ASHOKA MODEL UNITED NATIONS 2026

FIFTH WORLD CONFERENCE ON WOMEN

AGENDA

Drafting and Ratification of a Convention to Protect Female Bodily Autonomy from Gender-Based Violence and Harmful Practices Justified under Cultural Pretexts

---

TABLE OF CONTENTS

4. Major Forms of Harmful Practices

- Child / Forced Marriage
- Female Genital Mutilation
- So-called “Honour”-Based Violence
- Virginity Testing
- Coercive Reproductive Practices
- Forced Sterilisation
- Other Practices Affecting Bodily Integrity

5. The Central Conflict

- Bodily Autonomy vs Cultural Rights
- Universal Rights vs State Sovereignty
- Criminalisation vs Community Engagement
- Prevention vs Punishment
- Adult Consent vs Child Protection
- International Standards vs Local Implementation

6. Drafting the Convention

- Scope
- Definitions
- State Obligations
- Prevention
- Criminalisation
- Survivor Protection
- Healthcare
- Education
- Data
- Cross-Border Cooperation
- Accountability
- Reservations
- Monitoring Mechanism
- Financing

7. Bloc Positions

8. Questions the Convention Must Answer

9. Delegate Research Checklist

10. Official Resource Bank

11. Bibliography

---

1. INTRODUCTION TO THE CONFERENCE

The international community has developed extensive frameworks addressing discrimination and violence against women, but there is no single comprehensive treaty specifically dedicated to **protecting women's and girls' bodily autonomy from gender-based violence and harmful practices**.

That is the gap this committee is being asked to confront.

Existing international law already provides substantial foundations.

The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** establishes obligations concerning discrimination against women, while the CEDAW Committee's General Recommendation No. 35 recognises gender-based violence as a form of discrimination requiring comprehensive state responses.

The challenge before WCW5 is therefore not:

> **“Does international law recognise women's rights?”**

It does.

The challenge is:

> **“Should the international community consolidate and strengthen these protections through a dedicated convention focused specifically on bodily autonomy and harmful practices?”**

---

2. WHAT IS BODILY AUTONOMY?

THE CORE CONCEPT

Bodily autonomy refers broadly to a person's ability to make decisions concerning their own body and physical integrity **free from violence, coercion and discrimination**.

For this agenda, it is particularly relevant to:

- physical integrity;
- sexual autonomy;
- reproductive decision-making;
- freedom from forced procedures;
- freedom from violence;
- informed consent;
- and access to appropriate healthcare.

DELEGATE SHORTCUT

Bodily autonomy is **not simply a healthcare issue**.

It intersects with:

Human Rights

↓

Gender Equality

↓

Healthcare

↓

Criminal Law

↓

Child Protection

↓

Culture

↓

State Sovereignty

---

3. WHAT IS GENDER-BASED VIOLENCE?

CEDAW General Recommendation No. 35 uses **“gender-based violence against women”** as a more precise term because it emphasises the gendered causes and impacts of violence.

The Committee describes such violence as a social rather than merely individual problem, requiring comprehensive responses rather than responses limited to individual incidents.

It can include violence that is:

- physical;
- sexual;
- psychological;
- economic;
- domestic;
- institutional;
- and, increasingly, technology-facilitated.

KEY PRINCIPLE

> Gender-based violence is not merely a collection of isolated crimes; it can be rooted in structures and norms that perpetuate inequality.

---

4. WHAT ARE HARMFUL PRACTICES?

The joint CEDAW–CRC framework defines harmful practices as persistent practices or behaviours grounded in discrimination, including discrimination based on sex, gender or age, which often involve violence and cause physical or psychological harm.

The framework recognises that harmful practices can affect:

- dignity;
- physical integrity;
- psychological well-being;
- health;
- education;
- participation;
- and social and economic status.

IMPORTANT

The convention should **not create a vague definition of “harmful culture.”**

It should identify **objective criteria** for determining when a practice violates protected rights.

---

5. THE CULTURAL PRETEXT QUESTION

This is probably the **most politically explosive part of your agenda**.

Some practices affecting women and girls may be defended by individuals, communities or political authorities on grounds including:

- tradition;
- religion;
- cultural identity;
- family honour;
- community expectations;
- or social cohesion.

