



Women
With
Disabilities
Australia
(WWDA)

Winner, National Human Rights Award 2001
Winner, National Violence Prevention Award 1999
Winner, Tasmanian Women's Safety Award 2008
Certificate of Merit, Australian Crime & Violence Prevention Awards 2008
Nominee, French Republic's Human Rights Prize 2003
Nominee, UN Millennium Peace Prize for Women 2000

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June 22, 2011

Mr. Shuaib Chalklen, United Nations Special Rapporteur on Disability
Via email
shac@iafrica.com

Mr. Anand Grover, United Nations Special Rapporteur on the Right to the Highest Attainable Standard of Physical
and Mental Health
srhealth@ohchr.org

Ms. Rashida Manjoo, United Nations Special Rapporteur on Violence against Women
vaw@ohchr.org

Mr. Juan E Méndez, United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading
Treatment or Punishment
sr-torture@ohchr.org

Re: Forced sterilisation of girls and women with disabilities in Australia

Dear Mr. Chalklen, Mr. Grover, Ms. Manjoo and Mr. Méndez,

This communication regarding the ongoing practice of non-therapeutic, forced sterilisation of girls and women with disabilities in Australia is submitted by Women With Disabilities Australia (WWDA)*, the national non-government organisation representing women and girls with all types of disabilities in Australia. Given the relevance of this critical and urgent issue to your respective mandates, WWDA is sending this request for intervention to each of your offices simultaneously. WWDA first alerted your offices to this issue in an urgent appeal dated 11 May 2010 (attached). This letter follows WWDA's July 2010 formal communication to the UN Commission on the Status of Women (CSW) regarding the ongoing practice of non-therapeutic, forced sterilisation of women and girls with disabilities in Australia (attached).

The information herein and included in the attached documents is based on the longstanding work of WWDA to fight the practice of non-therapeutic, forced sterilisation of girls and women with disabilities. This work has been recognised internationally and endorsed by the Committee on the Rights of the Child (October 2005)¹, the

* Women With Disabilities Australia (WWDA) represents more than 2 million women with disabilities in Australia. WWDA is run by women with disabilities, for women with disabilities. WWDA's work is grounded in a rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. This rights based approach recognises that equal treatment, equal opportunity, and non-discrimination provide for inclusive opportunities for women and girls with disabilities in society. It also seeks to create greater awareness among governments and other relevant institutions of their obligations to fulfil, respect, protect and promote human rights and to support and empower women with disabilities, both individually and collectively, to claim their rights. Further information is available at www.wwda.org.au.

Committee on the Elimination of Discrimination against Women (July 2010)², and the UN Human Rights Council (January 2011)³.

Background

The right to bodily integrity and the right of a woman to make her own reproductive choices are enshrined in a number of international human rights treaties and instruments to which Australia is a party. However, in 21st century Australia, an alarming number of women and girls with disabilities continue to be denied their right to bodily integrity through the ongoing practice of non-therapeutic, forced sterilisation.⁴ **Non-therapeutic sterilisation** is sterilisation for a purpose other than to 'treat some malfunction or disease',⁵ and it refers to procedures carried out in circumstances that do not involve a serious threat to the health or life of the individual.⁶ **Forced sterilisation** refers to sterilisation that has occurred in the absence of the individual's consent. Non-therapeutic, forced sterilisation is a gross violation of human rights. It is an irreversible medical procedure with profound physical and psychological effects.⁷ It is an act of violence, a form of social control, and a violation of the right to be free from torture or cruel, inhuman or degrading treatment. In all cases, the decision to undergo non-therapeutic sterilisation should be undertaken by a consenting adult and never imposed on a child.

Systemic prejudice and discrimination against disabled women and girls continues to result in widespread denial of their right to experience their sexuality, to have sexual relationships and to found and maintain families. Non-therapeutic sterilisation is performed on young girls and women with disabilities for various purposes, including eugenics-based practices of population control, menstrual management and personal care, and pregnancy prevention (including pregnancy that results from sexual abuse).⁸ The number of disabled women and girls affected by non-therapeutic, forced sterilisation is notoriously difficult to determine⁹ since the procedures used may not be monitored by current data collection regimes or may be performed on women and girls registered under false names.¹⁰ However, Australian research has found that reported non-therapeutic sterilisations of disabled women and girls far exceed the number authorised by courts and tribunals,¹¹ and existing laws have failed to protect significant numbers of disabled girls from this abuse.¹² Australian governments concede that: a) girls with disabilities continue to be sterilised in Australia,¹³ and b) 'unrecorded and unauthorised non-therapeutic sterilisations of young women with intellectual disabilities [are] being undertaken in Australia.'¹⁴

WWDA insists that the Australian Government take all necessary steps to stop the forced sterilisation of women and girls with disabilities. Specifically, there is an urgent need to develop national legislation prohibiting the non-therapeutic sterilisation of girls and adult women with disabilities in the absence of their fully informed and free consent. WWDA's position is endorsed and supported by various UN bodies and a wide range of national and international organisations; however, to date the Australian Government has failed to act.¹⁵

