Global Justice Center

Human Rights Through Rule of Law

Global Justice Center's Submission of Comments

to the

Committee on the Elimination of Discrimination against Women

Call for contributions: Draft Addendum to General Recommendation No. 30 (2013)

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The Global Justice Center is a feminist international human rights organization with consultative status to the United Nations dedicated to advancing gender equality through the rule of law. We combine advocacy with legal analysis, working to ensure equal protection of the law for women and girls.

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The Global Justice Center welcomes the opportunity to submit comments on CEDAW's Draft Addendum to General Recommendation No. 30 (2013) on women in conflict prevention, conflict and post conflict situations in relation to the Women Peace and Security agenda (Draft Addendum). This submission focuses largely on the importance of more fully integrating reproductive violence and access to non-discriminatory sexual and reproductive healthcare into the Draft Addendum.

1. The Draft Addendum makes welcome contributions to recognizing a fuller scope of conflict-related sexual and gender-based violence (GBV), acknowledging that "conflict-related gender violence is no longer confined to acts purely sexual in nature" and includes many forms, including physical, moral, psychological and transgenerational forms of violence. The Draft Addendum also references the concept of reproductive violence in 66, noting that a UN investigative mechanism has defined this violence as "a distinct form of GBV targeting autonomy and reproductive capacity through harmful acts or omissions."

2. The Addendum would nevertheless substantially benefit from a far more focused treatment of reproductive violence as a major underacknowledged form of violence in conflict.[1] Reproductive violence refers to serious violations of reproductive autonomy, and can be defined as acts or omissions that cause harm by interfering with reproductive autonomy and rights, or violence directed at people because of their actual or perceived reproductive capacity.[2] Reproductive autonomy is a subset of bodily autonomy, encompassing the power and agency to make free and informed decisions, without violence or coercion, about reproduction, including whether to reproduce and the timing, conditions, and other factors of reproduction.[3] The right to exercise reproductive autonomy is recognized and protected under international law.[4]

[1] Global Justice Center and UN Women, *Documenting Reproductive Violence*, *Unveiling Opportunities, Challenges, and Legal Pathways for UN Investigative Mechanisms* (September 2024), https://www.globaljusticecenter.net/wp-content/uploads/2024/09/Documenting_Reproductive_Violence.pdf, 14-18.
[2] See *Id* at 7.
[3] See *Id*.
[4] See *Id* at 4 (citing *Prosecutor v. Dominic Ongwen*, ICC-02/04-01/15 A, Judgment on Appeal 1055 n.2334 (Dec. 15, 2022); Convention on the Elimination of All Forms of Discrimination against Women, Dec. 18, 1979, 1249 U.N.T.S. 13 arts. 10–12, 14, 16; Comm. on the Elimination of Discrimination Against Women, Gen. Recommendation No. 24, U.N. Doc. A/54/38/Rev.1 (1999); Comm. on the Elimination of Discrimination Against Women, Gen. Recommendation No. 19, U.N. Doc. A/47/38 (1992); International Covenant on Economic, Social and Cultural Rights, Dec. 16, 1966, 993 U.N.T.S. 3 art. 12; Comm. on Econ., Soc. & Cultural Rts., Gen. Comment No. 14, U.N. Doc. E/C.12/2000/4 (2000); Comm. on Econ., Soc. & Cultural Rts., Gen. Comment No. 22, U.N. Doc. E/C.12/GC/22 (2016); Convention on the Rights of the Child, Nov. 20, 1989, 1577 U.N.T.S. 3 art. 24; Comm. on the Rights of the Child, Gen. Comment No. 13, U.N. Doc. CRC/C/GC/13 (2011); Convention on the Rights of Persons with Disabilities, Dec. 13, 2006, 2515 U.N.T.S. 3 arts. 23(1)(b)–(c), 25; Comm. Against Torture, Concluding Observations: Chile, U.N. Doc. CAT/C/CR/32/5 (June 14, 2004); Comm. Against Torture, Concluding Observations: Peru, U.N. Doc. CAT/C/PER/CO/4 (July 25, 2006); Comm. Against Torture, Gen. Comment No. 2, U.N. Doc. CAT/C/GC/2 (2008); Beijing Declaration and Platform for Action (1995); Hum. Rts. Council Res. A/HRC/29/L.16/Rev.1 (2015); Hum. Rts. Comm., Gen. Comment No. 28, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000); Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa art. 14 (2003); Org. of Am. States, Social Charter of the Americas, AG/RES. 2699 (XLII-O/12) (2012)).

