensive State action across all spheres of life.⁷

Despite these obligations, MMM member organisations consistently report systemic failures.

- In Bulgaria, Mom Got a Job Foundation notes that family courts frequently prioritise formal co-parenting arrangements in spite of documented evidence of domestic violence, invoking contested concepts such as “parental alienation” to minimise mothers’ claims and compromise custodial rights.
- In Belgium, L’Ilot highlights that child protection interventions are often conditioned on stable housing, resulting in forced separations of children from mothers experiencing homelessness or poverty, effectively penalising socioeconomic vulnerability rather than protecting family integrity⁸.
- In France, ADFM reports that separated mothers are disproportionately exposed to institutional practices that exacerbate vulnerability, including social protection systems designed around two-parent family models, conditional welfare policies incompatible with exclusive caregiving responsibilities, and frequent benefit interruptions, administrative scrutiny and suspicions of fraud.
- In Madagascar, OTITSARA documents administrative harassment, extortion, and bureaucratic barriers that marginalise mothers seeking public services.
- And across Francophone Africa, customary dispute resolution mechanisms routinely treat domestic violence as a private matter, perpetuating impunity for perpetrators.

These failures are not anomalies, they are embedded in legal and administrative structures that sustain gendered inequality and particularly affect mothers, who are most dependent on these services. Addressing this type of violence requires legal and administrative reforms, accountability mechanisms, and the integration of motherhood-specific considerations into all systems of protection and social support.

Social violence

In the Democratic Republic of Congo (DRC), MMS notes that women are devalued and reduced to the role of child bearers. They are expected to serve and satisfy men, and fulfill their role as mothers and workers for their children and family, living in society without any recognised rights.

Single mothers are particularly subjected to social violence, including stigmatisation and exclusion - see below.

⁷ Committee on the Elimination of Discrimination against Women (CEDAW), *Convention on the Elimination of All Forms of Discrimination against Women*, Articles 11, 12, 16, 1979 <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

⁸ See L’Ilot’s 2025 report *Coupable de Précarité* – <https://ilot.be/wp-content/uploads/2025/09/Kart-12-FR-web.pdf>

Physical, psychological, and reproductive violence

1. Intimate partner violence (IPV) and pregnancy

Research shows that physical and psychological violence against mothers is widespread and deeply consequential, with significant impacts on maternal physical and mental health, pregnancy outcomes, and overall maternal well-being. This violence in turn negatively affects children in different ways, with particularly devastating long-term impacts in early childhood.

According to the World Health Organization (WHO), nearly one in three women globally has experienced physical or sexual violence by an intimate partner or sexual violence by a non-partner in her lifetime.⁹ This violence does not disappear with pregnancy, on the contrary; evidence shows that it often starts, continues or escalates during pregnancy and the postpartum period, with the perpetrator seeking to re-exert control over the woman's body as her focus shifts toward the child. Data show that IPV during pregnancy is associated with delayed or no prenatal care, maternal depression, substance use during pregnancy, and increased likelihood of infants being born with low birth weight or preterm.^{10&11}

2. Reproductive violence and obstetric abuse

Violence against mothers also occurs within healthcare systems. Obstetric and reproductive violence, including denial of care, disrespectful treatment, coercion, informal payments (i.e. being asked to pay under the table for care that should be free), verbal dehumanisation, or abandonment during childbirth, constitutes serious violations of women's dignity, autonomy, and right to health.

