**Submission of NANE Women's Rights Association, PATENT Association, EMMA Association and Hungarian Women's Lobby to the Human Rights Committee**
**for the Adoption of the List of Issues Prior to Reporting for Hungary**
**(145th Session of the Human Rights Committee (CCPR), 2 to 16 March 2026)**

5 January 2026

*Introduction*

The undersigned women's rights organisations present some of the key issues of concern in the field of equal rights of men and women, and women's human rights, in light of the International Covenant on Civil and Political Rights (CCPR), and its respective provisions, in order to inform the Human Rights Committee for the adoption of the List of Issues Prior to Reporting for Hungary. This submission is not considered as a full, comprehensive, in-depth analysis in the field of equal rights of men and women, and women's rights concerning Hungary.

## Elimination of gender stereotypes in society, education and the media (Articles 2, 3, 19, 24, 25 and 26)

Gender stereotypes continue to shape expectations about women's and men's roles in Hungary, with tangible consequences for equal participation in social, economic and political life. Available assessments suggest that **gender equality is not mainstreamed as a coherent policy objective in public education**. The formal education curriculum does not address topics such as equality between women and men, non-stereotyped gender roles, violence against women. Moreover, the so-called "child protection act"[1] that was adopted in 2021, hindered access to schools for NGOs conducting violence prevention and sexuality education activities. According to the law, for holding sessions (among others) on sexual culture, sexual orientation, sexual development, physical and mental health promotion, NGOs are required to receive a special authorization from an official body designated by the law; this body was only appointed in June 2025.

[1] Act LXXIX of 2021 on stricter action against paedophile criminals and on amending certain laws to protect children

Assessments also suggest that teacher training and teaching materials do not consistently equip teachers to recognise and counter gender bias. In addition, civil society and independent analyses have repeatedly flagged **gender-stereotyped content in learning materials and career guidance**.[2] These trends are relevant to the Covenant obligations on equality and non-discrimination.

In the media sphere, structural underrepresentation and **stereotyped portrayal reinforce and reproduce traditional, gendered social norms**. Evidence from the **Global Media Monitoring Project's (GMMP)** 30-year longitudinal research indicates that **progress towards gender equality in news content has largely plateaued** since 2010, and that across traditional and online outlets, politics and the economy remain the main focus of news reporting, where decision-making roles are still held mostly by men. Within this 'hard news' hierarchy, men remain more likely to be positioned as decision-makers, spokespersons and expert authorities, while **women are more often portrayed in private or experiential roles**.[3]

Hungarian GMMP 2025 results align with this broader global and European pattern: Women constituted approximately 23.8% of news subjects in the monitored sample, with particularly low visibility as experts (8.9%) and spokespersons (16.7%), while women were disproportionately used as sources of personal experience (66.7%). This distribution matters for democratic participation, as it limits women's perceived legitimacy as authorities, while normalising gendered assumptions about who is entitled to speak with expertise in the public sphere.[4]

Global and regional findings further contextualise these outcomes. The GMMP 2025 CEE regional context notes that politically vulnerable public media systems, **politicised debates around "gender," and the persistence of family-centric narratives** influence the volume and the framing of coverage on women and gender equality, leading to women's rights issues being sidelined or presented from a moralistic standpoint rather than through a rights-centred approach.[5]

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[2] See Rédai, Dorottya & Sáfrány, Réka (eds.) / Gender SensED – Towards gender sensitive education. Comparative report: "Gender in national education documents and teaching resources, and in teachers' pedagogical approaches and everyday teaching practices in Austria, the Czech Republic and Hungary" (2019). Available at: https://gendersensed.eu/wp-content/uploads/2019/08/Comparative-report.pdf.
See also Amnesty International Hungary. "The manifestation of gender stereotypes in children's education and career choices" (2023). Available at: https://www.amnesty.hu/wp-content/uploads/2023/07/AIHU-report-The-manifestation-of-gender-stereotypes-in-childrens-education-and-career-choices-1.pdf.