3. Reproductive violence can have uniquely personal and profound impacts, including permanently foreclosing a person's ability to have children, or coercing involuntary but permanent kin relationships.[5] These impacts compound the often-severe physical harms and mental health consequences of the denial of reproductive autonomy, which can also impact community inclusion and belonging.[6] Adequate, specific identification and documentation of these harms can be vital to open pathways for appropriate redress.[7] For example, victims may be entitled to rehabilitation or other services, reparations, public apologies, or other forms of justice – but only if the harms they have suffered are recognized and documented.[8] Entire categories of victims, such as people subjected to forced contraception, can be overlooked if reproductive violence is not appropriately recognized.[9]

4. The Women, Peace and Security Agenda (WPS Agenda) acknowledges that each individual must continue to exercise power and agency over their body and health in conflict and post-conflict situations. Several WPS resolutions explicitly call for access to sexual and reproductive health (SRH) services in conflict and post-conflict settings.[10] In calling for freedom from conflict-related sexual violence (CRSV) and for a full range of comprehensive SRH services during and after conflict, the WPS Agenda is grounded in recognition of conflict-affected persons as rights holders of bodily autonomy. To make these commitments meaningful, States must provide comprehensive services that ensure bodily autonomy, including reproductive autonomy, through education, healthcare, justice, and survivor-centric crisis responses.[11] We thus suggest addressing reproductive autonomy more broadly and robustly throughout the Draft Addendum, including by adding explicit and more detailed language in multiple places on reproductive violence and the need to provide non-discriminatory, comprehensive SRH services in conflict and post-conflict settings.

5. While the Draft Addendum acknowledges forms of GBV that go beyond sexual violence, the balance of the Draft Addendum focuses mostly on sexual violence. This illustrates one issue with not naming reproductive violence specifically – it can lead to its neglect. We suggest the Addendum add a section dedicated to reproductive violence after the section

[5] See Global Justice Center, *supra* note 1, at 16.
[6] See *Id*.
[7] See *Id*.
[8] See *Id*.
[9] See *Id*.
[10] SCR 1889 (2009); SCR 2106 (2013); SCR 2111 (2013); SCR 2467 (2019). SCR 1889 highlights the need to ensure women's and girls' access to reproductive health, rights, and mental-health services, and urges consultation with civil society. SCR 2122 stresses the need for the full range of SRH services, including for pregnancies resulting from rape, and calls for humanitarian aid to include medical, legal, psychosocial, and livelihood support, both in conflict and post-conflict contexts. SCR 2106 urges UN entities to provide non-discriminatory, comprehensive health services, including SRH care for survivors of sexual violence. SCR 2242 emphasizes addressing SGBV in humanitarian programming and ensuring access to the full range of protection and services. SCR 2467 underscores the disproportionate impact of HIV on women and girls and cites CEDAW guidance on States' obligations to guarantee SRH information and services, including safe abortion in crisis settings.
[11] Women's International League for Peace and Freedom, *Action Coalitions and WPS: Policy Brief 3*, https://www.wilpf.org/wp-content/uploads/2021/02/Action-Coalitions-and-WPS-Policy-Brief-3.pdf, 2.

titled "Expanding the lens of conflict-related sexual violence," drawing from the analyses of pages 45 to 47 of the CEDAW's Taskforce Background Paper.[12] This section should specifically address how reproductive autonomy impacts each WPS pillar, as outlined below.[13]

a. Under the **Prevention** pillar,[14] acknowledging the reproductive consequences or motives of violence allows for more effective prevention of human rights abuses and international crimes by taking into account specific reproduction-related risk factors and harms. Recognizing reproductive violence helps account for and avert violations, including those that escalate conflict, and acknowledges that many violations are experienced differently depending on reproductive capacity.

b. Under the **Participation** pillar, the WPS Agenda requires not only recognizing women's right to participate but also how reproductive violence, including the failure to provide comprehensive SRH services, in conflict and post-conflict situations interferes with participation. Without control over whether, when, or under what circumstances to have children, participation in public life is severely constrained. When reproduction is involuntary or coerced, childbearing burdens intensify, often compounded by stigma, which further limits survivors' public engagement. Conversely, because parenthood can confer social status, deprivation of reproductive capacity can undermine legitimacy in community decision-making. Ensuring women's meaningful participation requires recognizing and protecting reproductive autonomy and acknowledging reproductive violence.

