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# Historical and contemporary forms of violations against the sexual and reproductive health and rights of Indigenous women and girls

## Report of the Special Rapporteur on the rights of Indigenous Peoples, Albert K. Barume

*Summary*

The present report is submitted to the Human Rights Council by the Special Rapporteur on the rights of Indigenous Peoples pursuant to his mandate under Council resolution 60/4. In the report, the Special Rapporteur reviews how States have addressed violations of the sexual and reproductive health and rights of Indigenous women and girls in the almost 20 years since the United Nations Declaration on the Rights of Indigenous Peoples was adopted.

# I. Introduction

1. Upholding the sexual and reproductive health and rights of Indigenous women is essential to the survival, continuity and self-determination of Indigenous Peoples. Indigenous women are life-givers, knowledge holders, caregivers and transmitters of language, culture and identity. As a result, their bodies, reproductive capacities, family relationships and social roles have often been targeted in processes of territorial expansion, settler colonialism, colonization, racial domination and nation-building. Control over Indigenous women and their reproductive lives has frequently served as a means of asserting power over Indigenous Peoples, their lands, territories, resources and futures.

2. Violations of the sexual and reproductive health and rights of Indigenous women and girls are among the most pervasive, yet often least acknowledged, dimensions of the historical subjugation of Indigenous Peoples. The legacy of these practices remains visible today, as Indigenous women continue to experience disproportionately high rates of sexual violence, including leading to death, trafficking, reproductive coercion, maternal mortality, the forced removal of children, the criminalization of traditional health practices and barriers to access to culturally appropriate reproductive healthcare. These contemporary forms of violations are not disconnected from the past, but reflect the continuing effects of colonial structures, discriminatory laws and institutions, land dispossession and unresolved historical injustices.

3. The Special Rapporteur does not seek to provide an exhaustive account of all violations of Indigenous women's sexual and reproductive health and rights. Rather, he seeks to identify major patterns of violations, examine the objectives that they have served, and in some cases continue to serve, and assess their lasting impacts. He also seeks to remind States of their obligations to ensure truth, justice, reparations and guarantees of non-repetition.

4. Nearly 20 years after the adoption of the United Nations Declaration on the Rights of Indigenous Peoples, these issues remain a matter of urgent concern. States have an ongoing responsibility to address the legacies of historical injustices and to ensure that Indigenous women and girls can fully enjoy their sexual and reproductive health and rights, both individually and collectively, as an integral part of Indigenous Peoples' rights to self-determination, to the highest attainable standard of health, to cultural continuity and to survival. The report is structured around four primary drivers of the violation of the sexual and reproductive health and rights of Indigenous women and girls: (a) settler and colonial States; (b) harmful cultural practices and beliefs; (c) militarization, conflict, organized crime and economic interests; and (d) structural discrimination and environmental contamination.

# II. Impact of settler and colonial States

5. Throughout the colonial world, Indigenous women and girls have been subjected to systematic violations of their sexual and reproductive health and rights, which were often justified through racist ideologies portraying Indigenous Peoples as inferior, uncivilized, incapable of self-governance or unfit to raise their own children. Whether the objective was territorial acquisition, labour exploitation, population control, assimilation, religious conversion or resource extraction, violations of Indigenous women's sexual and reproductive health and rights served colonial goals. "Control over Indigenous women's bodies and reproduction was central to European objectives from the first days of conquest. Violence against Indigenous women became a central element in the colonial strategy for conquest."[1]

6. Violations of Indigenous women's sexual and reproductive health and rights under colonial policies reduced Indigenous populations, facilitated the dispossession of lands and resources, disrupted kinship systems and cultural continuity, undermined Indigenous governance institutions and accelerated assimilation into the dominant society. In practice,

[1] Sam Rowlands and others, "The forced sterilisation of Indigenous and racialised Peoples: origins, nature of abuses, impacts and responses", *International Perspectives on Health Equity*, vol. 1, No. 1.

the violations took different forms, including forced sterilizations, the removal of children from their families, dismantling significant traditional institutions and committing sexual violence or other acts of gender-based violence.

## A. Forms of violations

### 1. Forced sterilization and reproductive control

7. Forced sterilization has been a widespread practice, carried out in different ways and at various times across countries. This most direct violation of Indigenous women's reproductive rights was often rooted in eugenic[2] ideologies that portrayed Indigenous Peoples as racially inferior, socially undesirable or incapable of exercising responsible parenthood.

8. In Canada, forced or coerced sterilization was used as a strategy to subjugate and eliminate First Nations, Métis and Inuit Peoples.[3] In the provinces of Alberta and British Columbia, Sexual Sterilization Acts from the 1920s officially introduced the practice.[4] The Acts cited "mental deficiency" as the key diagnosis and justification for forced sterilization and established government boards to determine which women would undergo sterilization.[5] Reports indicate that 74 per cent of Indigenous women who appeared before the board in Alberta were sterilized.[6] In British Columbia, boarding schools were used as sites for the assessment of mental disability.[7]

9. In other provinces of Canada, forced or coerced sterilization happened unofficially, without specific legislation, including among Inuit women in Nunavut. The Canadian Senate Committee on Human Rights noted that cases of forced sterilization persisted in certain regions up to 2018[8] and concluded that the "practice of forced and coerced sterilization is not confined to our distant past, and law and policy changes are needed to prevent this horrific practice from being inflicted on others."[9]

10. In the United States of America, forced sterilizations were mainly conducted through the Indian Health Service, which established hospitals on reservations and encouraged Indigenous women to abandon their traditional healthcare practices. A federal investigation concluded that, between 1973 and 1976 alone, an estimated over 3,400 Native women had been sterilized or forced to abort or had received "medically necessary" hysterectomies in just four Indian Health Service areas alone.[10] Reportedly, some reservations were more affected.[11]

11. Reportedly, Indigenous women still face disproportionately high rates of birth control; [12] reproductive coercion reportedly persists in prisons, detention centres and healthcare settings, necessitating stronger safeguards, independent oversight and accountability to prevent ongoing violations.[13]

12. In Kalaallit Nunaat, Greenland, during the 1960s and 1970s, the Government of Denmark implemented a practice of the insertion of intrauterine devices in Inuit women and girls. The practice affected almost half of the approximately 9,000 women and girls of

[2] https://eprints.bournemouth.ac.uk/40433/13/10-1108_iphee-01-2024-0003%20%281%29.pdfIbid.
[3] Senate of Canada, "Report of the Standing Senate Committee on Human Rights, The scars that we carry: forced and coerced sterilization of persons in Canada", 2022.
[4] Jeniffer Leason, "Forced and coerced sterilisation of Indigenous women: Strengths to build upon", *Canadian Family Physician*, vol. 67, No. 7.
[5] Sam Rowlands and others, "The forced sterilisation of Indigenous and racialised Peoples", p. 5.
[6] See https://www.cfp.ca/content/67/7/525.
[7] Sam Rowlands and others, "The forced sterilisation of Indigenous and racialised Peoples", p. 5.
[8] Ibid., pp. 5 and 6.
[9] Senate of Canada, "Report of the Standing Senate Committee on Human Rights", p. 7.
[10] See https://www.gao.gov/assets/hrd-77-3.pdf; see also Jane Lawrence, "The Indian Health Service and the sterilization of Native American women", *American Indian Quarterly*, vol. 24, No. 3.
[11] Julissa Cariano and Noah J Duckett, "It never stopped: the continued violation of forced, coerced and involuntary sterilization", *Delaware Journal of Public Health*, 16 July 2025; see also https://daily.jstor.org/the-little-known-history-of-the-forced-sterilization-of-native-american-women/.
[12] Sam Rowlands and others, "The forced sterilisation of Indigenous and racialised Peoples", p. 5.
[13] Submissions by American Indian Movement-West Delegation and the University of Oxford.

childbearing age in Kalaallit Nunaat, often without their consent or knowledge.[14] Some of the affected girls were as young as 12 years old.[15] Evidence also suggests that involuntary contraceptive interventions continued beyond the 1970s.[16] "The campaign […] dramatically lowered the Inuit women's average birth rate from 7 to 2.3 children, leading to a drastic change in the traditional composition of Inuit families."[17] Survivors reported long-term physical consequences, including chronic pain, infections, reproductive complications and infertility, alongside profound psychological harm, shame, trauma and mistrust towards healthcare institutions.[18]

