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**Submission to the Special Rapporteur on violence against women
and girls to the 62nd session of the United Nations
Human Rights Council on the forms and manifestations of
violence against mothers**

About Us

Australian Feminists for Women's Rights (AF4WR) is an incorporated association of feminists from all over Australia campaigning for women's sex-based rights protections, within a broader context of social and economic justice for all. Our membership includes mothers.

Terminology

We agree the term 'woman' means person of female sex and 'mother' means a female of childbearing ability, who gives birth to a child. We further agree that mothers are a distinct group of women and girls that have particular vulnerabilities and experiences of discrimination and violence. The failure to address such discrimination and violence contributes to their exacerbation.

Our Answers to Questions

We have provided only answers to two questions due to limited resourcing, as we are a volunteer-based organisation.

Question 1.1.1. What are some of the most prominent forms of violence and extreme discrimination to which women are subjected because of their status as mothers?

Domestic violence often intensifies when a woman is a mother because abuse expands beyond her own safety to entangle her children, her caregiving role, and her capacity to leave. Perpetrators commonly exploit motherhood as leverage, using threats to harm or take the children, undermine her parenting, or involve child protection systems as a tool of control. Pregnancy and the post-birth period are especially dangerous times, with violence frequently beginning or escalating as the abuser seeks to reassert dominance when attention, resources, and autonomy shift. Mothers may endure greater psychological abuse aimed at eroding their confidence as carers, while financial control tightens through restrictions on employment, access to money, or using, making escape feel logistically impossible rather than merely frightening.

An Australian Bureau of Statistics [survey](#) found that 17% of women who experienced violence by a partner experienced the violence for the first time during pregnancy.

Reproductive Violence can involve sabotaging contraception, pressuring a woman to become pregnant or to avoid pregnancy, forcing continuation or termination of a pregnancy, or using pregnancy to entrap a woman in a violent relationship. Abusers may monitor menstrual cycles, withhold medical care, or threaten harm or abandonment if a woman does not comply. These tactics are especially potent because pregnancy, childbirth, and caregiving increase physical vulnerability and economic dependence, narrowing a woman's options for resistance or escape.

A large [Australian study](#) that included questions on reproductive coercion and abuse (RCA) found that a notable minority of adults have experienced behaviours that control reproductive choices. Among women aged 16–69:

- 3.9% experienced interference with contraception by a partner,
- 2.7% experienced forced contraception or sterilisation,
- 4.9% experienced forced abortion, and
- 1.9% experienced forced pregnancy.

Another [study](#) of around 5,100 women who sought counselling support for pregnancy found that 15% reported reproductive coercion and abuse:

- 6% to promote pregnancy
- 7.5% to prevent pregnancy
- 1.9% to promote and prevent pregnancy

Surrogacy is a current manifestation of both reproductive and legal/medico violence targeting mothers in particular. It is a system that enables coercion, exploitation, and harm to women's bodies, identities, and relationships with their children. The violence involved is often structural and legal rather than overtly physical, which can make it harder to see and easier to deny.

Surrogacy is the use of a woman's body for pregnancy under conditions where her autonomy is constrained or overridden. Even in so-called 'altruistic' models, women may experience pressure from partners, family members, financial hardship, or cultural expectations to carry a child for others. Once pregnant, a surrogate's bodily autonomy can be limited through contractual terms or informal expectations governing medical decisions, lifestyle choices, prenatal testing, abortion, or birth practices. This transforms pregnancy from a lived,

relational experience into a managed service, where deviation can be punished socially, legally, or financially.

Surrogacy can also constitute psychological and relational violence through the enforced separation of a woman from the child she has gestated and given birth to. Pregnancy and birth create biological, emotional, and neurological bonds; legal frameworks that require immediate transfer of the baby can negate these bonds and deny the surrogate recognition as a mother. Critics argue this mirrors historical practices such as forced adoptions, where women's attachments were dismissed as inconvenient or pathological, with harms only acknowledged decades later. The language of 'carrier' or 'gestational host' further erases women's maternal status, facilitating this separation.