c. The **Protection** pillar must protect women and girls not only from sexual violence but also reproductive violence, such as forced contraception, destruction of reproductive health infrastructure, or enforced sterilization. [15] In addition, a reproductive violence lens identifies the reproductive consequences experienced by CRSV survivors, including infertility, thereby more fully accounting for harms.

d. Recognizing reproductive violence also ensures that the WPS Agenda's **relief and recovery** efforts thoroughly identify conflict and post-conflict harms, where women

[12] OHCHR, *CEDAW WPS Background Paper*, https://www.ohchr.org/sites/default/files/documents/hrbodies/cedaw/2025-09-07-wps-gr-30-background-paper.pdf, 45-47.
[13] See *Id*; UN Women, *Preventing Conflict, Transforming Justice, Securing the Peace: A Global Study on UNSCR 1325*, 30 (2015), https://wps.unwomen.org/pdf/en/GlobalStudy_EN_Web.pdf.
[14] UN, *Four Pillars of UNSCR 1325*, https://www.un.org/shestandsforpeace/content/four-pillars-united-nations-security-council-resolution-1325.
[15] UNDP, *Parliaments as Partners Supporting the WPS Agenda: Global Handbook*, https://www.undp.org/sites/g/files/zskgke326/files/publications/Parliament_as_partners_supporting_the_Women_Peace_and_Security_Agenda_-_A_Global_Handbook.pdf.

face barriers accessing justice mechanisms and health care systems.[16] Reproductive violence, such as forced maternity, exacerbates these barriers, and failing to recognize reproductive violence can act as a further barrier to relief and recovery.[17]

6. We also recommend amendments to expressly identify reproductive violence or GBV beyond sexual violence in relevant paragraphs throughout the Addendum:

    a. **Paragraph 3** should cite reproductive violence as a form of GBV.

    b. **Paragraph 20**'s reference to the OTP's 2023 Policy Paper should use the updated title of the paper on "Gender-Based Crimes" as it better reflects the scope and relations among gender-based harms. Additionally, **20** should refer to Sexual, *Reproductive*, and Other Gender-Based Crimes and explicitly refer to reproductive violence, the reproductive consequences of some GBV including sexual violence, and the importance of protecting reproductive autonomy.

    c. The title "**Sexualised torture**" should be replaced by "***Gender-based torture***" and a paragraph added encompassing other examples of GBV amounting to torture, based on the analysis on page 45 of the CEDAW's Task Force Background Paper.[18]

    d. **Paragraph 27** cites "sexually violent actions" reported by the UN Special Rapporteur on torture but does not indicate that the report characterises them as "sexual torture and similar outrages upon human dignity," which is needed. The Draft Addendum should also refer to such forms of violence as both sexual and reproductive violence.[19]

7. A more robust approach is necessary in **¶¶ 66 and 67** to clarify that international human rights law guarantees of non-discrimination and freedom from torture, read with international humanitarian law's prohibition on adverse distinction, obligate States to provide comprehensive SRH services in conflict and post-conflict settings.[20] This includes

[16] Center for Reproductive Rights, *Accountability for Sexual and Reproductive Health and Rights in Humanitarian Settings* 10 (2021), https://reproductiverights.org/wp-content/uploads/2021/06/SRHR-humanitarian-settings-6-2021.pdf. In addition to stigma, discrimination, and economic barriers that impede women's access to relief and recovery, it has been shown that what is termed 'post-conflict' does not end the violence for women: while the "forms and sites of violence change", "all forms of gender-based violence, in particular sexual violence, escalate in the post-conflict setting." CEDAW Comm., Gen. Recommendation No. 30 35.

[17] For instance, a 2020 case in Colombia demonstrated the need to provide remedies and reparations to all victims of reproductive violence. In 2011, a woman who had been subjected to forced contraception use and forced abortion by her armed group was barred from seeking relief, in part because reproductive violence was not considered to constitute sexual violence and was not specifically named in the establishment of the Unit. *Corte Constitucional de Colombia*, SU599/19 (2019).

[18] See de Silva de Alwis, *Background Paper*, *supra* note 12, at 45.

[19] See Global Justice Center, *supra* note 1, at 1.

[20] Christine Zampas et al., *Interpreting International Humanitarian Law to Guarantee Abortion and Other Sexual and Reproductive Health Services in Armed Conflict*, 26 Harv. Health & Hum. Rts. J. 33 (2024).

guaranteeing abortion, particularly for rape victims, in line with SCR 2122 (2013) and SCR 2467 (2019).[21] Restricted access to SRH services, including contraception and abortion, reduces women's economic and political participation due to untimely or unwanted pregnancies.[22] Conversely, such access correlates to greater participation in the workforce and economy, and facilitates participation in politics and peacebuilding.[23] SRH rights are under direct attack, making it imperative for the Addendum to reaffirm the existing international legal framework as articulated in the WPS Agenda and other instruments.