13. The Inuit Circumpolar Council points out that these violations are not isolated events, but manifestations of colonial governance, population control and systemic discrimination. The Council emphasizes their lasting effects across generations, affecting Inuit demographic continuity, family formation and community well-being.[19]

14. Practices of forced sterilization, coercive contraception and non-consensual long-acting contraceptive insertion have also been reported in Bolivia (Plurinational State of), Guatemala and Mexico.[20] However, due to underreporting linked to the "deeply personal nature of this reproductive trauma, forced sterilizations have often gone uninvestigated and unpunished throughout the Americas, leading to an overall lack of justice for victims."[21]

15. In Peru, during the 1990s National Reproductive Health and Family Planning Programme, over 300,000 Indigenous women were forcibly sterilized.[22] "Those procedures were promoted by means of comprehensive campaigns and so-called health festivals, and healthcare personnel were offered incentives to perform those types of interventions."[23] The operations were frequently performed in unsanitary conditions without post-operative follow-up. These sterilization policies disproportionately targeted Quechua-speaking Indigenous women living in areas affected by internal armed conflict and extractive expansion.[24]

16. Between the 1960s and 1980s, government-initiated family planning programmes were implemented in Australia with objectives that included reducing Aboriginal fertility rates. Following the 1967 referendum, which allowed the Parliament of Australia to make laws for Aboriginal Peoples and removed provisions excluding them from population counts, concerns about the perceived rapid increase of their population were openly expressed by both government officials and medical professionals.

17. Māori women in New Zealand were subjected to coercive reproductive decision-making in hospital settings, including pressure to accept long-acting contraception or sterilization at the time of birth or during gynaecological procedures, with inadequate information, linguistic barriers and inadequate consent processes.[25] In its concluding observations on the ninth periodic report of New Zealand submitted under the Convention on the Elimination of All Forms of Discrimination against Women,[26] the Committee on the Elimination of Discrimination against Women's noted ongoing concerns about reproductive autonomy and informed consent, particularly for women with intellectual or psychosocial disabilities, with Māori women at particular risk due to discrimination.

[14] See A/HRC/54/31/Add.1.
[15] See https://www.ism.dk/Media/638930184996168937/Antikonceptionspraksis-i-Kalaallit-Nunaat-dansk.pdf.
[16] Ibid.
[17] See A/HRC/54/31/Add.1.
[18] Ibid.
[19] Submission by the Inuit Circumpolar Council.
[20] Submission by the United Nations Population Fund (UNFPA).
[21] See https://jpia.princeton.edu/news/robbing-reproductive-autonomy-forced-sterilizations-americas-and-inter-american-human-rights.
[22] Julissa Cariano and Noah J Duckett, "It never stopped".
[23] See *Carbajal Cepeda et al. v. Peru* (CEDAW/C/89/D/170/2021).
[24] Sam Rowlands and others, "The forced sterilisation of Indigenous and racialised Peoples", p. 7.
[25] Submission by the New Zealand Human Rights Commission (Te Kahui Tika Tangata); and see CEDAW/C/NZL/CO/9.
[26] CEDAW/C/NZL/CO/9.

### 2. Removal of children and disruption of Indigenous family systems

18. Colonial practices of the forced removal of children and State-administered residential schools led to widespread violations of the sexual and reproductive health and rights of Indigenous women and girls. The prejudiced underlying assumptions were that Indigenous women were incapable of raising children.

19. In Canada, the practice of residential schools went on for over 150 years and affected an estimated 150,000 children, many of whom never returned home.[27] The residential schools routinely forcibly sterilized Indigenous girls, who were also exposed to other types of sexual violence, including rape. The Truth and Reconciliation Commission of Canada concluded that the removal of children from their families was a systematic, government-sponsored attempt to destroy Aboriginal cultures and languages and to assimilate Aboriginal Peoples so that they no longer existed as distinct peoples.[28]

20. In the United States, from 1800 to 1969, the Federal Indian Boarding School system was characterized by widespread abuses, including violence, death and sexual abuse. Following the creation of residential schools in the 1800s, Native American children were forcibly removed from their families and their land as an attempt to force children to assimilate into dominant society.[29]

21. In Australia, the removal of Aboriginal and Torres Strait Islander children between 1910 and the 1970s created the Stolen Generations, where between 1 in 3 and 1 in 10 Indigenous children were forcibly removed from their families and communities.[30] The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families concluded that the policies were a form of genocide.[31]

22. The consequences of these policies continue to affect survivors and have profound intergenerational impacts, including poverty, trauma and family fragmentation.[32] Ongoing child removal practices, sometimes at hospitals shortly after birth,[33] creates fear among mothers, affecting Indigenous women's engagement with antenatal care and exacerbating perinatal stress.[34] Aboriginal and Torres Strait Islander Women have emphasized the "intergenerational trauma of the Stolen Generations", including that Indigenous children remain dramatically overrepresented in out-of-home care systems.[35]

23. In New Zealand, the Royal Commission of Inquiry into Abuse in Care received comprehensive testimonies regarding a range of violations committed against children, including incidents of sexual violence. Māori infants and children have been disproportionately taken into State care, often immediately after birth in hospitals, a practice that has persisted for decades.[36] Māori mothers' birthing, breastfeeding and early parenting decisions have reportedly been closely scrutinized, leading to excessive surveillance and weakening reproductive autonomy.[37]

24. In parts of Latin America and Africa, Indigenous children were forcibly placed in boarding schools or hostels, often run by Christian missions, where reports of sexual violence and abuse of Indigenous girls have surfaced.[38]

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[27] See https://nctr.ca/education/residential-school-history/.
[28] See https://publications.gc.ca/collections/collection_2015/trc/IR4-9-5-2015-eng.pdf.
[29] Julissa Cariano and Noah J Duckett, "It never stopped".
[30] See https://humanrights.gov.au/__data/assets/file/0016/51037/Bringing_them_home_report.pdf.
[31] See https://humanrights.gov.au/resource-hub/by-resource-type/reviews-and-inquiries/bringing-them-home-frequently-asked-questions-about-national-inquiry?utm_source=chatgpt.com#ques7.
[32] See https://www.aihw.gov.au/news-media/media-releases/2021-1/june/aboriginal-and-torres-strait-islander-stolen-gener.
[33] See https://www.abc.net.au/news/2024-03-18/first-nations-baby-removals-subject-of-inquiry/103587598.
[34] Submission by Aboriginal and Torres Strait Islander Women.
[35] Submission by Aboriginal and Torres Strait Islander Women.
[36] See CRC/C/NZL/CO/6.
[37] Submission by the New Zealand Human Rights Commission.
[38] Andrea Smith, "Indigenous Peoples and boarding schools: a comparative study", United Nations

### 3. Dismantling of traditional knowledge and institutions

25. Traditional midwives, healers, medicine women and spiritual leaders occupy central positions in Indigenous societies. Their knowledge is transmitted across generations and forms part of broader systems of Indigenous Peoples' governance and self-determination that support women's reproductive health, childbirth, fertility regulation and community well-being.

26. However, under colonialism, Indigenous Peoples' practices relating to sexuality, family relations, pregnancy, childbirth and child-rearing were often characterized as primitive, savage, superstitious or dangerous and were frequently criminalized.

27. In Kenya, the British colonial administration in Kenya (1895–1963) criminalized Indigenous healing practices, including traditional midwifery. The Witchcraft Ordinance of 1925[39] labelled Indigenous healers as "witch doctors", driving traditional birth attendants underground. This severed the intergenerational transmission of maternal health knowledge that had sustained Indigenous women for centuries.[40]

28. Historically, Indigenous Peoples in India, such as the Munda, Santhal and Ho, relied on thousands of medicinal plant species for fertility regulation and maternal care. Colonial classification of these communities as "primitive" eroded forest-based knowledge systems and disrupted community-centred healthcare practices. Reproductive governance shifted from localized sovereignty to State-controlled population policies.[41]

29. In Australia, women in rural areas were required to travel considerable distances to hospitals, which disrupted the connection between childbirth, land, kinship and ceremonial practices. In New Zealand, the Tohunga Suppression Act of 1907 contributed to the suppression of Māori healing and reproductive knowledge systems. Although the Act was repealed in 1962, its effects have been associated with disruptions to the intergenerational transmission of knowledge.[42]

30. In the United States, the Major Crimes Act prohibited tribal governments from regulating certain crimes, such as murder and rape, within their territories, while also failing to prosecute such crimes, especially when committed by non-Indigenous men against Indigenous women.[43]

31. The destruction of Indigenous Peoples' health knowledge systems and institutions weakened Indigenous women's autonomy and increased their vulnerability.