The Australian Government is currently reviewing how it can advance 'altruistic' surrogacy with an oversight committee comprising mainly surrogacy industry representatives or others who benefit from the perpetuation or expansion of surrogacy. See our submission here: [AF4WR-submission-ALRC-surrogacy-Discussion-Paper-FINAL.pdf](#) Here is the Government review webpage: [Review of Surrogacy Laws | ALRC](#) Here is the Advisory Committee overseeing the review: [Advisory Committee | ALRC](#).

The needs of mothers who are pregnant or giving birth during disasters is a newly identified area requiring attention in Australia. There is a growing awareness of the neglect of the vulnerabilities of mothers during disasters.

Despite Australia's propensity for natural disasters, the effect of women's reproductive work, including pregnancy, breastfeeding and the care of infants on their experiences and needs during these disasters have been largely overlooked.

There is a case for motherhood to be recognised as a status requiring specific consideration and support during disasters. [Pregnant women and new mothers' experiences and needs in Australian natural disasters: a narrative review | AJEM January 2026](#)

This recognition will require the ability to describe mothers with sex-based language. Yet sex-based language is being currently being outlawed through various attempts to introduce it as a basis of charges of vilification, as 'gender identity' is given cultural and legal precedence over sex.

Obstetric violence in pregnancy and childbirth is an ongoing experience of Australian women. It includes any act by a healthcare worker that causes harm to someone who is pregnant, is giving birth or has recently given birth, such as performing examinations or treatments

without consent, failing to respect dignity and confidentiality, threatening, blaming and discrimination.

These behaviours are recognised internationally as a violation of human rights and as a gender-based form of violence within reproductive healthcare.

A [2022 survey](#) of Australian women found that more than one in ten had experienced obstetric violence in the past five years, with many respondents reporting feelings of being dehumanised, violated, and powerless. Women described a range of poor care experiences including coercive comments, non-consented vaginal examinations, and other disrespectful or abusive actions by healthcare professionals, contributing to trauma and lasting psychological distress.

The Parliament of NSW undertook an inquiry into obstetric violence in 2023. The inquiry included 4000 submissions from health professionals and patients. It found many women have suffered distressing and unacceptable experiences from preventable birth trauma, which in some cases represented forms of obstetric violence, and that urgent efforts must be made to address avoidable risk factors.

The erasure of 'women' as a category can manifest as violence against mothers.

Recent cultural and legislative moves to embed the concept of gender identity have affected the language that can safely be used to describe women, girls and mothers. It has become hateful to even talk or write about sex-based policies in public and apparently worthy of vilification charges.

It has now become difficult to communicate clearly, particularly around women's medical issues, as supposed 'inclusive' language has become entrenched and people do not feel safe using women-centric terms such as mother, breastfeeding, or pregnant woman. Without accurate language we are unable to understand, describe and create solutions for the problem of violence against mothers, and women more generally.

The insertion of gender identity into Australia's Sex Discrimination Act in 2013 and more recent promulgation of gender self-ID by State governments are key drivers of this cultural shift.

Medically induced 'lactation' in males is a form of violence against a mother through her child. Facilitating males to artificially create liquid from their breasts and social acceptance for them to feed this to a baby can seriously impact on the health and physical and psychological development of feeding infants.

Mothers may now not feel safe protecting their child from the father who wants to 'breastfeed' and is socially and medically facilitated to do that.

As an example, breastfeeding support worker Jasmine Sussex is an Australian mother who is currently caught up in extensive litigation for raising concerns about the evidence, safety and efficacy of induced lactation in males. Such litigious behaviour prevents other women getting resources and support they need to defend their claims that male breastfeeding is bad for the child.

Undermining Parental safeguarding

Modern concepts of gender fluidity that encourage young people to undertake social or medical gender transition are significantly impacting parental, particularly maternal, relationships within families. The legal, medical and education systems are facilitating the breaking of family bonds if parents do not fully endorse the dangerous gender transition of their child.