8. The section **"Women refugees and humanitarian assistance"** would benefit from more robust language around SRH rights and the need to provide non-discriminatory, comprehensive SRH services in conflict and post-conflict settings. We also recommend retitling this section to "***Refugees and gender-informed humanitarian assistance.***"

9. **Paragraph 48** duly addresses the risks to women human rights defenders and reinforces the importance of protecting them. However, the Addendum would benefit from including text stating that women human rights defenders cannot fully exercise their rights unless they can freely exercise bodily and reproductive autonomy.[24]

10. **Paragraph 60** addresses depriving civilians of objects indispensable to their survival. SCR 2122 notes the "need for access to the full range of sexual and reproductive health services, including regarding pregnancies resulting from rape, without discrimination" and recognizes that humanitarian aid must include the "full range of medical, legal, psychosocial, and livelihood services" in conflict and post-conflict situations.[25] Accordingly, **60** should acknowledge more than just menstrual health products and Dignity Kits as indispensable objects to the survival of civilians and acknowledge that denial of access to SRH products and comprehensive SRH services is a violation of reproductive autonomy and rights as guaranteed by the WPS Agenda.

11. The Addendum should also recognize how several of the harms discussed may constitute reproductive violence.

    a. **Paragraph 55**, in addressing food insecurity and starvation as warfare tactics, explains how sexual violence affects women in conflict, particularly in the face of starvation conditions. However, the Draft Addendum does not discuss the ways that

[21] Akila Radhakrishnan et al., *Protecting Safe Abortions in Humanitarian Settings: Overcoming Legal and Policy Barriers*, 25 Reprod. Health Matters 40 (2017).
[22] Population Institute, *Connecting the Dots* 8 (2023), https://www.populationinstitute.org/wp-content/uploads/2023/03/Population-Institute-Connecting-the-Dots.pdf.
[23] See *Id* at 8, 34.
[24] UNFPA, *What Is Bodily Autonomy?*, https://www.unfpa.org/sowp-2021/autonomy; See Global Justice Center, *supra* note 1, at 71.
[25] S.C. Res. 2122, 2 (2013).

starvation can constitute a form of reproductive violence.[26] Therefore, we suggest adding the following:

> *Because of the severe, predictable, and gender-differentiated consequences of starvation, the WPS Agenda should pay particular attention to starvation as a form of GBV– and specifically, as a form of reproductive violence.[27] A recent example of the recognition of the reproductive consequences of starvation, in violation of IHL and as an act of genocide, was in a Report finding that Israeli forces had committed acts of genocide with the requisite intent to constitute a violation of the Genocide Convention.[28] The Report based its analysis in part on "the nature and duration of the siege and starvation imposed on the Palestinians in Gaza"[29] including, notably, the reproductive impacts of starvation, which it characterized as reproductive violence.[30] This analysis provides a model for other documenters to apply a gender-sensitive lens that accounts for reproductive violence within a genocide analysis, specifically under conditions of starvation, siege, and deprivation of objects indispensable to survival.[31]*

b. The Addendum would also benefit from including a gender-sensitive reading of genocidal intent and its connection to reproductive violence in conflict. Therefore, we suggest that the following be included in connection with other discussion of genocide in **58**:

> *Genocidal intent has historically been inferred from conduct.[32] In addition to physical destruction, the intentional extermination of a group by biological destruction is also a form of genocide.[33] Biological destruction entails eliminating the regenerative power of the group, for example, through forced pregnancies or sexual mutilation.[34] Reproductive violence can demonstrate a perpetrator's intent to biologically destroy. For example, forced pregnancies can show intent to biologically destroy by projecting the supposed*

[26] See Global Justice Center, *supra* note 1, at 71.
[27] See de Silva de Alwis, *Background Paper*, *supra* note 12, at 29.
[28] *Report of the Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel*, U.N. Doc. A/80/337 66, https://docs.un.org/en/A/80/337; "(a) killing members of the group; (b) causing serious bodily or mental harm to members of the group; (c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; and (d) imposing measures intended to prevent births within the group."
[29] See *Id* at 67.
[30] A/HRC/60/CRP.3 ¶¶ 127-130, 137-145.
[31] A/HRC/60/CRP.3 137.
[32] Global Justice Center, *Beyond Killing: Gender and Genocide* 32 (2018), https://www.globaljusticecenter.net/wp-content/uploads/2018/12/Beyond-Killing-Gender-And-Genocide.pdf; A/80/337, 70; *Prosecutor v. Georges Anderson Nderubumwe Rutaganda*, ICTR-96-3-T, 60.
[33] See Global Justice Center, *supra* note 32, at 32, 33.
[34] See *Id* at 34.