### 4. Sexual violence as tool of conquest, dispossession and domination

32. Sexual violence has accompanied colonial and conquest expansions in all regions of the world. Historical records document rape, sexual torture, trafficking and other forms of gender-based violence committed during military campaigns, forced removals and territorial expansion. In many cases, sexual violence was used deliberately to terrorize Indigenous Peoples, force their displacement and undermine resistance, as attacks on Indigenous women and girls inflict harm not only on individuals but also on families, communities and collective identities.

33. The pattern of extreme sexual and gender-based violence against Indigenous women and girls with impunity persists in the present day. Indigenous women and girls experience disproportionately high rates of disappearances, homicide, sexual violence, trafficking and sexual exploitation in many countries, particularly in settler-colonial States.

Permanent Forum on Indigenous Issues, available at https://www.un.org/esa/socdev/unpfii/documents/E_C_19_2009_crp1.pdf.

[39] See https://www.scribd.com/document/822063190/Witchcraft-Act-23-of-1925.

[40] Submission by Stewards of Change.

[41] Submissions by Gujarat National Law University, Gandhinagar Centre for Women and Child Right.

[42] See https://www.legislation.govt.nz/act/public/1907/13/en/latest/#LMS1328811.

[43] See https://www.amnesty.org/es/wp-content/uploads/2021/05/AMR510352007ENGLISH.pdf; and https://www.justice.gov/archives/jm/criminal-resource-manual-679-major-crimes-act-18-usc-1153.

34. In Namibia, Ovaherero and Nama women and girls were subjected to widespread rape, sexual exploitation and other forms of gender-based violence during German colonial rule, including in the context of the 1904–1908 genocide. United Nations mechanisms have emphasized that processes of truth, justice, reparations and memorialization must fully recognize the gendered dimensions of colonial violence and ensure the meaningful participation of Indigenous women in determining appropriate remedies.[44]

35. In Canada, the National Inquiry into Missing and Murdered Indigenous Women and Girls[45] indicated that, because of Indigenous women's roles in the biological, cultural and social reproduction of Indigenous Peoples, they were disproportionately subjected to sexual violence, reproductive control, family separation and other forms of gendered violence. The National Inquiry concluded that the violence experienced by Indigenous women, girls and 2SLGBTQQIA+ persons must be understood within a broader pattern of colonial genocide, which did not occur through a single event but through interconnected state policies and practices that sought to destroy Indigenous Peoples as distinct political, social and cultural groups.[46]

## B. State responses to historical violations of Indigenous women's sexual and reproductive health and rights and emerging good practices

36. In recent decades, some States have addressed some of the violations of the sexual and reproductive health and rights of Indigenous women and girls, but responses remain sporadic, uneven and partial. So far, the main efforts of redress have included elements of public apologies, national inquiries or hearings, truth-telling initiatives, reparation measures, including compensation, legal and policy reforms, including guarantees of non-repetition, and judicial remedies.

37. In Canada, the Truth and Reconciliation Commission, the National Inquiry into Missing and Murdered Indigenous Women and Girls and the Standing Senate Committee on Human Rights have documented the historical and ongoing impacts of residential schools, missing and murdered Indigenous women and girls, child removals, forced sterilization and other forms of reproductive violence. The province of Alberta has also offered a formal apology and compensation to those affected by forced sterilization under the Sexual Sterilization Act.[47]

38. In the United States, the Federal Indian Boarding School Initiative was launched in 2021, as a "comprehensive effort to recognize the troubled legacy of federal Indian boarding school policies with the goal of addressing their intergenerational impact and to shed light on the traumas of the past."[48] In two investigate reports under the Initiative, sexual violence, mistreatment and death committed by agents of the federal Government, against children, including girls, over the course of a century were recognized.[49] As part of the Initiative, the

[44] See NAM 1/2023. All allegation letters and/or urgent appeals mentioned in the present document are available from https://spcommreports.ohchr.org/Tmsearch/TMDocuments.

[45] National Inquiry into Missing and Murdered Indigenous Women and Girls, "Final report", 2019, available at https://www.mmiwg-ffada.ca/final-report.

[46] National Inquiry into Missing and Murdered Indigenous Women and Girls, "A legal analysis of genocide: supplementary report of the National Inquiry into Missing and Murdered Indigenous Women and Girls", 2019, p. 24.

[47] See Alberta apologizes for forced sterilization | CBC News.

[48] See https://www.bia.gov/sites/default/files/media_document/doi_federal_indian_boarding_school_initiative-investigative_report_vi-i_final_508_compliant.pdf/.

[49] See https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf and https://www.bia.gov/sites/default/files/media_document/doi_federal_indian_boarding_school_initiative_investigative_report_vii_final_508_compliant.pdf/.

Road to Healing tour across the country provided survivors with the opportunity to share their experiences.[50] In 2024, the President of the United States, Joseph Biden, issued a historic apology for the Indian Boarding Schools programme.[51]

39. Australia has formally acknowledged aspects of historical injustice, including through the 2008 National Apology to the Stolen Generations,[52] but has not yet undertaken a comprehensive truth-telling process or reparations scheme related to sexual and reproductive health and rights.

40. In 2025, an independent investigation commissioned by the Governments of Kalaallit Nunaat (Greenland) and Denmark confirmed the scale and impacts of the State-led contraception programmes affecting Inuit women and girls.[53] Following the investigation, the two Governments issued formal apologies to all Inuit women who had been subjected to involuntary insertions of intrauterine devices and established a reconciliation fund, under which each affected woman could receive financial compensation of 300,000 Danish krone. A dedicated human rights-focused inquiry initiated by the Government of Greenland is expected to be published shortly.

41. The Inuit Women's Summit in 2025 identified truth-telling and the acknowledgement of harm as foundational to reconciliation and the non-recurrence of violations. They further stressed that, while Indigenous women often led these processes, they carried significant personal and collective burdens. There is therefore a need to support and protect Indigenous women leaders and human rights defenders, as many face backlash, exclusion and secondary trauma while working to advance rights, healing and self-determination.[54]

42. In Peru, the State's response to the forced sterilization programme has focused more on truth-seeking, victim identification and criminal investigations than on comprehensive reparations. In 2015, the State established the Registry of Victims of Forced Sterilizations. However, survivors have yet to receive a comprehensive reparations programme that includes compensation, specialized healthcare, psychosocial support, collective reparations for affected Indigenous communities and guarantees of non-repetition.

43. In the recent judgment of the Inter-American Court of Human Rights in *Celia Ramos v. Peru*,[55] the Court ordered Peru to provide compensation and reparations to the family of Celia Ramos, who had died because of forced sterilization. The Court treated her case not as an isolated medical incident but as part of a broader State policy that had disproportionately targeted poor, rural and Indigenous women.

44. Many States have yet to undertake long-overdue truth-seeking processes and secure accountability and access to justice for the specific impacts of colonial policies on Indigenous women's sexual and reproductive health and rights. In numerous countries, violations remain poorly documented and inadequately acknowledged. Survivors and their communities thus continue to call for independent investigations, public apologies and effective remedies, which should include restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition, developed in partnership with affected Indigenous women and communities.

# III. Harmful cultural practices and beliefs

45. Indigenous women and girls have historically experienced, and continue to experience, violations of their sexual and reproductive health and rights rooted in harmful

[50] See doi_federal_indian_boarding_school_initiative_investigative_report_vii_final_508_compliant.pdf.

[51] See https://www.pbs.org/newshour/show/biden-issues-long-overdue-apology-for-federal-indigenous-boarding-schools.

[52] See https://www.aph.gov.au/Visit_Parliament/Art/Collections/Apology_to_Australias_Indigenous_Peoples.

[53] See https://www.ism.dk/Media/638930184996168937/Antikonceptionspraksis-i-Kalaallit-Nunaat-dansk.pdf.

[54] Submission by the Inuit Circumpolar Council.

[55] Inter-American Court of Human Rights, *Ramos Durand y otros v. Perú*, Case No. CDH-6-2023/142, Judgment, 25 November 2025.

cultural beliefs and practices, which may originate both within and outside Indigenous communities. Internal practices, including forced or child marriage and female genital mutilation, also require attention and action. While acknowledging the existence and significance of both dimensions, the present report is focused primarily on violations arising from external factors.

