people with disability

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NGO in Special Consultative Status with the
Economic and Social Council of the United Nations

11 April 2013

Dr Ian Holland
Committee Secretary
Community Affairs References Committee
Parliament House
CANBERRA ACT 2600

Dear Dr Holland:

Questions on Notice – Inquiry into the involuntary or coerced sterilisation of people with disabilities

I am writing to provide responses to the questions raised by Committee members with People with Disability Australia (PWDA) during our public hearing appearance on Wednesday 27 March at 9:30am.

During this hearing, Committee members asked for further detail about:

a) the circumstances in which people with disability are coerced into having surgical sterilisation procedures, such as vasectomies and hysterectomies; and

b) the circumstances in which people with disability are taken out of Australia for the purpose of having sterilisation procedures performed.

PWDA notes that a number of individuals and organisations that appeared before the Committee on 27 and 28 March provided information that is relevant to (a) and (b) above, and which is consistent with the anecdotal information that we receive from families, medical practitioners and disability advocates on these matters. This information will also assist the Committee in obtaining further detail on these matters.

In relation to (a), we are aware that men and women with disability are often coerced or pressured by their parents or by support professionals, such as social workers to undergo sterilisation procedures because it is believed that the person with disability cannot be a 'fit' parent and / or they shouldn't have children and /or they will pass a congenital condition onto

their baby. These views are often viewed as being in the 'best interests' of the person with disability.

The coercion often takes the form of a 'reward', a bribe or misinformation to convince the person with disability to undergo a sterilisation procedure. For example:

- A man with disability was promised a reward of a model toy by his father if the man had a vasectomy. The man with disability had already had a child that was taken from him because of his disability, and the father did not want him to have any more children. Following the procedure, the man with disability met a woman that he want to have a child with and wanted to have the vasectomy reversed. It was at this point that the man with disability fully understood what the consequences were of being pressured to have the procedure in the first place.
- A woman with disability who had a child taken from her at birth was told by her parents and a social worker that unless she had a tubal ligation she would not be able to see her child.
- A few days after giving birth, the mother and father of the baby, both of whom had disability were taken aside and separated. The mother was told by a social worker that she should have a tubal ligation and the father was told by the social worker that he should have a vasectomy as their son had a congenital condition and that they should not have any more children. There was no support or information provided to the parents, and the social worker had also notified the child protection agency about the situation on the basis that the parents had disability and would not be 'fit' parents.

In relation to (b), we have been told that medical practitioners will advise parents to have their child sterilised, that the authorisation system in Australia can be difficult, lengthy and not guaranteed, and that it would be easier to take their child overseas to have the procedure performed.

PWDA cannot provide information on the numbers of parents that have taken up this recommendation. However, a number of parents, including those that appeared before the Committee have noted that they know parents who have taken their child overseas to have sterilisation procedures performed.

We also believe that this recommendation may be something that is likely to be suggested regularly by medical practitioners given the prejudicial and discriminatory views that are held by medical practitioners that we have outlined in paragraph 128 of our submission, and repeated here:

> "PWDA is concerned that these prejudicial and discriminatory views are held by medical practitioners, who are often the first avenue for parents of children and adults with disability to seek assistance with menstrual management, contraception, risks of sexual abuse and sexual expression, such as masturbation. Recent studies indicate that a large proportion of general practitioners 'view sterilisation as a desirable practice', particularly

for women and girls with disability to address a range of support rather than therapeutic issues, such as to prevent pregnancy and sexual abuse."[1]

In relation to the (a) and (b) above, PWDA highlights the suite of recommendations that we have made in our submission. In particular, we highlight recommendations 3, 4, 7, 8, 10 and 12:

Legislative reform

3. As the basis of all measures, Australia should take action to comply with its international human rights obligations by enacting uniform, national legislation prohibiting involuntary or coerced sterilisation, that is, the sterilisation of children in the absence of serious threat to life or health; and the sterilisation of adults in the absence of serious threat to life or health and without their full and informed consent.

4. Amend crimes legislation to include a new offence in relation to the performance of involuntary or coerced sterilisation. Such a provision should also make it an offence to procure, or seek to procure such a procedure and to assist or aid and abet in such a procedure. It should also make it an offence to remove a child or adult from Australia for the purpose of performing involuntary or coerced sterilisation.

Research and Reporting

7. Commission comprehensive national research to investigate:
   - the views of people with disability and intersex people in relation to involuntary or coerced sterilisation;
   - the prevalence, rationale, short and long-term effects of involuntary or coerced sterilisation, including menstrual and sexual suppression practices on girls and boys with disability, women and men with disability and intersex people; and
   - models of best practice in providing gender and age specific services, supports, counselling, training, education and skills building options for people with disability and their families in relation to sex education, sexuality and relationships, sexual and reproductive health, menstrual management, pregnancy, contraception and family planning.

8. Conduct a national inquiry into the legal, policy and social support environment that gives rise to the removal and/or threat of removal of babies and children from parents with disability, particularly mothers with disability. Such an inquiry should actively seek the views of parents with disability.

Service and supports

10. Establish and resource services and support options to provide gender and age specific services, supports, counselling, training, education and skills building options for people with disability and their families in relation to sex education, sexuality and relationships, sexual and reproductive health, menstrual management, pregnancy, contraception and family planning.

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[1] Queensland Centre for Intellectual and Developmental Disability, Queenslanders with Disabilities Network, and Queensland Advocacy Incorporated, Submission No 37 to Senate Standing Committee on Community Affairs, *Inquiry into Involuntary or Coerced Sterilisation*, 2013, 7.

Education and training

12. Develop a national coordinated strategic education and training framework to ensure that the human rights of people with disability, including rights to sexual expression and to fertility are:
    - included in the curriculum and accreditation bodies for health professionals, medical practitioners, legal practitioners and disability support workers;
    - embedded in the policies of disability services, in particular residential services for people with disability;
    - provided in ongoing, consistent education and skills building programs specifically for people with disability and their families.

PWDA hopes that this information will further assist the Committee in making recommendations regarding the prohibition of involuntary or coerced sterilisation of people with disability.

Please let me know if PWDA can provide any further assistance to the Committee.

Yours sincerely

THERESE SANDS
Co-Chief Executive Officer