[3] See Global Media Monitoring Project (GMMP). GMMP 2025 Global Report (2025). Available at: https://whomakesthenews.org/wp-content/uploads/2025/12/GMMP2025-GlobalReport.pdf
See also Who Makes the News / GMMP+30. "Fundamental change in representation of women needed in European news media" (22 December 2025). Available at: https://whomakesthenews.org/gmmp30-fundamental-change-in-representation-of-women-needed-in-european-news-media/

[4] Hungarian GMMP 2025 country materials prepared by the national monitoring team, coordinated by the Hungarian Women's Lobby, including the Hungarian data tables referenced above.

[5] In line with this, GMMP findings indicate that a human-rights perspective is missing from roughly nine out of ten news stories globally, and that news content rarely challenges gender stereotypes – suggesting that everyday reporting often reinforces, rather than counterbalances, unequal gender norms.

## Participation of women in politics, public life (Articles 3, 25)

The Human Rights Committee has previously expressed concern about women's underrepresentation in decision-making in Hungary, and recommended targeted measures, including temporary special measures where necessary. In line with these concerns, women's political representation in Hungary remains very low: women's representation in the Hungarian parliament stagnated at **14.1% in 2024**, and **no binding national-level quotas** exist for election lists. The undersigned organisations also note that in 2026 there are no female ministers in government, and that the already limited representation of women in top-level political leadership further declined when prominent women leaders left public office following the **presidential clemency scandal in 2024.** Women's rights and civil society actors report persistent **structural barriers** to women's participation, including party gatekeeping, limited mentoring and support pathways, and widespread harassment – often sexualised – particularly targeting opposition women politicians, increasingly also through digital channels.

## Elimination of violence against women (Articles 3, 7, 23, 24)

A recent EU-wide representative survey provided **data** about Hungary **on the prevalence of violence against women**.[6] It shows that in the country, 49.1% of women have experienced physical violence or threats and/or sexual violence by any perpetrator over their lifetime. (This is among the highest overall prevalence rates among the EU member states.)[7] 54.6% of women – i.e. at least every second woman in Hungary – have experienced physical violence or threats, sexual violence, and/or psychological violence over the course of their lives by an intimate partner. (This is the highest prevalence rate among the EU countries.)[8]

The EU-survey also revealed that in Hungary only a small proportion (15.7%) of women victims of intimate partner violence turned to health, social, victim support service, or the police. (That constitutes the smallest percentage among the EU countries.)[9] In parallel, Hungarian women's rights organisations supporting victims of violence against women have a daily experience – through the victims/clients they are in contact with and by their own work and practice – with the phenomenon of **"institutional betrayal"**, when the authorities/institutions that are obliged to provide protection and support to victims fail to do so at all, or fail to do it in an effective, professional manner. This betrayal might take several forms: the lack of knowledge and competence to deal with the cases, ignoring/degrading the seriousness of violence, or even blaming the victims. In the NANE Helpline (operated for

[6] See: FRA, EIGE, Eurostat (2024), EU gender-based violence survey – Key results. Experiences of women in the EU-27, Publications Office of the European Union, Luxembourg. Available at: https://eige.europa.eu/publications-resources/publications/eu-gender-based-violence-survey-key-results
[7] *Ibid.*, p. 14.
[8] *Ibid.*, p. 23.
[9] See the relevant data at: https://ec.europa.eu/eurostat/databrowser/view/gbv_ipv_rp/default/table?lang=en&category=livcon.gbv.gbv_ipv

victims of violence against women) about every second call is related to institutional betrayal. Similarly, a representative survey on intimate partner violence conducted by Patent Association and 21 Research Center in 2025 shows that half of the respondents (49%) tend to have rather no or no confidence in the police to help victims of abuse; they also have significant distrust towards courts (41%) and social workers/family and child welfare service (40%).[10]

In Hungary 2-3 women per a month are killed in the context of domestic violence. It is recurrent in these **femicide cases** that different authorities, institutions had knowledge about the previous history of violence, even had been involved in the case, or failed/refused to take measures, to act.[11] Femicide cases, as well as other intimate partner violence cases caused public outrage in the past years, one in 2025 at the latest, and consequently some individual steps have been taken by the authorities, but a complex legal, policy and institutional reform has not been introduced.