## A. Forms of violations: external harmful beliefs and practices

46. In the Great Lakes and Congo Basin regions of Africa, some non-Indigenous persons believe that Indigenous women and girls possess supernatural attributes[56] and that sexual intercourse with an Indigenous Twa woman can cure various diseases, including HIV/AIDS.[57] Such perceptions result in high rates of sexual abuse and the transmission of HIV/AIDS to Indigenous women and their communities.[58] In the Democratic Republic of the Congo, during armed conflict, Indigenous Twa women were particularly singled out for rape due to beliefs that sleeping with them conferred special powers to the rapist.[59]

47. There are also widespread beliefs that violence against Indigenous women and girls is rooted in Indigenous cultures or that Indigenous Peoples are inherently more likely to commit violent acts, including those targeting women and girls of their own communities. In 2024, in Peru, following the denouncement of more than 500 cases of sexual abuse against Indigenous Awajun and Wampis girls by their schoolteachers,[60] a Government official reportedly dismissed the violations as a cultural practice among Amazonian Peoples. The Awajun Women's Council emphasized that the remarks were false and discriminatory and that the dismissal amounted to the State effectively legitimizing the violations.[61] In Botswana, there is a risk that crimes against Indigenous Peoples, including violence against women, are misperceived as reflective of the culture of Indigenous Peoples.[62]

48. There are also widespread racist beliefs that Indigenous Peoples are inferior human beings who can be exploited, including sexually, without consequence. For example, in the Congo Basin, there is evidence of non-Indigenous Bantu people referring to Indigenous Twa and Pygmy individuals as property that can be owned, bequeathed and rented out.[63] This ownership entitles the Bantu "masters" to Twa labour and lifelong servitude.[64] For

[56] Kathryn Ramsay, *Uncounted: The Hidden Lives of Batwa Women* (London, Minority Rights Group International, May 2010), available at https://minorityrights.org/app/uploads/2024/01/download-804-uncounted-the-hidden-lives-of-batwa-women.pdf.

[57] Forest Peoples Programme, "Loss of land is not the only challenge faced by Uganda's Batwa women", 10 January 2020, available at https://www.forestpeoples.org/publications-resources/news/article/loss-of-land-is-not-the-only-challenge-faced-by-ugandas-batwa-women/; and Dorothy Jackson, *Twa Women, Twa Rights in the Great Lakes Region of Africa* (London, Minority Rights Group International, 2003), available at https://www.forestpeoples.org/sites/fpp/files/publication/2010/08/twawomennov03.pdf.

[58] Ibid.

[59] Minority Rights Group International, "World directory of minorities and Indigenous peoples: Democratic Republic of the Congo: Batwa and Bambuti", June 2018, available at https://www.refworld.org/reference/countryrep/mrgi/2018/en/121730; and Statement_by_the_UNPFII_Chairperson_DRC_Final1.pdf.

[60] See https://www.defensoria.gob.pe/wp-content/uploads/2024/09/Documento-Defensorial_violencia_sexual_condorcanqui-1.pdf.

[61] See https://rpp.pe/politica/gobierno/ministra-de-la-mujer-califico-de-practicas-culturales-que-debemos-desterrar-agresiones-sexuales-contra-ninas-awajun-noticia-1562369.

[62] See https://www.ohchr.org/sites/default/files/statements/20250912-eom-botswana-srip-en.pdf.

[63] African Commission on Human and Peoples' Rights and International Work Group for Indigenous Affairs, "Report of the African Commission on Human and Peoples' Rights Working Group on Indigenous Populations and Communities: research and information visit to the Congo, 5–19 September 2005", available at https://achpr.au.int/sites/default/files/files/2022-10/achpr38misrepspecmecindpopcongo2005eng.pdf.

[64] See A/HRC/18/35/Add.5; and https://un.arizona.edu/search-database/situation-indigenous-peoples-republic-congo.

Indigenous women and girls, this deeply dehumanizing practice includes an element of sexual slavery in which Twa and Pygmy women and girls are sexually abused by their "masters".[65]

49. In Nepal, the Kamlari bonded labour system forced Indigenous Tharu women and girls into domestic servitude arrangements in which sexual abuse was rife and resulted in unwanted pregnancies, reproductive health complications and severe trauma.[66] These impacts continue to affect the lives of the now "freed Kamlaris".[67]

## B. State responses to violations and emerging good practice

50. State responses to violations of sexual and reproductive health and rights linked to discriminatory beliefs and harmful practices affecting Indigenous women and girls remain largely inadequate and limited. In some instances, State actors have themselves reinforced harmful stereotypes, including by portraying sexual violence against Indigenous girls as a cultural issue rather than a human rights violation.

51. Some positive developments have nevertheless emerged. In Peru, following sustained advocacy by Indigenous organizations and the exposure of hundreds of cases of sexual abuse of Awajún and Wampis schoolgirls, authorities initiated investigations, established specialized judicial mechanisms and publicly acknowledged the problem. In addition, an intersectoral action plan reportedly aimed at preventing and responding to sexual violence against children, including Indigenous girls, was put in place.[68]

52. In Argentina, the practice of "*chineo*" (sexual abuse of Indigenous girls by non-Indigenous men) was historically normalized by the justice system. However, sustained advocacy by Indigenous women's organizations has contributed to growing recognition of *chineo* as a form of child sexual abuse, challenging its historical normalization and strengthening demands for accountability.[69]

53. In 2026, Colombia, in collaboration with Indigenous women leaders, adopted landmark legislation to prevent and eradicate female genital mutilation, becoming the first country in Latin America to enact a specific national law addressing the harmful practice.[70]

# IV. Conflict militarization and organized crime

54. Competition for geopolitical interests, conflict, resource extraction and organized crime are among the drivers of violations of the sexual and reproductive health and rights of Indigenous women and girls. These dynamics bring military forces, armed groups, private security actors and criminal networks into Indigenous Peoples' territories, resulting in heightened levels of sexual and gender-based violence against Indigenous women and girls, often with impunity for the perpetrators.

[65] African Commission on Human and Peoples' Rights and International Work Group for Indigenous Affairs, "Report of the African Commission on Human and Peoples' Rights Working Group on Indigenous Populations and Communities: research and information visit to the Congo".

[66] Submission by the National Indigenous Women Forum.

[67] Ibid.

[68] See https://www.ungeneva.org/en/news-media/meeting-summary/2025/02/examen-du-perou-au-cescr-la-situation-de-la-societe-civile-la?utm_source=chatgpt.com; and https://amazonwatch.org/news/2026/0303-how-indigenous-women-forced-peru-to-reverse-a-dangerous-rollback-of-justice?utm_source=chatgpt.com.

[69] Submission by UNFPA.

[70] See https://equalitynow.org/es/news/comunicados-de-prensa/colombia-aprueba-una-ley-historica-para-poner-fin-a-la-mutilacion-genital-femenina/.

## A. Forms of violations

### 1. Military presence

55. In all regions of the world, there are cases of violations of the sexual and reproductive health and rights of Indigenous women and girls driven by the expansion of military presences and objectives.

56. In 1982, the Guatemalan army established the Sepur Zarco military base on the ancestral lands of the Indigenous Maya Q'eqchi'. To force the communities out of their lands, the military forcibly disappeared and killed the male leaders and subjected Indigenous women to severe physical abuse and sexual slavery for years.[71]

57. In 2024, regarding Japan, the Committee on the Elimination of Discrimination against Women noted with concern the gender-based violence against women committed by United States military personnel on Okinawa military bases[72] and recommended that Japan take appropriate measures to prevent, investigate, prosecute and adequately punish perpetrators and to provide adequate reparations to the survivors of sexual and other forms of conflict-related gender-based violence.[73]

58. In the Chittagong Hill Tracts of Bangladesh, a highly militarized region, rape and sexual violence against Indigenous girls and women have been extensively used as tools of terror and displacement to facilitate the seizure of Indigenous lands, as underlined by United Nations bodies.[74] Communications by several special procedure mandate holders from between 2013 and 2025 highlight persistent sexual violence, primarily attributed to military personnel, police officers and Bengali settlers.[75] Access to justice is further undermined by the alleged manipulation of medical evidence in cases involving Bengali settlers and military personnel, weak investigations and prosecutions, fear of retaliation and pressure on victims and their families to settle cases outside the formal judicial process.[76]