In several Australian jurisdictions, state child protection authorities have intervened where a child or adolescent expressed distress related to gender identity and professionals assessed parental responses as 'emotionally harmful' or 'unsupportive'. In these cases, lack of parental affirmation of a child's claim to a gender identity has been characterised as psychological abuse or neglect, particularly when parents have declined social transition, puberty blockers, or medical intervention.

The Family Court and Federal Circuit and Family Court of Australia have repeatedly restricted or reassigned parental responsibility in disputes involving a child's gender identity where one parent supported medical or social transition and the other did not. In some child protection cases, children have been placed with foster carers or relatives who explicitly support the child's asserted gender identity, after authorities assessed the biological family as insufficiently affirming.

Australian parents have reported cases where schools:

- socially transitioned children without parental consent,
- treated parental objections as safeguarding concerns,
- escalated disputes to child protection or wellbeing authorities.

Mothers are disproportionately more likely to be scrutinised by child protection, accused of 'failure to protect' or 'emotional harm,' and pressured to comply with affirmation pathways to retain custody. This mirrors broader patterns in child protection and family law where maternal compliance is policed more aggressively than paternal behaviour.

Mothers from the Victorian group Parents of Adolescents with Gender Distress (PAGD) have advised us of the following psychological violence they experience:

The mothers in our group have been deeply traumatised by the experience of having their children at risk and the institutional betrayal and gaslighting they've endured while seeking support. Many institutions, schools, doctors, and welfare services have actively facilitated harm to their children while shaming them for their legitimate fears. Some have experienced the pain of a child altering their birth certificate to claim they gave birth to a son instead of a daughter, or a daughter instead of a son, leaving them with a document detailing a fictional history that they feel no connection to, removing the child and themselves from their shared history. Others have even been hospitalised due to the overwhelming stress. Compounding this, they face the additional trauma, that their grief is disenfranchised and unrecognised by society.

In this video clip in response to a PAGD mother asking her a question at the press conference the Victorian State Premier Jacinta Allan responded to a question from PAGD by reinforcing the message that gender stereotype identity development is vitally important for children's mental health. The Premier went on to say that her government intended to introduce anti-vilification laws because of her view that mothers' expression of concern about giving such priority to gender stereotypes in a child's development is 'hateful' and 'harmful'.

<https://x.com/blackthugcat/status/1980248751198585189?s=46&t=qSqI3frDceABdUKJOmj5iw>

The Premier's allegation that mothers' concerns about the idea of gender role/stereotype identity are 'harmful' have been repeatedly proven to be factually incorrect. There are numerous global studies and the clearest longitudinal one, from Finland, found '*no convincing evidence that gender-referred youth have statistically significantly higher suicide rates as compared to the general population, after controlling for psychiatric needs.*' [Suicide Mortality Among Gender-Dysphoric Adolescents and Young Adults in Finland | SEGM](#)

1.1.4. What are the causes of violence against mothers, and which social, economic, legal and cultural factors increase mothers' vulnerability to violence?

Pregnancy, childbirth, and early parenting often increase women's economic dependence and physical vulnerability, which abusive partners may exploit to reassert dominance. Cultural narratives that frame mothers as self-sacrificing, endlessly patient, or responsible for family harmony can further normalise abuse, making violence seem excusable or invisible when it occurs behind closed doors.

Systemic factors also play a heavy role. Economic stress, housing insecurity, and inadequate social support can trap mothers in unsafe situations, while legal and child protection systems

sometimes unintentionally reinforce abuse by prioritising parental contact over safety or by scrutinising victims more harshly than perpetrators.

Functioning of the family court impact on mothers. Some of the issues were documented in a 2023 report by the Special Rapporteur. Problems include an adversarial dynamic that is detrimental to mothers who are victims of domestic and family violence; a high caseload with insufficient staff; lack of training of professionals from lawyers to judges; issues with expert reports and the secrecy surrounding them.

For any followup concerning this submission please contact us at info@af4wr.org.au.