Although the Human Rights Committee in the previous concluding observations addressed to Hungary recommended the State party to consider it, Hungary still **has not ratified the Council of Europe's Istanbul Convention** on preventing and combating violence against women and domestic violence. At the same time, there is a great **need** in the country **for the holistic and comprehensive state response**, covering the **prevention of violence, protection of victims, punishment of perpetrators and integrated policies**, that the Convention prescribes. Some concrete examples follow.

In the legal field, **the legislation** addressing violence against women and domestic violence **is restricted/limited in several ways**, by lefting out from its scope certain relevant persons or types of behaviours, or by containing measures that are obstacles in victims' access to justice. Both the Act LXXII of 2009 on restraining applicable for violence between relatives, as well as the criminal offence of "domestic violence" (Criminal Code, Article 212/A) are applicable only in the case of "relatives" – therefore the laws exclude those intimate partners from protection who are not considered as "relatives" (the exception for the criminal offence is if the victim and offender have a common child). Furthermore, the criminal offence of domestic violence requires as a condition that the victim and perpetrator ever lived or are living together (except if they have a common child). This criminal offence lefts out sexual violence from the list of punishable behaviours under domestic violence. The criminalization of rape is based on the use of force, not on the lack of consent. Furthermore, for several criminal offences relevant to the problem of violence against women the law makes the criminal proceeding dependent on the victims: in these cases the so-called private motion – the victim's statement within 30 days that s/he wishes the punishment of the perpetrator – is required for the starting or continuation of the criminal procedure.

In addition to legislative gaps and obstacles, **there are significant problems in the enforcement of existing laws and regulations**. For example, the number of cases under the

[10] See: A párkapcsolati erőszak megítélése a magyar társadalomban (Attitudes towards intimate partner violence in the Hungarian society), Patent Egyesület, 21 Kutatóközpont, 2025. p. 10. Available in Hungarian at: https://api.patent.org.hu/assets/5b7945a0-1f6c-4c44-8bd0-b63330e6f666.pdf/parkapcsolati-eroszak-megtilese-a-magyar-tarsadalomban.pdf

[11] See the cases of women killed in the context of domestic violence between November 2024 and November 2025, with short description in Hungarian, collected by NANE Association here.

criminal offence of domestic violence (although some elements of the crime have a subsidiary nature) has been less than 2000 per year in the past years (for example 1875 in 2022 and 1773 in 2023). Only a minority of these cases, similarly to the criminal offence of sexual violence and of sexual coercion, has ended with indictment: between 2019 and 2023 indictment took place in 29% of these three crimes.[12] While about 275-280.000 women are living currently or have lived recently in a partnership where violence was present, the number of temporary preventive restraining orders issued by the police per year is only a small proportion, less than 1% of that number. (It was 2213 in 2022, and 1812 in 2023.)[13] No data are available publicly on court-ordered preventive restraining orders.[14]

Hungary **does not have a policy document** (national strategy or action plan) on preventing and combating violence against women or domestic violence. For violence against women, especially domestic violence cases **no risk assessment procedures** have been introduced and **carried out** by all relevant authorities in order to assess the lethality risk, the seriousness of the situation and the risk of repeated violence, and then to conduct risk management and provide coordinated safety and support. Women's rights NGOs see as a significant problem that there is a **lack of systematic, adequate training** for all the relevant authorities, professionals working in the field of violence against women and domestic violence. Although developments have taken place in the centrally managed institutional system that provide services in case of domestic violence, women's rights NGOs dealing with the issues and cases of violence have not been involved, not even consulted in the related processes. The number of available **shelter places** for the victims of domestic violence is **behind** the number of places recommended by international norms. **No specialized services** exist in Hungary at all **for victims of sexual violence**: there is no rape crisis center or sexual assault referral center in the country.

