To be quite clear from the beginning, this submission concerns intellectually disabled girls and not those who are physically impaired only.

In making this submission, I am going to be so bold as to suggest that some of the so-called experts are wrong.

In preparing this report I have consulted the **Draft report of the Working Group on the Universal Periodic Review, The Human Rights Commission submission, WWDA letter to the Hon Nicola Roxon (July 2012)** as well as the other submissions and a deal of other reading on the matter.

I congratulate the writers of Submissions 2 and 4 who have eloquently expressed an opinion with regard to their respective daughters. I agree with you and I respect the love you have shown in your submissions.

I am a retired teacher who has taught intellectually disabled teenagers and have also been a foster parent to an intellectually disabled teenage boy and girl (unrelated). As a physically disabled person myself I am currently advocating for the disabled of all varieties with our local council.

I first became an informal foster parent to Ann (as I shall call her) about 40 years ago when her mother and I decided to share a house. Ann was then aged 16. She was born with severe hypothyroidism, a condition not recognised until too late to prevent the effects. Physically she was somewhat clumsy. Intellectually she was probably about equivalent to an eight-year-old. She could read and write at a limited level and was reasonably adept at a range of life skills. She had been well-trained by her mother, a teacher, and attendance at a special school.

Psychologically she was more of a problem. Much of her behaviour was determined by receiving approval from others. On a simple level she might decide to help tidy the kitchen and stack plates with the same size saucepan lids! Rationality did not always apply. It did mean, however, that she usually behaved in a socially appropriate manner.

On the other hand, she had a strong streak which pushed for independence and this created difficulties. There were a couple of occasions where she was guilty of shoplifting, for example. She was eventually able to achieve her desire to live independently although this mostly required some supervision by external agencies.

However while she was still below the age of consent it was found she had had some sexual encounters with a man of normal intelligence who was subsequently prosecuted. It is likely she had not resisted his advances and it appeared likely she would be vulnerable to anyone else who wanted to use her for purely sexual purposes.

To be quite clear at this point, her mother wanted her to be able, in the future, to have a mutually satisfying relationship including sex with another where neither was taking an intellectual or physical advantage over the other.

Should Ann have become pregnant it was understood a child might or might not inherit her condition. This was perhaps irrelevant because what was obvious was that

the first responsibility for the child would have to be with its grandmother as Ann was clearly not capable of raising a child. Ann's mother did not want this responsibility, nor did she consider this would be an appropriate environment for a child. To allow a child to be born to Ann would have been negligent of that child's rights and potentially dangerous to the child.

It was obviously not possible to lock up Ann for the rest of her life! Medical opinion was that it was not possible for her to be on reliable long-term contraception. Tubal ligation would prevent pregnancy, but allow Ann the other freedoms of life. The situation was discussed with her with respect to the difficulties of bringing up a child and she subsequently signed consent for the operation. Verbal coercion – yes.

In retrospect I have no regrets about the support I gave her mother at the time. I still consider it to have been the best solution to the situation. Ann has had a couple of relationships without adverse results. There was at least one later situation in which she was taken advantage of, for want of better words. There was no child to be brought up by a mother not competent for motherhood.

As I have been writing this, I have been aware of what seems to have been a similar situation reported recently in the press. I have no knowledge of this apart from those reports. In 2008 an 18-year-old-girl with limited intellectual capacity gave birth to an infant at home, unassisted. It was subsequently wrapped in newspaper and placed in the driveway next door, where it was found dead. She was charged with manslaughter. The case was eventually dismissed in 2012: she was deemed not capable of giving instructions. She has since had another child which has been removed from her care. One court report available online details some of the distress and confusion the girl went through in having to handle this situation. She now has one dead child and one who has been removed from her care.

Unfortunately ethical decisions in life are not always easy – or perhaps that is actually fortunate. To legislate in some way to take away consideration of all of the options would seem to me to be almost criminal.

I note that in our society and our laws, there is a limit below which a child is not deemed to be able to assume criminal responsibility. For most children, this will be a time of learning where in later adulthood ethical and legal decisions will be made.

Ann was not one of those children. She remained someone whose behaviour was determined by what she saw as personal reward, particularly when external approval was absent. She was amoral – not immoral. She did not ever attain the ability to make moral decisions on a rational basis. While her body said she was an adult her intellectual capacity was that of a child.

Also in our contemporary society we have a wide range of reproductive and contraceptive technologies. These give women and their partners a wide range of choices about whether or not to have children, when, the ability to abort a foetus on a variety of grounds all the way down to the possibility of choosing not to implant an embryo with genetic problems in an IVF procedure.

Where does this leave our intellectually disabled woman? Indeed are these questions which apply only to the woman? The answer to this is clearly "no". The woman's mother/parents may be involved both in her care and that of a potential unborn child. The woman may have a partner. There are quite probably external agencies involved in the care of the woman and any potential child. And then there is the child.

Every child has the right to be brought up in a loving and supportive family. This should surely be the primary concerns in any guidance and care of our intellectually disabled woman.

The point has been made in some of the literature that the woman, if sterilised, may become distressed/depressed by this. I acknowledge this. The woman's mother, the woman and her child may well feel equally drastic affects if a pregnancy is allowed to continue and a child is later damaged and/or removed from its mother.

To put any intellectually disabled woman into a box with a one size fits all solution to the questions of her sexual behaviour is unbelievably short-sighted. The solutions are as varied as there are women whom we might be discussing. To remove a child from such a woman is no less coercive than sterilisation.

I appeal to this enquiry to acknowledge that sterilisation may well be one of a package of actions which will allow the intellectually disabled woman to have a sexual relationship.