The convention therefore has to confront a difficult question:

> **Can culture or tradition justify a practice that violates an individual's fundamental rights?**

The human-rights framework generally rejects discrimination and violence being justified solely by cultural tradition.

But that does **not** mean the international community can simply dismiss culture.

A workable convention must distinguish between:

RESPECTING CULTURAL DIVERSITY

and

USING CULTURE AS A JUSTIFICATION FOR HARM

---

6. THE CONSENT QUESTION

Consent must be central to the convention.

A practice may be described as:

> “traditional”

or

“socially accepted”

without the individual actually having meaningful freedom to refuse it.

The convention therefore needs to distinguish:

VOLUNTARY CHOICE

from

COERCED COMPLIANCE

This becomes especially important when dealing with:

- children;
- dependent persons;
- individuals facing family pressure;
- individuals facing community sanctions;
- and people unable to safely refuse.

---

7. MAJOR HARMFUL PRACTICES

A. FEMALE GENITAL MUTILATION

WHO defines female genital mutilation as the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons.

WHO states that it has **no health benefits** and can produce short- and long-term physical and psychological consequences.

WHO also identifies social pressure and community expectations as factors that can perpetuate the practice.

CONVENTION QUESTION

Should states be required to:

- criminalise FGM;
- prevent medicalisation;

- protect girls at risk;
- provide healthcare;
- educate communities;
- and prosecute perpetrators?

B. CHILD AND FORCED MARRIAGE

Child and forced marriage raise questions surrounding:

- free and full consent;
- age;
- education;
- reproductive autonomy;
- economic dependence;
- and protection from violence.

The convention should distinguish **child marriage** from situations involving adults who freely choose marriage.

It should also address circumstances where apparent consent is compromised by:

- threats;
- coercion;
- economic dependence;
- family pressure;
- or abuse of authority.

C. “HONOUR”-BASED VIOLENCE

Violence may sometimes be justified by perpetrators through claims of:

- family honour;
- community reputation;
- perceived sexual behaviour;
- marriage choices;
- or social expectations.

CORE PRINCIPLE

The convention should ensure that **“honour” does not become a defence for violence.**

But it must also address the underlying social structures that produce such violence rather than focusing exclusively on punishment.

D. VIRGINITY TESTING

Practices intended to determine or demonstrate whether a woman or girl has had sexual intercourse raise questions of:

- bodily integrity;
- dignity;
- privacy;
- consent;
- and discrimination.

A convention should consider whether such practices should be prohibited and what obligations should apply to institutions or practitioners facilitating them.

E. COERCIVE REPRODUCTIVE PRACTICES

Bodily autonomy also encompasses reproductive decision-making.

Potential concerns include:

- forced pregnancy;
- forced sterilisation;
- coercive contraception;
- denial of reproductive healthcare;
- and reproductive decisions imposed without meaningful consent.

THE PRINCIPLE

> Decisions concerning a person's reproductive health must respect informed and voluntary decision-making.

8. THE EXISTING INTERNATIONAL FRAMEWORK

RULEBOOK AT A GLANCE

INSTRUMENT	ROLE
CEDAW	Core international treaty addressing discrimination against women
CEDAW GR 35	Comprehensive guidance on gender-based violence
CEDAW/CRC GR 31 + GC 18	Specific framework on harmful practices
CRC	Protection of children from harmful practices
Beijing Platform for Action	Global policy framework on women's rights
UDHR	Foundational human-rights principles
ICCPR	Civil and political rights
ICESCR	Economic, social and cultural rights
SDG 5	Gender equality and empowerment
WHO guidance	Public-health evidence and prevention

9. CEDAW

CEDAW is the most important existing treaty for this agenda.

It establishes a framework for eliminating discrimination against women.

But the convention proposed by WCW5 should **not simply copy CEDAW**.

The delegates need to ask:

What specific legal gap remains?

Potential answers include:

- fragmented treatment of harmful practices;
- inconsistent definitions;
- uneven national criminalisation;
- weak cross-border cooperation;
- insufficient survivor services;
- limited implementation;
- and inadequate monitoring.

---

10. CEDAW GENERAL RECOMMENDATION NO. 35

General Recommendation No. 35 updates General Recommendation No. 19 and specifically addresses gender-based violence against women.

It emphasises:

- prevention;
- protection;
- prosecution;
- punishment;
- reparations;
- institutional responsibility;
- and addressing discriminatory structures.