dominance of the perpetrator group. In strongly patriarchal cultures, rape and resulting pregnancies may also ostracize pregnant persons from their community, which may endanger their lives and reduce the community's ability to regenerate itself.[35] *Sexual mutilation aimed at a group's reproductive or regenerative capacity may also indicate genocidal intent.*[36] *For instance, Eritrean soldiers forcibly inserted letters into Tigrayan women's vaginas stating that the violence was committed to eradicate the Tigrayan people by preventing the victims from giving birth.*[37] *This illustrates how a single act of reproductive violence can both indicate intent to commit genocide, and constitute an act of genocide, namely, preventing births.*"

12. Several paragraphs should also recognize the impacts of reproductive violence beyond women and girls:

    a. **Paragraph 88** should clarify that reproductive harm caused by radiation exposure extends to all people with reproductive capacity, not just pregnant women. Additionally, the Draft Addendum should highlight that exposure to radiation can, depending on intent, constitute enforced sterilization and therefore reproductive violence, amounting to an international crime (if widespread or systematic and directed at a civilian population).[38]

    b. **Paragraph 30** should add: *All persons with actual or perceived reproductive capacity are particularly vulnerable to reproductive violence when they become refugees, including limited access to contraception, menstrual products, antenatal care and safe delivery services, and exposure to STIs due to the heightened risk of sexual violence and the lack of comprehensive sexual health information and prevention services, and unsafe abortions*.[39]

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[35] See *Id* at 34, 35. During the Bosnian War, Serbian forces executed campaigns of forced impregnation of non-Serbians. Survivor accounts demonstrate that forced impregnation was one of the goals of the Serbian authorities. One survivor, held at came and raped on multiple occasions, recalled her rapists telling her "you're going to have our children, you are going to have our little Chetniks"; Robert Fisk, *Rape Victims Say Serb Troops "Wanted Babies"*, TORONTO STAR, Feb. 8, 1993. See also Alexandra Stiglmayer, *The Rapes in Bosnia-Herzegovina,* in *Mass Rape: The War Against Women in Bosnia-Herzegovina 412* (Alexandra Stiglmayer ed., Univ. of Neb. Press 1994) for similar accounts.

[36] See Global Justice Center, *supra* note 32, at 35; *Prosecutor v. Radovan Karadžić*, IT-95-5/18-T, 5671; *Prosecutor v. Radislav Krstić*, IT-98-33-A, 28.

[37] Physicians for Human Rights, *You Will Never Be Able to Give Birth* 18 (2025), https://phr.org/wp-content/uploads/2025/07/PHR-OJAH-Ethiopia-You-Will-Never-Be-Able-to-Give-Birth-ENG-2025.pdf.

[38] Rome Statute of the International Criminal Court, arts. 7(g), 8(2)(b)(xxii), https://www.icc-cpi.int/sites/default/files/NR/rdonlyres/ADD16852-AEE9-4757-ABE7-9CDC7CF02886/283503/RomeStatutEng1.pdf.

[39] Sylvester R. Okeke et al., *Collateral Damage: The Overlooked Reproductive Health Crisis in Conflict Zones*, 21 Reprod. Health (Dec. 27, 2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC11673922/; Angelique Uwigiciro et al., *Barriers and Facilitators to Utilization of Family Planning Among Married Women in Nyabiheke Camp, Rwanda*, 22 Reprod. Health 83 (2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC12083142/; Felicitas Joyce vom Dahl et al.,

c. **Paragraph 117** should indicate that all persons, not just women and girls, need protection from GBV and should refer to reproductive as well as sexual harms.

13. Finally, as **2** of the Draft Addendum notes, existing legal frameworks already encompass the State and multilateral responsibilities outlined in the Draft Addendum. As States may hesitate to adopt views characterized as enlargements of existing duties, we suggest removing language later in 2 that implies that the document "expands" or "enlarges" State responsibility concerning WPS.

Provision of Sexual and Reproductive Health Care Services for Refugees in Greece in the Framework of the Minimum Initial Service Package: A Scoping Review, 3 Discovery Health Systems 41 (2024), https://doi.org/10.1007/s44250-024-00110-9.