Human Rights Watch has documented cases in Sierra Leone where women seeking maternal healthcare were denied timely assistance, verbally abused, or forced to pay for services that should be free, effectively excluding the poorest mothers from life-saving care.¹² MMM member organisations confirm

⁹ World Health Organization (WHO), "Violence against women," 25 March 2024, noting that nearly one in three women worldwide has experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner in her lifetime. Available at <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

¹⁰ U.S. Centers for Disease Control and Prevention (CDC), "Intimate Partner Violence and Pregnancy and Infant Health Outcomes, Pregnancy Risk Assessment Monitoring System, 2016-2022," MMWR 73(48): reporting associations of IPV during pregnancy with delayed prenatal care, maternal depression, substance use in pregnancy, and infant low birth weight and preterm birth. Available at <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7348-H.pdf>

¹¹ World Health Organization, Intimate Partner Violence during Pregnancy and Adverse Reproductive Outcomes (WHO RHR publication), documenting associations between IPV during pregnancy and adverse outcomes such as low birth weight, preterm labour, miscarriage, and perinatal mortality. Available at https://iris.who.int/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf

¹² Human Rights Watch, "No Money, No Care: Obstetric Violence in Sierra Leone," 3 November 2025, documenting disrespectful and neglectful treatment of women in maternal healthcare settings, including abandonment and lack of informed consent. Available at <https://www.hrw.org/report/2025/11/02/no-money-no-care/obstetric-violence-in-sierra-leone>

similar patterns, reporting that such practices disproportionately affect young, poor, rural, and socially marginalised mothers.

3. Preventable maternal mortality and morbidity

Preventable maternal mortality represents one of the most extreme and irreversible forms of violence against mothers. In 2023, worldwide more than 700 women died every day from preventable causes related to pregnancy and childbirth, with the vast majority of deaths occurring in low-resource and crisis-affected settings.¹³ For every maternal death, many more women experience severe complications, disability, or chronic illness due to lack of timely, affordable, and respectful care. The Office of the High Commissioner for Human Rights has affirmed that preventable maternal mortality and morbidity constitute violations of women's right to life, health, equality, and non-discrimination, particularly where States fail to address known barriers to care.¹⁴

4. Maternal mental health issues as systemic psychological violence

Depression, anxiety, burnout, and trauma during pregnancy and the postpartum period are frequently driven by social isolation, economic stress, the disproportionate responsibility for unpaid care work, exposure to violence, and lack of accessible mental health services. Globally, approximately one in five women experiences a mental health condition during pregnancy or within the first year after childbirth, yet maternal mental health remains severely under-prioritised in health systems.¹⁵

Data from MMM's *State of Motherhood in Europe 2024* survey show widespread psychological strain among mothers: 67% reported feeling overloaded, and 50% reported chronic mental or emotional exhaustion linked to caregiving responsibilities. Many mothers described symptoms consistent with burnout, anxiety, or depression, while only a minority reported access to adequate psychological or social support.¹⁶

These findings indicate that the persistent failure to recognise, value, and support mothers' caregiving roles within healthcare, social protection, employment, and violence-prevention frameworks constitutes a form of systemic psychological violence, with lasting consequences for mothers, children, and society.

¹³ World Health Organization. (2023). *Maternal mortality*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

¹⁴ Office of the High Commissioner for Human Rights. (2012). *Preventable maternal mortality and morbidity and human rights*. https://www.ohchr.org/sites/default/files/Maternal_mortality_morbidity.pdf

¹⁵ World Health Organization. (2022). *Maternal mental health*. <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health>

¹⁶ Make Mothers Matter. (2024). *State of Motherhood in Europe*. <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>

Linkages between violence against mothers and their children

Violence against mothers directly and profoundly affects children. An estimated 610 million children worldwide live in households where their mother has experienced intimate partner violence in the past year, highlighting the intergenerational nature of this harm.

Exposure is uneven: in Oceania, over half of children are affected, while in Sub-Saharan Africa and Central and Southern Asia nearly one in three children live in such contexts.¹⁷

Children exposed to domestic violence face long-term psychological, educational, and behavioural consequences, even when not directly abused. Evidence shows they are more likely to experience violence themselves later in life and to internalise patterns of coercion and control, which can be reproduced in their own relationships in adulthood.