59. In Kenya, the Departmental Committee on Defense, Intelligence and Foreign Affairs[77] confirmed that hundreds of Maasai and Samburu women and girls had been victims of rape, gang rape and sexual violence by the British Army Training Unit Kenya. Amnesty International noted 650 rape allegations from 1965 to 2001, with many incidents reported from the 1990s onward.[78] A number of women became pregnant from either rape or having a sexual relationship with British soldiers. The children have experienced grave difficulties in being accepted by the communities, and the single mothers have faced stigma and financial hardship. Some victims attempted to seek justice by reporting to the police, but "these cases were mysteriously dropped or 'settled' without the victims' involvement, leaving survivors without redress", confirmed the parliamentary Committee in its 2025 report.[79]

### 2. Violations perpetrated in situations of armed conflict

60. Sexual violence can be a weapon of war, when used intentionally or systematically by parties to achieve military, political, ethnic, economic or social objectives beyond the

[71] See https://memoriavirtualguatemala.org/wp-content/uploads/2021/01/sentencia_caso_sepur_zarco.pdf.
[72] CEDAW/C/JPN/CO/9, para. 27 (d).
[73] Ibid., para. 28 (d).
[74] See BGD 2/2018.
[75] See BGD 12/2013, BGD 2/2018 and BGD 5/2025.
[76] Asian Indigenous Peoples Pact, "Bangladesh: report on rape and sexual assault on two Marma sisters at Farua of Bilaichari in Rangamati", 1 February 2018, available at https://aippnet.org/bangladesh-report-on-rape-and-sexual-assault-on-two-marma-sisters-at-farua-of-bilaichari-in-rangamati/; and https://www.thedailystar.net/rape-used-as-weapon-35181.
[77] Departmental Committee on Defence, Intelligence and Foreign Relations, "Report on the inquiry into the conduct of the British Army Training Unit in Kenya (BATUK)", November 2025.
[78] Amnesty International, "Decades of impunity: serious allegations of rape of Kenyan women by UK army personnel", 2 July 2003, available at https://www.amnesty.org/es/wp-content/uploads/2021/06/eur450142003en.pdf.
[79] Departmental Committee on Defence, Intelligence and Foreign Relations, "Report on the inquiry into the conduct of the British Army Training Unit in Kenya (BATUK)".

immediate assault on individual victims. A 2024 report indicated cases verified by the United Nations of conflict-related sexual violence had increased by 50 per cent.[80] In the case of Indigenous women and girls, such violations often remain unreported, also because of Indigenous Peoples' invisibility in conflicts[81] and lack of disaggregated data.

61. In Guatemala, the Commission for Historical Clarification[82] noted that sexual violence against Indigenous women and girls during the armed conflict was systematic, widespread and closely tied to the military's counter-insurgency campaign against Maya communities.[83] Of the 1,465 cases of sexual violence registered by the Commission, 35 per cent of the victims were Maya children and 25 per cent of the victims were subsequently killed.[84] The Commission concluded that the acts were not isolated incidents or sporadic abuses but formed part of a deliberate strategy. The complete dehumanization and devaluation of women enabled members of the army to commit these abuses with total impunity, targeting them because they were Indigenous women from the civilian population.[85]

62. The Inter-American Commission on Human Rights found that, in Colombia, Indigenous women had been subjected to sexual enslavement, forced pregnancy, gang rape, sexual mutilation and killings by various actors of the internal conflict, including State officials, rebel forces and post-demobilization groups. These acts constituted a strategy to forcibly displace communities, undermine their capacity for resistance and disrupt their social cohesion.[86] In its 2022 Final Report, the Colombian Truth Commission recorded at least 32,446 victims of sexual violence, of whom 92 per cent were from rural areas,[87] which are predominantly Indigenous territories.

63. Conflict-induced displacement causes sexual and reproductive health and rights violations as Indigenous women and girls often lose access to healthcare, support systems and community protection. With regard to the Democratic Republic of the Congo, the Committee on the Elimination of Discrimination against Women noted that forced evictions of Indigenous Pygmy women from their ancestral lands, including by armed groups and militias in conflict areas, affected their culture and traditional ways of living.[88]

### 3. Illicit economic activities and organized crime

64. Violations of Indigenous women and girls' sexual and reproductive health and rights are also driven by criminal networks, organized crime and extractive industries.

65. The Amazon is reported to have become "a strategic hub for transnational organized crime and illicit economies over the past two decades".[89] Illegal mining and drug trafficking brings external workers, private security actors and criminal networks to Indigenous Peoples' territories. In such a context, "control over the bodies and lives of Indigenous women, girls, boys and adolescents has become a central mechanism of territorial domination."[90] Indigenous women living in such contexts, with limited State presence and accountability,

[80] See https://news.un.org/en/story/2024/10/1156016.

[81] Impunity Watch, "Policy brief: transformative reparations for survivors of sexual violence" (November 2018), available at https://www.impunitywatch.org/wp-content/uploads/2022/08/PB_Transformative_reparations_for_survivors_of_sexual_violence-1.pdf.

[82] See https://memoriavirtualguatemala.org/ceh-guatemala-memoria-del-silencio/#:~:text=La%20Comisi%C3%B3n%20para%20el%20Esclarecimiento%20Hist%C3%B3rico%20%28CEH%29%20fue,la%20poblaci%C3%B3n%20guatemalteca%2C%20vinculados%20con%20el%20enfrentamiento%20armado.

[83] Ibid.

[84] Ibid. paras. 2388–2391.

[85] Ibid., para. 2398.

[86] See https://www.oas.org/en/iachr/reports/pdfs/indigenouswomen.pdf, paras. 93–97.

[87] See https://www.comisiondelaverdad.co/hay-futuro-si-hay-verdad.

[88] CEDAW/C/COD/CO/8, para. 44 (d).

[89] Amazon Watch, *Amazon Under Siege: How Crime and Militarization Threaten Indigenous Peoples,* February 2026, available at https://amazonwatch.org/assets/files/2026-amazon-under-siege.pdf.

[90] Ibid.

experience, inter alia, increased insecurity, sexual violence, forced labour, human trafficking and exploitation and reduced access to traditional food systems and medicines, all of which undermine reproductive health and bodily autonomy.[91]

66. Indigenous women and girls are also dominant victims of trafficking. In its general recommendation No. 39 (2022) on the rights of Indigenous women and girls, the Committee on the Elimination of Discrimination against Women underscored that trafficking of Indigenous women and girls was related to the militarization of Indigenous territories, including by organized crime, mining and logging operations and drug.[92]

67. Reportedly, in western Canada, Indigenous women constitute less than 5 per cent of the population, but between 50 and 90 per cent of the victims of trafficking.[93] Another study conducted on various sites in Canada and the United States indicated that "up to 40% of sex trafficking survivors were Native American or First Nations women" although Indigenous Peoples constituted less than 10 per cent of the population in these sites.[94]

68. In 2007, in Lote Ocho in Guatemala, soldiers, private security contractors and workers associated with the Canadian mining company Hudbay Minerals, gang raped 11 Mayan Q'eqchi' women as part of forced evictions.[95] The women sought justice in the Canadian courts in 2012, claiming that the Canadian mining company was negligent, as it was aware that the private security of the mining project was entrusted to a company that did not have the legal authorization to operate and that the private security chiefs were involved with criminal structures, arms trafficking and drug trafficking networks. The Ontario provincial court determined that the Canadian parent mining company could be tried in Canada for its legal responsibility for acts of human rights violations caused by its subsidiary abroad, because of the concept of extraterritorial obligations of States vis-à-vis human rights.[96]

### 4. Conservation

69. There are also growing cases of violations of the sexual and reproductive health and rights of Indigenous women and girls driven by conservation initiatives. In East Africa, the forced relocation of Maasai pastoralists from their ancestral territories, the use of force by game rangers and protected areas guards have led to sexual exploitation, forced prostitution and sexual violence.[97] Furthermore, the forced relocation and sedentarization of the Maasai and other Indigenous Peoples has severed the traditional knowledge networks supporting

[91] Ibid.

[92] Committee on the Elimination of Discrimination against Women, general recommendation No. 39 (2022), para. 37.

[93] Legal Aid, University of Saskatchewan, "Systemic factor: sexual exploitation and human trafficking", April 2024, available at https://gladue.drc.usask.ca/sites/gladue.drc.usask.ca/files/2024-04/Systemic%20Factor_Sexual%20Exploitation%20and%20Human%20Trafficking.pdf.