Based on the practice of women's rights NGOs it is a significant problem that in the determination of **custody and visitation** rights of children, **incidents of violence are often not taken into account**, and it is not ensured that the exercise of any visitation or custody rights does not jeopardise the rights and safety of the victims.[15]

In relation to the prevention of violence, the formal education curricula does not address topics such as equality between women and men, or violence against women. Moreover, the

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[12] See a related article in Hungarian for the statistics: "Öt év alatt megduplázódott a kapcsolati erőszak áldozatainak száma, gyakoribbak a szexuális bűncselekmények" ("The number of victims of domestic violence has doubled in five years, and sexual crimes are also more common"), átlátszó, available at https://atlatszo.hu/adat/2024/04/02/ot-ev-alatt-megduplazodott-a-kapcsolati-eroszak-aldozatainak-szama-gyakoribbak-a-szexualis-buncselekmenyek-is/

[13] The calculation of the number of victims comes from the above mentioned representative EU survey. For the data on restraining see the article *ibid*.

[14] See a related document on restraining orders: Assessment of the state response to domestic violence, with a focus on the regulation of and practice regarding restraining orders – Submission of NANE Women's Rights Association, PATENT (People Opposing Patriarchy) Association and Hungarian Women's Lobby in relation to the execution of the Kalucza v. Hungary judgment of European Court of Human Rights, 31 January 2023. Available here.

[15] The following document discusses this issue in details: Custody cases, violence against women and violence against children – Submission of NANE Women's Rights Association, PATENT (People Opposing Patriarchy) Association and Hungarian Women's Lobby to the UN Special Rapporteur on Violence Against Women and Girls, 2022.

so-called “child protection act” hindered access of NGOs to schools to conduct violence prevention activities.

## Sexual and reproductive health and rights (Articles 2, 3, 6, 7, 9, 10, 17, 24, 26)

Sexual and reproductive health and rights (SRHR) encompass fundamental aspects of autonomy, privacy, equality, and non-discrimination protected under the International Covenant on Civil and Political Rights (CCPR).
General under-staffing, under-financing in health care leads to shrinking reproductive health care options to all women, but due to the persistent disparities and the prevalence of discriminatory practices, the scarcity and lower quality of accessible services is a direct threat to the health and safety of vulnerable populations.
Broader legislative and constitutional measures advancing traditional family policy and restricting information under the above mentioned “child protection” law further contribute to stigmatization and barriers to SRHR. Disaggregated, publicly accessible, clear and comprehensible data on maternal and neonatal health, quality indicators of maternity care, as well as data on human rights violations in gynecological and obstetric care remain limited.
Gaps in training related to non-discrimination, privacy, informed consent, and respectful care may contribute to uneven practices and further undermine access. The impact of policies, legislation and other measures on access to rights-based reproductive health services and the way these changes affect women, girls, and marginalized groups is not monitored, undermining transparency and accountability in fulfilling Hungary’s CCPR obligations in the area of sexual and reproductive rights.

### Current situation regarding abortion (Articles 6, 17, 26)

In Hungary, while abortion remains formally legal up to 12 weeks of pregnancy under the Act LXXIX of 1992 on the Protection of Fetal Life, in 2022 a requirement to listen to “fetal vital signs” before accessing abortion care was introduced, constituting an additional procedural barrier to the already existing mandatory counselling and waiting period, and raising concerns under Articles 6, 17, and 26 of the Covenant. **Medical abortion is not available** in Hungary. The limited availability of counselling and ultrasound services in certain regions further exacerbates health inequity and undermines timely access to lawful abortion care. The CEDAW Committee has also expressed concerns regarding the effect of such requirements. These structural and procedural barriers have a disproportionate impact on individuals with limited financial means, those living in rural areas, and adolescents. Some women travel abroad to seek abortion services (or infertility-related procedures). The lack of publicly available, disaggregated data on cross-border reproductive health care limits transparency and hinders assessment of the extent to which domestic barriers are driving such practices.