Children of single mothers are particularly at risk, as they frequently witness violence or discrimination against their mothers, whether from a new partner, family members or society. Girls of single mothers are statistically more exposed to violence in their immediate environment, which normalises violence and causes psychological trauma. They may internalise patterns of submission or become victims of sexual violence and discrimination themselves, while boys reproduce violent behaviour towards women from adolescence onwards. Thus, children of single mothers suffer a double penalty: on the one hand, the violence and stigmatisation directed at their mothers, and on the other, the indirect consequences that compromise their future.

MMM member organisations show how coercion extends to children. In France and Portugal, abusers use custody threats – including “parental alienation”, visitation restrictions, or withdrawal of financial support to control mothers and children. In Haiti, chronic insecurity and gang violence severely limit mothers’ ability to protect their children, deepening trauma and instability within families.

Groups of mothers particularly affected

1. Single mothers

Violence against mothers is not experienced uniformly. Certain groups of mothers face heightened and intersecting forms of discrimination and violence due to their social, legal, and economic positioning. These vulnerabilities are often reinforced by stigma, institutional neglect, and punitive social norms.

¹⁷ UNICEF, “Children’s exposure to intimate partner violence against their mothers pervasive worldwide,” 26 November 2025, reporting that approximately 1 in 4 children (around 610 million) live in households where their mother has experienced intimate partner violence in the past year, with regional data on exposure and consequences. Available at <https://www.unicef.org/press-releases/childrens-exposure-intimate-partner-violence-against-their-mothers-pervasive>

In most countries, single mothers are increasing in numbers and have become a significant group of mothers, in particular because of rising divorce and separation rates (in France for example, one in four families is a single-parent family, 85 per cent being headed by women). Single-motherhood can have many causes: widowhood, divorce or separation from a partner or spouse, fleeing domestic violence, unintended pregnancies, as well as armed conflicts, natural disasters, displacement and migration, which can separate families. Although an increasing number of women do choose to have children on their own, especially in developed countries, they remain a minority. In the majority of cases, women do not become single mothers by choice.

Single mothers face compounded economic, social and institutional exclusion, particularly in contexts where social protection systems are designed around two-parent households. In France for example, ADFM reports that chronic poverty (40 per cent of single mothers live below the poverty line), combined with irregular enforcement of child maintenance obligations, exposes single mothers to prolonged economic insecurity and social marginalisation.

In addition, separated mothers are widely stigmatised and held individually responsible for their family situation. Patriarchal norms suggest that a "good mother" should keep the family together at all costs. So mothers who seek divorce or report abuse often face social shaming from their own families and communities, particularly in rural areas. In Sierra Leone, Life For African Mothers notes that teenage mothers and single mothers are frequently ostracized by families and communities.

They are often subjected to contradictory social and institutional expectations, including unrealistic standards of co-parenting, regardless of economic hardship or histories of violence. These dynamics have documented health consequences. Separated mothers experience significantly higher rates of mental health distress and a markedly increased risk of serious health conditions linked to chronic stress.

In Haiti, AMECEP reports that single mothers suffer psychologically from stigmatisation and guilt, while bearing an excessive load of domestic and educational responsibilities. Single mothers are routinely discriminated in accessing housing as they are often perceived as risky tenants. They remain vulnerable to blackmail, which can affect both them and their children. They also face major obstacles in accessing public assistance, credit and even employment, and they are sometimes considered 'children of the devil' for giving birth outside established norms.

Girls and young women who become mothers following rape can face extreme social exclusion and violence. In the Democratic Republic of the Congo, MMM member En Avant Les Enafnts (EALE) reports that adolescent girls who give birth after sexual violence are frequently expelled from their families and communities, denied access to education, and treated as morally culpable rather than as survivors¹⁸. This social exclusion constitutes a distinct form of violence against mothers, compounding trauma and undermining long-term recovery and autonomy.