DELEGATE SHORTCUT

If you're drafting a clause on GBV:

Don't invent the entire framework from scratch.

Start by understanding **CEDAW GR 35**.

---

11. CEDAW + CRC JOINT FRAMEWORK ON HARMFUL PRACTICES

The joint General Recommendation No. 31 / General Comment No. 18 is particularly relevant because it addresses harmful practices affecting **women, girls and children**.

It recognises that harmful practices can intersect with multiple forms of discrimination and produce long-term consequences beyond immediate physical harm.

This is especially important for:

> **Child marriage + FGM + other practices imposed during childhood.**

---

12. THE CONVENTION'S CENTRAL PRINCIPLE

The draft convention could be built around a principle such as:

> **Every woman and girl has the right to bodily integrity and autonomy and to be free from gender-based violence, coercion and harmful practices.**

But the **exact wording** is where your committee should negotiate.

Questions immediately arise:

- Does the right apply equally to adults and children?
- How is consent defined?
- What constitutes coercion?
- How are cultural claims addressed?
- What exceptions, if any, exist?
- Who decides whether a practice is harmful?

---

13. STATE OBLIGATIONS

A strong convention should probably divide obligations into four categories.

RESPECT

States must not themselves violate bodily autonomy.

PROTECT

States must protect individuals from violations by private actors.

PREVENT

States must address social and institutional conditions that facilitate harmful practices.

REMEDY

Survivors must have access to justice, healthcare, protection and appropriate remedies.

DELEGATE SHORTCUT

Think:

State → Don't Harm

State → Protect

State → Prevent

State → Remedy

---

14. CRIMINALISATION

This will be a major negotiation point.

Should every harmful practice be criminalised?

ARGUMENT FOR

Criminal law:

- establishes clear boundaries;
- deters perpetrators;
- provides victims with legal remedies;
- and demonstrates that cultural justification cannot excuse violence.

ARGUMENT AGAINST OVER-CRIMINALISATION

Criminalisation alone can:

- drive practices underground;
- discourage survivors from reporting;
- alienate communities;
- and fail to address underlying social norms.

POSSIBLE COMPROMISE

A convention could require:

criminalisation + prevention + education + survivor services + community engagement.

---

15. PREVENTION

The convention should not become purely punitive.

Possible prevention mechanisms include:

EDUCATION

Rights-based education and awareness.

HEALTHCARE

Training healthcare professionals to identify and respond to harmful practices.

COMMUNITY ENGAGEMENT

Working with community leaders and civil society.

ECONOMIC EMPOWERMENT

Reducing economic vulnerabilities that can reinforce harmful practices.

GIRLS' EDUCATION

Keeping girls in school and strengthening access to information.

---

16. SURVIVOR-CENTRED PROTECTION

The convention should establish standards for survivors' access to:

- medical care;
- psychological support;
- legal assistance;
- shelters where appropriate;
- confidential reporting;
- protection from retaliation;
- and compensation or other remedies.

Recent CEDAW recommendations have repeatedly emphasised accessible support services, shelters, psychosocial counselling, legal assistance and effective investigation and prosecution.

---

17. HEALTHCARE

Healthcare systems can play a critical role in both:

PREVENTION

and

RESPONSE

States could be required to establish:

- trained healthcare professionals;
- confidential services;
- referral mechanisms;
- survivor-centred treatment;
- and reporting protocols consistent with privacy and safety.

IMPORTANT DEBATE

Should healthcare workers have mandatory reporting duties?

Or could mandatory reporting sometimes discourage survivors from seeking care?

That is exactly the kind of implementation question delegates should be debating.

---

18. MEDICALISATION

One particularly important issue is the possibility of harmful practices being carried out in medical settings.

WHO explicitly opposes the medicalisation of FGM and urges healthcare workers not to perform it.

QUESTION FOR THE CONVENTION

Should states:

- prohibit healthcare professionals from performing harmful practices;
- impose professional sanctions;
- establish reporting mechanisms;
- and incorporate prevention into medical education?

---

19. CULTURE AND SOVEREIGNTY

This is where the committee will probably split.

UNIVERSALIST APPROACH

Fundamental rights apply regardless of cultural context.

Therefore:

> Culture cannot justify violence or denial of bodily autonomy.

