Senate Committee
Involuntary or coerced sterilisation of people with disabilities in Australia

Submission

Celebrating the womanhood of our daughters with disabilities

I am mother to three adult daughters, one of whom [redacted] has a severe intellectual disability and very high support needs. In this brief submission, I argue from the principle that [redacted] **has exactly the same rights to bodily integrity as her sisters**, and as such, the notion of sterilisation for her is as irksome, and unwarranted, as it would be for her siblings.

[redacted] reached the menarche eight years ago, and for our family this was an occasion of celebration of her approaching womanhood. It was a time of adjustment for all of us, particularly because I was not able to explain the changes to her body and its processes to her. It was also up to me to manage all aspects of her personal hygiene and pain management, but otherwise her experience was no different from, nor no more difficult than that of her sisters. At the time, a number of people expressed concern to me, and wondered how onerous it was to deal with this additional problem in regard to [redacted] care and support. One or two people even asked me if I had thought about 'doing something' to avoid this new responsibility. I had not, and I was frankly shocked that this was even canvassed as a valid option.

Most mothers of girls with intellectual disabilities, I believe, share my position. However, some parents appear to react to this time of transition with fear and ignorance, or with nostalgia about their lost 'forever child'. At present their only recourse is to consult with medical practitioners, with the emphasis on finding a permanent solution to the problem rather than managing it. A much more positive pathway would be to offer these parents mentoring by families who have made this journey with a spirit of celebration for their daughter's emerging identity rather than despair.

The involuntary sterilisation of girls and women with disabilities is a heinous practice that is underlined by our society's deeply problematic attitudes to both intellectual disability and the natural processes of women's bodies.

Due to their personal care and medical needs, our daughters' bodies are subject to the invasive gaze and touch of others to a degree that is far beyond that of their peers. In spite of this, [redacted] has a strong sense of her own body, her own personal

space, and its potential violation. As her mother, I work hard to mediate for my daughter in this vexed space between the public and private. An abiding concern for me is my daughter's vulnerability to physical and sexual assault, particularly in the day program and respite services she attends without my participation. When claims are made that sterilisation is a means for preventing unwanted outcomes of sexual activity (i.e. pregnancy), my heart stops. [redacted] impairment means that she does not have the capacity to consent to sexual activity; 'activity' in her case is synonymous with assault. The emphasis should and must be on eliminating the possibility of the sexual assault of our daughters with high support needs, not on keeping them from getting pregnant in case this happens to them.

The proposition that sterilisation provides a means for masking or avoiding the consequences of sexual abuse is deeply offensive and disavowing of the personhood of our daughters with disability.