¹⁸ See <https://www.youtube.com/watch?v=27RGba-wQgQ>

Mothers of children born outside marriage are also often subjected to severe stigma and institutional exclusion in particular in certain religious and cultural contexts. In Morocco, our member Ahddane¹⁹ works to support women who give birth outside wedlock as they are ostracised by their families, denied legal recognition for their children, and excluded from housing, employment, and social services. This systemic exclusion functions as social and institutional violence, punishing women for motherhood outside socially sanctioned norms.

2. Mothers with disability

Mothers with disabilities, and mothers of children with disabilities, often experience profound isolation and inadequate support. Disability also creates a situation of dependence on the perpetrator, thereby increasing their vulnerability.

In Bulgaria, Mom Got a Job Foundation describes the situation as a “structural abandonment”, i.e. a lack of accessible services and tailored social protection, which creates dependency on family members and heightens exposure to abuse and neglect with no possible escape.

3. Other intersecting causes of vulnerability

Migrant, refugee, and stateless mothers, including Brazilian migrant mothers in Portugal, face racialised discrimination, legal precarity, and restricted access to justice and social protection. These conditions increase vulnerability to exploitation, coercion, and economic violence. In Haiti, AMECEP reports that migrant or refugee mothers are often victims of blackmail and abuse to avoid deportation or obtain food rations. The situation is even more serious when they have children, as they may be forced into sexual negotiations, sometimes even tolerating abuse towards their children, without any possibility of legal recourse.

In Bulgaria, Roma Mothers face systemic segregation in maternity wards (Roma rooms) and are more likely to experience medical neglect or verbal or physical abuse in hospital settings.

Rural mothers and mothers in fragile or conflict-affected settings, as reported by MMM members in Madagascar, Sierra Leone, and Haiti, face restricted access to healthcare, justice, and economic opportunities, reinforcing cycles of dependency and vulnerability. They are particularly exposed to sexual violence, often perpetrated by relatives.

These intersecting vulnerabilities demonstrate that violence against mothers operates along multiple axes of discrimination. Effective prevention and response therefore require intersectional, context-sensitive approaches that recognise how legal status, age, marital norms, migratory/refugee status,

¹⁹ See <https://www.youtube.com/watch?v=FIWSeuqRkvo>

disability, and socio-economic position as well as cultural and religious contexts shape mothers' exposure to harm.²⁰

The extreme violence against mothers in Afghanistan

MMM member Mothers for Peace, reports the extreme situation of mothers in Afghanistan.

Under Taliban rule, Afghan mothers face severe systemic oppression that strips them of autonomy, safety, and basic human rights. Women are barred from public life, secondary education, and most employment, leaving them economically dependent on male relatives. Movement without a male guardian is restricted, and legal or social protections are non-existent. Access to healthcare is severely limited, especially for mothers, single mothers are particularly vulnerable, often trapped in cycles of violence due to total financial dependence. Mothers with disabilities are largely invisible, excluded from services and support, while rural mothers endure added hardship from isolation, poverty, and food insecurity.

Maternal health is under direct threat: women cannot reach hospitals without male escorts, and the absence of female healthcare providers makes care inaccessible. Maternal mortality is rising due to a lack of trained midwives and medical staff, and births increasingly occur outside professional settings. Young mothers are especially at risk, as economic desperation drives early and forced marriages, girls are often “sold” to older men or commanders to sustain their families. Family planning is banned, further increasing the number of underage pregnancies.

Family violence is widespread, with over half of Afghan women reporting physical or sexual abuse, a situation worsened by economic stress, confinement, and eroded social networks. Structurally, the Taliban has dismantled legal protections for gender-based violence, replacing them with systems that punish women's independence, as mobility and work are criminalized.

Psychologically, the constant isolation, loss of agency, and systemic discrimination have triggered widespread mental health crises, including anxiety, depression, and suicide.

Across all groups, urban, rural, disabled, single, or young, Afghan mothers endure a multi-layered crisis of violence, exclusion, and erasure, with no institutional or societal mechanisms to protect or uplift them.