CULTURALLY SENSITIVE APPROACH

States should protect rights while avoiding policies that:

- stigmatise communities;
- impose external cultural norms;
- or alienate local populations.

THE BEST NEGOTIATING SPACE

The convention can affirm:

> **Cultural diversity is respected, but cultural or traditional claims cannot be invoked to justify practices that violate protected human rights.**

The exact threshold and implementation mechanism are for delegates to negotiate.

---

20. CHILDREN VS ADULTS

The convention must distinguish between:

ADULT AUTONOMY

An adult generally has legal capacity to make decisions about their own body.

and

CHILD PROTECTION

Children require special protection because age and dependency can affect their ability to provide meaningful consent.

This becomes especially important for:

- child marriage;
- FGM;
- forced procedures;
- and practices imposed during childhood.

---

21. CROSS-BORDER PROTECTION

Harmful practices can involve more than one country.

For example, a person may:

- live in one state;
- travel to another;

- undergo a harmful practice there;
- and return home.

The convention could therefore address:

- jurisdiction;
- extradition;
- mutual legal assistance;
- victim protection;
- evidence sharing;
- and cross-border referral systems.

---

22. DATA AND REPORTING

A convention cannot be evaluated without reliable data.

States could be required to collect data disaggregated by:

- age;
- location;
- gender;
- disability;
- socioeconomic status;
- and other relevant factors.

But:

> **Data collection must not expose survivors to identification or retaliation.**

So privacy and safeguarding need to be built into the mechanism.

---

23. THE MONITORING MECHANISM

This is perhaps the **most important drafting question**.

A treaty without monitoring risks becoming symbolic.

Possible models:

OPTION 1 — COMMITTEE OF EXPERTS

Similar to existing treaty-body systems.

OPTION 2 — STATE REPORTING

States submit periodic reports.

OPTION 3 — INDIVIDUAL COMPLAINT PROCEDURE

Individuals can bring complaints under defined conditions.

OPTION 4 — COUNTRY REVIEWS

Periodic peer review.

OPTION 5 — HYBRID

Expert committee + state reporting + optional complaints procedure.

---

24. RESERVATIONS

States sometimes ratify treaties with reservations.

WCW5 must decide:

> **Can a state ratify the convention while reserving provisions concerning cultural practices?**

This is an especially sensitive issue.

Possible approaches:

NO RESERVATIONS

Strongest uniformity.

LIMITED RESERVATIONS

Reservations allowed only for specified procedural provisions.

GENERAL TREATY RULES

Use existing international-law rules on reservations.

CORE-PROVISION PROTECTION

Reservations cannot undermine the fundamental object and purpose of the convention.

---

25. FUNDING

Implementation costs money.

Potential funding mechanisms include:

- national budgets;
- UN agencies;
- international development assistance;
- voluntary funds;
- capacity-building programmes;
- healthcare infrastructure support.

KEY QUESTION

Should developing states receive international financial assistance to implement convention obligations?

If yes:

> **Who pays, how much, and through what mechanism?**

---

26. THE CONVENTION ARCHITECTURE

A polished draft could look like:

PREAMBLE

Why the convention is necessary.

↓

ARTICLE I — DEFINITIONS

Bodily autonomy
Gender-based violence
Harmful practices
Consent
Coercion
Survivor

↓

ARTICLE II — FUNDAMENTAL RIGHTS

Bodily integrity
Autonomy
Equality
Non-discrimination

↓

ARTICLE III — STATE OBLIGATIONS

Respect
Protect
Prevent
Remedy

↓

ARTICLE IV — HARMFUL PRACTICES

Prevention + prohibition + response

↓

ARTICLE V — GENDER-BASED VIOLENCE

Comprehensive protection

↓

ARTICLE VI — CHILD PROTECTION

Special safeguards

↓

ARTICLE VII — HEALTHCARE

Access + confidentiality + response

↓

ARTICLE VIII — JUSTICE

Investigation + prosecution + remedies

↓

ARTICLE IX — PREVENTION

Education + awareness + community engagement

↓

ARTICLE X — INTERNATIONAL COOPERATION

Cross-border assistance

↓

ARTICLE XI — MONITORING

Treaty body / reporting

↓

ARTICLE XII — FINANCING

Implementation support

↓

ARTICLE XIII — RESERVATIONS

↓

ARTICLE XIV — RATIFICATION

↓

ARTICLE XV — ENTRY INTO FORCE

---

27. BLOC POSITIONS

PROGRESSIVE / RIGHTS-EXPANSIVE STATES

Likely to support:

- strong autonomy language;
- comprehensive GBV definitions;
- explicit harmful-practice prohibition;
- strong monitoring;
- survivor-centred justice.