[94] Mary Nikkel, "Human trafficking in Native Americans and Indigenous communities", The Exodus Road, 20 July 2022, available at https://theexodusroad.com/human-trafficking-in-native-american-communities/.

[95] Submission by The International Indian Treaty Council; and https://www.business-humanrights.org/en/latest-news/documents-filed-affidavit-against-hudbay-minerals-lote-ocho-case-show-how-collusion-between-business-and-state-works/. See also Simon Granovsky-Larsen and Rebecca Jane Hall, "Sexual violence and extraction: interrogating mining executive discourses of corporate social responsibility, violence, and impunity", *The Extractive Industries and Society*, vol. 26 (2026).

[96] Open Global Rights, "The case of 'Lote Ocho': Indigenous women hold corporations accountable for violence", 8 July 2020, available at https://www.openglobalrights.org/lote-ocho-indigenous-women-corporate-accountability-guatemala-canada/.

[97] Bobby Bascomb, "Maasai women struggle to survive amid forced evictions in conservation area", Mongabay, 13 September 2024, available at https://news.mongabay.com/2024/09/maasai-women-struggle-to-survive-amid-forced-evictions-in-conservation-area/.

birthing and reproductive care and has forced some Maasai women to resort to prostitution to support themselves and their families.[98] Forced evictions have also contributed to an increase in HIV infections among Indigenous communities.[99]

70. In the Congo, park rangers working for African Parks, a South African-based conservation organization,[100] are reported to have perpetrated rape against Baka Indigenous women in order to prevent the Indigenous Peoples from acquiring access to their ancestral forest.[101] The African Parks has formally acknowledged the abuses but no reparation action has been taken.[102]

## B. State responses to violations and emerging good practices

71. The United Nations women and peace and security agenda, established under Security Council resolution 1325 (2000), recognizes the disproportionate impact of armed conflict on women and girls and affirms their right to participate fully in conflict prevention, peace processes, peacebuilding and recovery. In subsequent resolutions,[103] the Council recognized that rape, sexual slavery, forced pregnancy, forced marriage and other forms of conflict-related sexual violence might constitute war crimes, crimes against humanity or acts of genocide and has called for accountability, survivor-centred responses, access to health and psychosocial services and effective remedies.

72. The inter-American human rights system has taken on cases pertaining to sexual violence against Indigenous women. In *Fernández Ortega v. Mexico*[104] and *Rosendo Cantú v. Mexico*,[105] the Inter-American Court of Human Rights held Mexico responsible for the rape of two Indigenous Me'phaa women by military personnel and for failing to investigate the crimes effectively.

73. In Africa, article 11 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa obliges States Parties to protect women in armed conflict and to ensure that rape and other sexual violence are prosecuted as war crimes, genocide or crimes against humanity.

74. States' responses to violations of sexual and reproductive health and rights of Indigenous women and girls in contexts of militarization, armed conflicts, illicit economies and organized crime remain uneven, fragmented and frequently inadequate. While some States have introduced legal reforms, reparations initiatives or institutional mechanisms, many continue to deny responsibility, perpetuate impunity or fail to ensure meaningful access to justice and healthcare.

75. In 2003, Guatemala established the National Reparations Programme to provide financial compensation, material restitution, psychosocial reparations and rehabilitation, dignification measures and cultural restitution for the victims of the armed conflict. However, the Programme did not include a gender focus or specific reparations for victims of sexual violence. Until 2023, the Programme had only given some reparatory measures to 16.5 per cent of the total 200,000 victims.[106]

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[98] See https://jpia.princeton.edu/news/robbing-reproductive-autonomy-forced-sterilizations-americas-and-inter-american-human-rights.

[99] Ibid.

[100] See https://www.europarl.europa.eu/doceo/document/E-9-2024-000759_EN.html.

[101] Ibid.

[102] African Parks, "African Parks' response to conclusion of independent human rights investigation in Odzala-Kokoua National Park", press release, 8 May 2025, available at https://www.africanparks.org/african-parks-response-conclusion-independent-human-rights-investigation-odzala-kokoua-national.

[103] Security Council resolutions 1820 (2008), 1888 (2009), 1960 (2010), 2106 (2013) and 2467 (2019).

[104] Inter-American Court of Human Rights, *Fernández Ortega et al. v. Mexico*, Case No. 540-04, Judgment, 10 August 2010.

[105] Inter-American Court of Human Rights, *Rosendo Cantú et al. v. Mexico*, Case No. 12.579, Judgment, 31 August 2010.

[106] See https://www.impunitywatch.org/wp-content/uploads/2023/12/20-Years-of-the-PNR-Impact-of-

76. Some Indigenous survivors have therefore sought accountability for conflict-related sexual violence through the justice system. In 2011, 15 survivors of the atrocities perpetrated at the Sepur Zarco military base filed a criminal complaint. In 2016, a Guatemalan court convicted two former military officers for crimes against humanity and awarded compensation to victims.[107] In a similar case, Indigenous Maya Achi women brought legal action against paramilitary groups, accusing them of systematic rape, sexual slavery and crimes against humanity committed during the armed conflict. Their efforts led to convictions of paramilitary personnel.[108] This was the first time that a national court had prosecuted wartime sexual slavery as a crime against humanity and placed the experiences of Indigenous women at the centre of transitional justice proceedings. The convictions in 2022[109] and 2025[110] consolidate jurisprudence that State-backed, conflict-related sexual violence against Indigenous women constitutes a crime against humanity and is not an isolated by-product of war.

77. The 2016 Peace Agreement in Colombia specifically stipulates that crimes involving sexual violence cannot be granted amnesty or pardons. The Agreement also established special investigation mechanisms and reparations measures for victims of sexual violence, including Indigenous women.[111] In 2023, the Special Jurisdiction for Peace opened an investigation into gender-based violence, sexual and reproductive violence and violence against LGBTIQ+ persons during the armed conflict.[112] The Investigation and Prosecution Unit of the Special Jurisdiction for Peace has adopted guidelines for the application of an ethnic-racial approach for the participation of victims and has established specialized mechanisms to facilitate engagement with and support victims for sexual violence.[113]

78. Despite these encouraging examples, many victims in several States have not received justice, and survivors and witnesses have faced threats and intimidation, which may dissuade other survivors from seeking justice through the courts.[114]

# V. Structural discrimination and environmental contamination

## A. Contemporary forms of violations

### 1. Discrimination in healthcare systems

79. In healthcare systems, Indigenous women routinely face racism, coercion, denial of culturally appropriate care and the dismissal of their knowledge and pain. These experiences result in delayed care, reduced access to contraception or maternal services and heightened vulnerability to abuse. Structural discrimination is also reflected in the absence of Indigenous sexual and reproductive health and rights policies, inadequate funding for Indigenous health programmes,[115] limited monitoring of obstetric violence, limited access to sexual and

the-National-Reparation-Program-for-the-victims-of-the-armed-conflict-in-Guatemala-Impunity-Watch-Dec2023.pdf.

107 Ibid.

108 Mujeres Achi, “Sentence in the Maya Achi women’s case, summary, Guatemala 2022”, available at https://www.nap1325.nl/assets/PDF/Guatemala_Maya_Achi_women_case_Summary_EN.pdf.

109 Ibid.

110 Mujeres Achi, “Sentence of the second trial, Achi women’s case, Guatemala 2025”, available at https://www.impunitywatch.org/wp-content/uploads/2025/10/Bulletin-Guatemala-Second-trial-Maya-Achi-case-2025-Impunity-Watch-English.pdf?utm_source=chatgpt.com.

111 Special Jurisdiction for Peace, Final Agreement for the Termination of the Conflict and the Construction of a Stable and Lasting Peace*, Government of Colombia and the Revolutionary Armed Forces of Colombia–People’s Army* (FARC-EP), November 2016.

112 Special Jurisdiction for Peace, Gender-Based Violence, Sexual Violence, Reproductive Violence, and Other Crimes Committed on the Basis of Prejudice Related to Sexual Orientation.

113 Special Jurisdiction for Peace. Manual for the Participation of Victims before the Special Jurisdiction for Peace, 2024.

114 See https://www.cmi.no/publications/file/9289-conflict-related-sexual-violence-crsv-and-transitional-justice-in-guatemala.pdf.