Legal and policy frameworks

International human rights law establishes a strong foundation for protecting mothers against discrimination and violence. **CEDAW Articles 11, 12, and 16** require States to guarantee equal rights in

²⁰ OECD, *Breaking the Cycle of Gender-Based Violence* (2023), analysis of barriers to justice for survivors, including structural, financial, and social obstacles; available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/10/breaking-the-cycle-of-gender-based-violence_34f3b602/b133e75c-en.pdf

employment, social security, and healthcare, and to eliminate discrimination based on marriage and maternity. **CEDAW General Recommendation No. 35** emphasises that gender-based violence is structural, intersects with social and economic inequalities, and occurs across all spheres of life, requiring comprehensive State action. **CRC Articles 19, 34, and 36** reinforce the protection of children from violence in households where mothers experience abuse, highlighting the interconnected rights of mothers and children.

Implementation gaps, such as weak maternity protections, gaps in social safety nets, and lack of legal recognition for economic or obstetric violence, leave mothers exposed to preventable harm. National laws, policies, and data systems which ignore maternity/motherhood²¹ frequently fail to capture motherhood-specific risks, rendering mothers vulnerable and compromising children's rights.

Evidence from MMM member organisations across Europe, Africa, the Caribbean, and Asia consistently illustrates these systemic failures, showing that formal protections often exist only on paper, while mothers navigate persistent legal, economic, and social barriers to safety and the realisation of their human rights.

Call to action

Make Mothers Matter urges States to explicitly recognise violence against mothers as a distinct form of gender-based violence and to address it through legislation, policy, and reporting mechanisms.

Data collection, in particular on intimate partner violence and femicide, should systematically capture maternal status along other intersectional data, ensuring in particular that the specific vulnerabilities of single, adolescent, migrant, and disabled mothers are visible and addressed.

Social protection systems must be reformed to include mothers in all forms of paid and unpaid work, particularly those in informal or self-employed sectors, while reflecting and supporting the realities of caregiving responsibilities that still disproportionately fall on mothers.

Family courts should prioritise the safety and economic security of mothers, taking into account caregiving responsibilities, experiences of abuse, and structural inequities when determining custody, visitation, or support. Legal aid and protection services must be accessible, survivor-centred, and effectively enforced to ensure mothers can exercise their rights without fear of further violence or economic or social reprisal.

Healthcare systems should prohibit obstetric violence, guarantee informed consent, and implement clear accountability mechanisms, while training staff to provide respectful maternity care.

²¹ There is no statistical definition of what a mother is, and no specific nor disaggregated data on mothers and motherhood.

Investments in prevention and response must focus on local, context-sensitive services, including safe housing, psychosocial support, and targeted economic empowerment for mothers and their children. Policies should address intersecting vulnerabilities, supporting mothers who face compounded risks due to poverty, disability, migration/refugee status, or social marginalisation. By integrating maternal considerations into legislation, social protection, family justice, and health systems, States can break cycles of violence, protect children, and uphold the human rights and dignity of mothers as central to societal well-being.

Conclusion

Violence targeting women because of their status as mothers is not incidental, it is systemic, pervasive, and reinforced by economic, institutional, and cultural structures. Motherhood amplifies women's exposure to coercion, economic dependence or deprivation, physical and reproductive violence, and intergenerational harm, making it a distinct and critical axis of discrimination and abuse.

Protecting mothers is inseparable from States' obligations under international human rights law, including CEDAW and the CRC, and from the broader goal of achieving substantive gender equality. Mothers' autonomy, dignity, and safety are foundational to the well-being of children, families, and societies at large.

States must recognise these harms explicitly and act decisively, implementing targeted, evidence-based policies and programmes that reflect the lived realities of mothers. States must integrate maternal considerations into legal frameworks, social protection, family justice, and health systems to prevent violence, secure economic and institutional equity, and break intergenerational cycles of harm.

We at Make Mothers Matter stand in defense of mothers' rights. We are committed to turning our call to action into reality.