Likely concern: dilution of rights language.

DEVELOPING STATES

Likely to emphasise:

- capacity-building;
- financing;
- healthcare infrastructure;
- education;
- implementation support.

LIKELY POSITION

Support strong protections **provided implementation responsibilities are matched with resources.**

SOCIALLY CONSERVATIVE STATES

May emphasise:

- sovereignty;

- cultural context;
- family structures;
- national legal systems;
- concerns over externally imposed definitions.

LIKELY RED LINE

Language perceived as allowing international institutions to dictate domestic social policy.

STATES WITH HIGH PREVALENCE OF SPECIFIC HARMFUL PRACTICES

These states may face a particularly difficult balance:

- international obligations;
- domestic politics;
- community norms;
- law enforcement;
- and international scrutiny.

SMART DELEGATE STRATEGY

Do not assume these states automatically support harmful practices.

A state can:

> **oppose a practice while disagreeing with the proposed international mechanism for eliminating it.**

That distinction will make debate much more realistic.

WOMEN'S-RIGHTS ADVOCACY STATES

Likely to prioritise:

- survivor protection;
- legal accountability;
- prevention;
- women's participation;
- and strong treaty monitoring.

28. QUESTIONS THE CONVENTION MUST ANSWER

DEFINITIONS

1. What exactly is bodily autonomy?
2. What constitutes a harmful practice?
3. What qualifies as coercion?
4. How should consent be defined?

LAW

5. Which practices must states criminalise?
6. Should cultural justification ever mitigate criminal liability?
7. How should jurisdiction work across borders?

CHILDREN

8. How should the convention distinguish adult autonomy from child protection?
9. What age-based safeguards should apply?

CULTURE

10. How can cultural diversity be respected without permitting harmful practices?
11. Who determines whether a practice violates the convention?

HEALTHCARE

12. What obligations should healthcare providers have?
13. How should confidentiality be protected?

JUSTICE

14. What remedies should survivors receive?
15. How can states prevent retaliation?

PREVENTION

16. What role should education play?
17. How should governments work with community leaders?

IMPLEMENTATION

18. Who monitors compliance?
19. What happens when a state fails to comply?
20. How will developing states finance implementation?

TREATY LAW

21. Will reservations be permitted?
22. Will there be an individual complaints mechanism?
23. How many ratifications are needed for entry into force?

---

33. BIBLIOGRAPHY

1. United Nations. **Convention on the Elimination of All Forms of Discrimination Against Women.**
2. Committee on the Elimination of Discrimination against Women. **General Recommendation No. 35 on Gender-Based Violence Against Women.**
3. Committee on the Elimination of Discrimination against Women & Committee on the Rights of the Child. **General Recommendation No. 31 / General Comment No. 18 on Harmful Practices.**
4. United Nations. **Beijing Declaration and Platform for Action.**
5. World Health Organization. **Female Genital Mutilation.**
6. United Nations. **Convention on the Rights of the Child.**
7. United Nations. **Universal Declaration of Human Rights.**
8. United Nations. **2030 Agenda for Sustainable Development — Goal 5.**

9. CEDAW

OHCHR — Convention on the Elimination of All Forms of Discrimination Against Women

10. CEDAW GENERAL RECOMMENDATION NO. 35

11. OHCHR — CEDAW General Recommendation No. 35 on Gender-Based Violence Against Women
12. This should be **mandatory reading** for delegates. It directly addresses the gendered nature of violence and the need for comprehensive state responses.

13. HARMFUL PRACTICES — CEDAW + CRC

14. OHCHR — Joint General Recommendation No. 31 / General Comment No. 18 on Harmful Practices

15. WORLD HEALTH ORGANIZATION

16. WHO — Female Genital Mutilation

17. UN WOMEN

18. UN Women — Official Website

19. BEIJING PLATFORM FOR ACTION

20. UN Women — Beijing Declaration and Platform for Action

21. SUSTAINABLE DEVELOPMENT GOALS

22. United Nations — Sustainable Development Goal 5