115 Submission by the National Indigenous Women Forum.

reproductive health information and education,[116] the geographical inaccessibility of health services, shortages of essential supplies such as contraceptives, the criminalization of abortion and poor quality care.[117] These barriers contribute to the disproportionately high maternal mortality, elevated rates of adolescent pregnancy, low voluntary contraceptive use and higher prevalence of sexually transmitted infections, including HIV/AIDS, among Indigenous women and girls.[118]

80. In many Congo Basin countries, Indigenous women are often labelled unclean by nurses, leading many to avoid reproductive health services and deliver at home. As a result, they are excluded from national health statistics,[119] limiting efforts to address reproductive health inequalities. Maasai women in Kenya are twice as likely to not receive antenatal care, while San women in Namibia are 10 times more likely to give birth without skilled professionals present.[120]

81. Across Asia, health services in Indigenous territories are frequently underfunded, lack adequate staff and are often overlooked by policymakers. Cases of obstetric violence and violations of reproductive rights frequently go undocumented and unpunished.[121]

82. In Latin American countries, Indigenous women face similar challenges of racism and discrimination in health systems and medical interventions without their free, prior and informed consent.[122] Indigenous women and girls are disproportionately at risk of gender-based violence and rape, but Latin America still counts six States that criminalize abortion under all circumstances.[123]

83. In Ecuador, 40.8 per cent of Indigenous women report gynaecological-obstetric violence linked to ethnic discrimination. In Honduras, Indigenous women are discouraged from seeking care due to imposed birthing positions and the rejection of traditional practices. In Peru, racism in the health system results in verbal mistreatment, ridicule and invasive procedures for Indigenous women and girls. In Costa Rica, there have been complaints over the lack of inclusion of Indigenous birthing traditions.[124]

84. In Peru, Indigenous and Quechua-speaking women face disproportionate barriers due to their ethnicity, language and socioeconomic status, further limiting their access to respectful sexual and reproductive healthcare.[125] Even when Indigenous women file a criminal complaint regarding the mistreatment and neglect during and after childbirth, the cases often end in an acquittal, with a ruling steeped in stereotypes regarding gender and ethnic origin.[126]

85. In the United States, there is limited availability of culturally sensitive and respectful maternal healthcare, including midwifery care for Indigenous communities.[127] Indigenous women and girls have limited access to adequate healthcare services, including sexual and

[116] Committee on the Elimination of Discrimination against Women, general recommendation No. 39 (2022), para. 51; A/HRC/30/41, para. 33; and Committee on the Elimination of Racial Discrimination, general recommendation No. 37 (2024) on equality and freedom from racial discrimination in the enjoyment of the right to health, para. 12.

[117] A/HRC/30/41, para. 33.

[118] Submission by Center for Reproductive Rights, ILGA World and Women Deliver.

[119] Submission by UNFPA.

[120] See https://knowledge.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2018/Fact-sheet-Indigenous-womens-maternal-health-and-mortality-en.pdf.

[121] Submission by the National Indigenous Women Forum.

[122] Submission by Mujeres Colibri.

[123] The six countries where abortion is completely illegal are: the Dominican Republic, El Salvador, Haiti, Honduras, Nicaragua and Suriname. See https://reproductiverights.org/maps/world-abortion-laws/.

[124] Submission by UNFPA.

[125] See PER 2/2026.

[126] Ibid

[127] See CERD/C/USA/CO/10-12.

reproductive health services and information, and face racial and gender-based discrimination in health systems.[128]

86. In Australia, Indigenous women are imprisoned at over 20 times the rate of non-Indigenous women and represent the fastest growing prison population,[129] without relevant healthcare available to them, which is, inter alia, considered by Aboriginal women in Australia as contemporary reproductive injustice. In Finland and Sweden, no dedicated healthcare service and shelters have been set up for Sámi victims of gender-based violence in the regions that are home to the majority of the Sámi population.[130]

### 2. Environmental pollution

87. Environmental pollution is a significant cause of violations of the sexual and reproductive health and rights of Indigenous women and girls. Their disproportionate exposure to pollution is reflective of broader issues relating to structural discrimination, poverty, limited access to healthcare and decision-making processes and the concentration of polluting activities on or near Indigenous territories. For Indigenous Peoples, harm to their lands and harm to their bodies are deeply connected.[131] In a recent report, the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes concluded that every aspect of Indigenous Peoples' lives was affected by the contamination of their bodies, lands, waters, food, wildlife and plants.[132]

88. For Indigenous women, exposure to harmful substances leads to increased rates of infertility, miscarriage, pregnancy complications, cancers and health impacts that can affect future generations.[133] For example, even low levels of mercury, cadmium, lead and arsenic can seriously harm reproductive health and infant development,[134] and "pregnant women who are exposed to pesticides are at higher risk of miscarriage, preterm delivery and birth."[135]

89. In the United States, women from the Shoalwater Bay Indian Tribe reportedly have increased rates of miscarriages and have raised concerns about exposure to endocrine-disrupting chemicals from pesticides and herbicides sprayed on nearby cranberry plantations.[136]

90. Similarly, Indigenous Peoples near uranium mines in Mongolia have expressed concerns over uranium contamination, including congenital malformations and deformities.[137]

91. In Mexico, the Yaqui People underlined the risk of aerial fumigation "on the basis of documented impacts on reproductive and intergenerational health, including birth defects, leukaemia and other childhood cancers".[138] A study conducted by the International Pollutants Elimination Network in Nicaragua and Peru revealed that 88 to 99 per cent of Indigenous women of childbearing age residing near gold mining regions had mercury concentrations in their bodies above established safety limits, primarily due to consumption of contaminated fish.[139]

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[128] Committee on the Elimination of Discrimination against Women, general recommendation No. 39 (2022).

[129] See https://www.ohchr.org/sites/default/files/statements/20251212-eom-stm-australia-wg-arbitrary-detention-en.pdf.

[130] Submission by the Council of Europe Group of Experts on Action against Violence against Women and Domestic Violence.

[131] Submission by the Co-Secretariat Indigenous World Forum on Water and Peace.

[132] See A/77/183.

[133] Ibid.

[134] See https://e-lactancia.org/media/papers/Mercury-WHO2017.pdf.

[135] See A/HRC/34/48.

[136] A/77/183, para. 86.

[137] Ibid., para. 22.

[138] Ibid., para. 43.

[139] See https://ipen.org/indigenous-women-peru-and-nicaragua-face-mercury-contamination-small-scale-gold-mining/.

92. In Nigeria, the Niger Delta oil exploitation caused severe pollution in the Ogoni People's territories, food systems and water sources. An environmental assessment by the United Nations Environment Programme revealed that drinking water in some communities contained benzene at levels 900 times higher than the limits recommended by the World Health Organization.[140] More than 56 per cent of women in parts of the Niger Delta have reported reproductive health problems, including early menopause, stillbirths and infant mortality, which are linked to oil pollution.[141]

93. In the Philippines, Indigenous women are heavily involved in mercury-based gold extraction, often handling toxic chemicals directly.[142] The Pesticide Action Network Asia-Pacific has documented that Indigenous women experience chronic and acute pesticide poisoning, resulting in widespread, but underreported, reproductive health impacts affecting future generations.[143]

## B. States' responses to the violations and emerging good practices

94. State responses to structural discrimination affecting Indigenous women's sexual and reproductive health and rights remain uneven. In many countries, Indigenous women continue to face barriers to culturally appropriate healthcare, inadequate collection of disaggregated data, limited recognition of Indigenous knowledge systems and insufficient protection from environmental harms. Access to effective remedies, environmental remediation and accountability mechanisms also remains limited. Nevertheless, across the globe, there are emerging practices to address structural discrimination affecting the sexual and reproductive health and rights of Indigenous women and girls.

95. The comprehensive family, community and intercultural health care model used in Ecuador actively integrates Indigenous knowledge and the use of midwives, through culturally adapted maternal health services.[144] In the Plurinational State of Bolivia, public delivery rooms have been adapted to respect traditional birthing positions and spiritual practices.[145] In Brazil, the Indigenous Healthcare Subsystem has developed intercultural protocols intended to ensure respect for Indigenous health practices and improve access to care for Indigenous communities.[146]

96. In New Zealand, Iwi providers, Māori health non-governmental organizations and Māori midwifery collectives deliver culturally grounded services, including antenatal and postnatal care, contraception counselling, *rongoā* (traditional healing) and *whānau* (community)-centred sexual health education. These services embody *Te Whare Tapa Whā* (Māori health and well-being model) and other Māori health models, integrating the physical, spiritual, mental and *whānau* dimensions.[147] Māori women are actively addressing reproductive freedoms by reclaiming *mātauranga* Māori (traditional knowledge), advocating

[140] See https://www.unep.org/news-and-stories/story/unep-ogoniland-oil-assessment-reveals-extent-environmental-contamination-and.