Access to abortion services is also affected by the regulation and practice of **conscientious objection** by healthcare professionals. As a result, in some regions and facilities abortion services may be very difficult to access due to the combined effect of conscientious objection,

administrative barriers, and broader health system constraints, raising questions about the State's obligation to ensure effective access to lawful services.

Evidence-based modern contraception methods, including emergency contraception, are not uniformly affordable or geographically accessible, particularly for adolescents, low-income individuals, and those living in rural areas. The continued **ban on over-the-counter emergency contraception** remains a barrier to timely access. The CEDAW Committee has previously expressed concern about the limited availability and accessibility of contraceptives in Hungary, noting the potential impact on women's and girls' ability to exercise control over their reproductive lives.

**Freedom from cruel, inhuman or degrading treatment (Article 7) and human treatment and dignity (Article 10)**

Concerns persist in Hungary regarding the prevention and investigation of, and accountability for **obstetric violence and other forms of mistreatment in sexual and reproductive health care**, raising issues under Articles 7 and 10 of the Covenant. Reports from civil society indicate that practices such as invasive medical interventions without full and informed consent, the denial or unavailability of adequate pain relief during childbirth, and disrespectful or coercive treatment are widespread in maternity and reproductive health settings. Mechanisms for reporting abuse and mistreatment during pregnancy, childbirth, and other reproductive health procedures remain limited in accessibility and transparency, and publicly available data on complaints, investigations, and outcomes are practically non-existent. These gaps raise serious concerns about the extent to which informed consent is consistently ensured in practice and whether care is delivered in a respectful, evidence-based, and rights-compliant manner.

Additional concerns relate to the risk of **forced or coerced sterilization**, particularly affecting women and girls in vulnerable or marginalized situations, including persons with disabilities. The CRPD Committee has previously raised concerns regarding non-consensual sterilization and abortion of persons with disabilities, highlighting gaps in safeguards, monitoring mechanisms, and access to effective remedies.

Women and girls deprived of their liberty in Hungary, including those in prisons, police custody, and other detention settings, face **barriers to adequate and gender-responsive sexual and reproductive health care**, including prenatal, postnatal, and gynecological services, raising concerns under Article 10. Particular concern exists regarding the possible use of **restraints on pregnant persons during labour, childbirth, and the postpartum period**, and insufficient information is available on the provision of **menstrual hygiene products** in custodial settings, in a way that respects dignity and privacy.

**Adolescents' sexual and reproductive health and rights and sexuality education (Articles 17, 19, 24)**

Access to comprehensive, age-appropriate, and evidence-based sexuality education for children and adolescents in Hungary has become increasingly restricted in recent years. The content and delivery of sexuality education in schools are limited, and recent legislative and policy measures, including the so-called **"child protection" law and subsequent amendments**, significantly limit who may provide sexuality education in schools. These restrictions have had a chilling effect on the provision of comprehensive sexuality education and access to accurate sexual and reproductive health information, particularly for minors, raising concerns under Articles 19 and 24 of the Covenant.

While the general **age of consent** for consensual sexual activity under Hungarian law is **14 years**, with close-in-age exceptions for peers aged **12–18** (a concern in its own right), minors are generally unable to access sexual and reproductive health services independently without parental or guardian consent until the age of 18. This legal discrepancy creates barriers to confidential access to contraception, counselling, and other reproductive health services, and may discourage adolescents from seeking care aligned with their sexual activity and health needs, raising concerns under Articles 17, 19, and 24.