[141] See https://nigerianobservernews.com/2024/06/how-pollution-affects-reproductive-health-of-over-56-of-bayelsa-women-expert/.

[142] See https://www.context.news/socioeconomic-inclusion/toxic-deadly-cheap-life-for-women-gold-miners-in-philippines.

[143] See https://panap.net/2023/03/women-in-agroecology-towards-pesticides-free-communities/.

[144] See https://www.ministeriodegobierno.gob.ec/wp-content/uploads/2023/06/147.-Informe-tecnico-Necesidad-de-actualizacion-del-modelo-de-atencion.pdf?utm_source=chatgpt.com.

[145] United Nations Population Fund, "The culture of childbirth in Bolivia: reproductive health and interculturality", 2009.

[146] See https://www.gov.br/en/government-of-brazil/latest-news/2022/brazil-has-a-dedicated-structure-for-promoting-indigenous-health.

[147] Submission by UNFPA. See also https://brasil.un.org/pt-br/282256-compromisso-com-sa%C3%BAde-ind%C3%ADgena-forma%C3%A7%C3%A3o-organizada-pelo-unfpa-e-sesai-re%C3%BAne-os-34-distritos; and Te Kāhui Tika Tangata Human Rights Commission (New Zealand), "Shadow report to CERD", 20 October 2025.

for reproductive justice and demanding culturally safe healthcare. This approach emphasizes *mana motuhake* (autonomy and self-determination) over their bodies and reproductive health, ensuring that services are accessible and respectful of *tikanga* (customs).[148]

97. In Australia, initiatives under the Birthing on Country model seek to restore Indigenous leadership in maternity care by integrating cultural practices, continuity of care, family participation and connection to Country. Developed in partnership with Aboriginal and Torres Strait Islander communities, these initiatives have demonstrated improvements in cultural safety, service engagement and maternal and infant health outcomes.[149] Moreover, the national preterm birth prevention programme and the national stillbirth action and implementation plan foster partnerships with First Nations to reduce inequities.[150]

98. There are also Indigenous-led solutions. The Casas de la Mujer Indígena in Mexico provide culturally appropriate, gender-responsive and human rights-based services delivered by Indigenous and Afro-Mexican women. Activities focus on the promotion of women's rights, the prevention of violence against women and the protection and advancement of sexual and reproductive health and rights.[151] In 2026, Colombia became the first country in Latin America to adopt legislation prohibiting female genital mutilation and establishing comprehensive measures for its prevention and eradication, largely driven by sustained advocacy from Indigenous women. The law also acknowledges significant gaps in data and underreporting and therefore stipulates the strengthening of national monitoring and information systems, with mechanisms such as the national public health surveillance system SIVIGILA, in Colombia, which systematically collects data on health, including violence, serving as key tools to support improved reporting, early warning and public health responses.[152]

99. Despite growing evidence linking environmental contamination to violations of the sexual and reproductive health and rights of Indigenous women and girls, State responses remain insufficient and fail to address the interconnected and structural nature of the violations. Regulatory frameworks often fail to provide adequate protection. The principle of free, prior and informed consent is inconsistently applied, and affected communities rarely have access to effective remedies or environmental remediation.

100. In Brazil, particularly in the Amazon region, the Ministry of Health has strengthened environmental health surveillance through systems such as the Notifiable Diseases Information System, which is used to monitor mercury exposure associated with mining activities, including in Indigenous territories.[153]

101. In Peru, government-supported and research-driven initiatives have been focused on monitoring, in collaboration with Indigenous Peoples, exposure to heavy metals, particularly arsenic, cadmium and mercury, in Indigenous communities affected by oil extraction in the Amazon.[154]

# VI. Conclusions and recommendations

102. **Violations of Indigenous women's sexual and reproductive health and rights are not isolated incidents, nor are they confined to the past. Across all regions, Indigenous**

[148] See https://anzswjournal.nz/anzsw/article/view/1135.

[149] Australian Health Ministers' Advisory Council, "Guiding principles for developing a birthing on country service model and evaluation framework", 2016.

[150] Submission by Australia.

[151] See https://www.gob.mx/inpi/acciones-y-programas/mas-informacion-casas-de-la-mujer-indigena-cami-de-continuidad.

[152] Submission by Sisters Inside.

[153] See https://www.fiotec.fiocruz.br/en/news/9114-fiocruz-presents-the-results-of-the-study-impact-of-mercury-on-protected-areas-and-peoples-of-the-amazon.

[154] See https://www.isglobal.org/en/-/niveles-altos-metales-orina-poblacion-indigena-amazonia-peruana-areas-extraccion-petroleo.

**women and girls continue to experience disproportionate levels of sexual and gender-based violence, reproductive coercion, barriers to culturally appropriate healthcare and exclusion from decisions affecting their lives and communities.**

103. **Violations of Indigenous women's sexual and reproductive health and rights have often served broader objectives of controlling Indigenous Peoples, their lands, resources, identities and futures. As a result, the harms extend beyond individual victims and affect families, communities and the collective survival, cultural continuity and self-determination of Indigenous Peoples.**

104. **While some States have taken steps towards acknowledgement, truth-seeking and redress, progress remains uneven and many violations remain insufficiently documented, investigated and remedied. Indigenous women continue to call for truth, justice, reparations and guarantees of non-repetition, including measures that address both historical harms and the contemporary structures that perpetuate them.**

105. **Protecting the sexual and reproductive health and rights of Indigenous women requires the recognition of Indigenous Peoples' rights to self-determination, lands, territories and resources, the meaningful participation of Indigenous women in all decision-making processes that affect them, respect for Indigenous knowledge systems and sustained efforts to eliminate the discrimination, violence and inequalities that continue to threaten Indigenous women and girls, their communities and future generations.**

106. **States should:**

(a) **Acknowledge and address the historical and ongoing violations of the sexual and reproductive health and rights of Indigenous women and girls, including those arising from colonization, conflict, militarization, environmental contamination, discriminatory policies and harmful practices, and establish independent, impartial and culturally appropriate mechanisms to investigate violations, ensure access to justice, prosecute perpetrators, combat impunity and provide effective remedies to survivors and their communities;**

(b) **Provide survivors, families and affected communities with adequate, effective and gender-responsive reparations, including restitution, compensation, rehabilitation, psychosocial support, culturally appropriate healthcare, community-based healing initiatives and guarantees of non-repetition. Reparations programmes should be developed in partnership with Indigenous women and recognize intergenerational and collective harms;**

(c) **Ensure that all laws, policies, development projects, extractive activities, conservation initiatives, security operations and other measures affecting Indigenous Peoples are implemented with the full, effective and meaningful participation of Indigenous women and in accordance with the right to free, prior and informed consent, protect Indigenous lands, territories and resources and prevent forced displacement;**

(d) **Adopt and enforce measures to prevent and respond to all forms of gender-based violence, including sexual violence, trafficking, reproductive coercion, obstetric violence and violence linked to conflict, militarization, extractive industries, organized crime and harmful stereotypes and ensure survivor-centred, culturally appropriate protection, support and justice mechanisms;**

(e) **Ensure universal access to quality, affordable, accessible and culturally adequate sexual and reproductive health services, information and education and institutionalize intercultural health systems that recognize and support Indigenous midwives, healers, traditional knowledge and Indigenous models of care, while ensuring free and informed consent in all medical interventions;**

(f) **Prevent and remedy environmental contamination that affects the reproductive health and rights of Indigenous women and girls, strengthen the regulation and oversight of public and private actors, ensure environmental remediation, provide specialized healthcare for affected Indigenous communities and establish effective mechanisms for corporate accountability;**

(g) **Collect and publish disaggregated data, in partnership with Indigenous Peoples and consistent with Indigenous data sovereignty, to identify and address inequalities affecting Indigenous women and girls, establish independent monitoring and oversight mechanisms and ensure adequate, sustained funding for Indigenous-led institutions, services and initiatives working on the sexual and reproductive health and rights of Indigenous women;**

(h) **Recognize, protect and support the leadership of Indigenous women, including human rights defenders, knowledge holders, health practitioners and community leaders and ensure their full and effective participation in decision-making processes at the local, national, regional and international levels concerning their rights, health, well-being and futures.**