Particular concerns exist regarding adolescents living in **child-protection institutions, foster care, residential homes, and juvenile detention facilities**, where access to sexual and reproductive health information and services may be further constrained, raising questions whether services are provided in a manner that ensures dignity, privacy, confidentiality, and safety, in accordance with children's evolving capacities and the State's obligations under Articles 17 and 24 of the Covenant.

**Equality and non-discrimination (Articles 2(1), 3, 17, 26)**

In addition to geographical health inequalities, marginalized groups are significantly affected by discrimination, such as Roma women, persons with disabilities, adolescents, LGBTQ+ persons, unmarried women, and migrants and refugees, including those under temporary protection and refugees from Ukraine with dual citizenship. Vulnerable populations, especially Roma women and girls, are more exposed to gynaecological and obstetric violence, and their reproductive rights are more often violated. Legal, administrative, and practical barriers as well as institutional racism continue to impede equal access to abortion, contraception, prenatal and obstetric care, and other sexual and reproductive health services.

The limited availability of disaggregated and publicly accessible data on reproductive health outcomes hinders the identification and effective addressing of intersectional discrimination.

**Remedies, accountability, and data collection (Article 2(3))**

Concerns persist regarding the availability and effectiveness of **remedies for violations of sexual and reproductive health and rights** in Hungary. Access to and impact of complaints

mechanisms and judicial review in cases involving denial of care, discrimination, or mistreatment in reproductive health settings appears limited in practice, and information on the use, outcomes, and effectiveness of such remedies is not systematically or publicly available. These gaps raise concerns about the State's compliance with its obligation under Article 2(3) of the Covenant to ensure effective remedies for Covenant violations.

In addition, the **collection, transparency, and public availability of data** related to sexual and reproductive health remain insufficient. Information on maternal mortality and morbidity, other maternal and newborn health indicators, obstetric interventions, and gynecological and obstetric violence or mistreatment is not consistently collected or made publicly available in a disaggregated and accessible manner. The limited availability of such data constrains independent monitoring and accountability and hampers evidence-based policymaking.

## The situation and operation of women's rights organisations (Article 22)

Within the political and institutional framework established since 2010 (often referred to domestically as the "System of National Cooperation"), **independent civil society space has narrowed considerably** in Hungary, and this has affected women's rights organisations in a particularly acute manner. Women's rights NGOs – including the undersigned organisations – report that their ability to operate, advocate, and provide rights-based services has been increasingly constrained by such practices as **exclusion from meaningful consultation**, **limited or no access to** (stable) **public funding**, and even **stigmatization in public discourse**. While women's rights organisations may occasionally be invited into government-led working groups or consultation processes, these are often experienced as symbolic rather than substantive as, within a non-transparent decision-making process, they have only had restricted opportunities to shape outcomes, and they have received minimal, if any, feedback on their recommendations.

Women's rights NGOs further indicate that access to (stable) domestic public funding is limited, if any, and that they increasingly rely on international and EU funding streams to maintain specialised services and monitoring activities. In this context, some publicly visible narratives have **questioned the legitimacy of foreign- or EU-funded civil society organisations**, which – according to the experience of several NGOs – may contribute to reputational risks and a **chilling effect on partnerships, community outreach, and public engagement**. The establishment of the Sovereignty Protection Office in 2024, and related public debates, have reinforced concerns among some civil society actors about heightened scrutiny of funding sources and international cooperation, including cooperation with European umbrella organisations and international human rights mechanisms.

In addition, women's rights organisations have concerns about recurring public discussion of **potential legislative or administrative measures that could further affect the operating space of NGOs**. The prospect of additional restrictions has been reported to complicate

long-term planning, fundraising, and the ability of organisations to maintain staff capacity and continuity of services. This context is especially significant given that women's rights NGOs provide specialised, rights-based support (including victim support and legal information), and also contribute to evidence-based legislative and policy analysis and monitoring, which may complement and strengthen the State's fulfilment of its CCPR obligations.