Forced Sterilisation of Girls with Disabilities

In Australia, the legal position on sterilisation varies from jurisdiction to jurisdiction.¹⁶ From 2003 to 2007, in an attempt to 'minimise the risk of unauthorised sterilisations occurring',¹⁷ the Australian Government began to address non-therapeutic sterilisation of children [girls] by drafting national, uniform legislation. However, the goal of this legislation was not to *prohibit* forced sterilisation of girls with disabilities, but instead to *regulate* who could authorise non-therapeutic sterilisations of minors with 'decision-making disabilities'. The creation of legislation which enables authorisation of the sterilisation of children with intellectual disabilities in itself violates the human rights of those it purports to protect. The draft legislation was strongly opposed by disability and human rights organisations on the grounds that it did not clearly prohibit sterilisation in all non-therapeutic circumstances, it only applied to children with intellectual disabilities, and it applied a broad test for the judicial authorisation of sterilisation. Critically, the primary emphasis of the draft legislation was not on the prohibition of this human rights abuse but on the elaboration of the circumstances and principles under which it could occur – which were essentially permissive rather than protective.

The Australian Government discontinued this work in 2007 because it believed that sterilisation of girls with disabilities had declined and that existing guardianship and court mechanisms for authorising sterilisation procedures worked adequately.¹⁸ This was incorrect, and, to date, existing State and Territory legislation and federal court mechanisms have been ineffective in eliminating non-therapeutic, forced sterilisations of young girls with disabilities. Anecdotal reports and health insurance statistics provide evidence that non-therapeutic sterilisation of girls with disabilities has occurred in greater numbers than officially reported; that it occurs without authorisation by courts and tribunals; and that these procedures are actively sought (by parents and carers) in other

jurisdictions both within Australia and in other countries. Current domestic law does not prevent children with disabilities from being taken out of Australia to another country to have the sterilisation procedure performed.

Australia's Human Rights Obligations

WWDA is deeply concerned at the Australian Government's apparent indifference to the ongoing practice of non-therapeutic and forced sterilisation of girls and women with disabilities, and at its refusal to act on recommendations from a number of UN monitoring bodies to enact national legislation prohibiting in all cases (1) the sterilisation of girls (with or without disabilities) except when there is a serious threat to life or health, and (2) the sterilisation of adult women with disabilities in the absence of their fully informed and free consent.

The Australian Government has ratified the Convention on the Rights of Persons with Disabilities (CRPD), which contains specific articles related to the rights of children, the right to family, and the right of people with disabilities to retain their fertility (Article 23).¹⁹ In 2005, the Committee on the Rights of the Child in considering Australia's report under Article 44 of the Convention on the Rights of the Child (CRC), recommended that *'the State party....[d] prohibit the sterilization of children, with or without disabilities....'*²⁰ and in 2007 clearly articulated its position on sterilisation of girls with disabilities, clarifying that States parties to the CRC are expected to prohibit by law the forced sterilisation of children with disabilities (General Comment 9).²¹ In February 2011, the Committee on the Rights of the Child issued General Comment 13, *'The right of the child to freedom from all forms of violence'*, through which the Committee distinctly identifies forced sterilisation of girls with disabilities as a form of violence and clearly articulates that **all** forms of violence against children are unacceptable without exception.²² Also, the Committee on Economic, Social and Cultural Rights (CESCR) has made it clear that forced sterilisation of girls and women with disabilities is a breach of Article 10 of the Convention on Economic, Social, and Cultural Rights.²³ Similarly, the Human Rights Committee has clarified to State parties that forced sterilisation is in contravention of Articles 7, 17 and 24 of the International Covenant on Civil and Political Rights.²⁴

In July 2010, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed concern in its Concluding Observations on Australia at the ongoing practice of non-therapeutic sterilisations of women and girls with disabilities and recommended that the Australian Government *'enact national legislation prohibiting, except where there is a serious threat to life or health, the use of sterilisation of girls, regardless of whether they have a disability, and of adult women with disabilities in the absence of their fully informed and free consent.'*²⁵

In January 2011, in follow-up to Australia's Universal Periodic Review, the UN Human Rights Council endorsed a recommendation specifically addressing the issue of sterilisation of girls and women with disabilities. It indicates that the state should:

*Comply with the recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women concerning the sterilization of women and girls with disabilities (Denmark); Enact national legislation prohibiting the use of non-therapeutic sterilisation of children, regardless of whether they have a disability, and of adults with disability without their informed and free consent (United Kingdom); Repeal all legal provisions allowing sterilization of persons with disabilities without their consent and for non-therapeutic reasons (Belgium); Abolish non-therapeutic sterilization of women and girls with disabilities (Germany).*²⁶

The Australian Government has a responsibility to develop national policies and legislation that fulfil its human rights obligations as set out in the treaties it has ratified and the international declarations and consensus documents to which it is a party. In this context, WWDA has continued to urge the Australian Government to endorse and prioritise implementation of the recommendations issued by the CRC (2005), CEDAW (2010), and in Australia's UPR (2011) on sterilisation of women and girls with disabilities and has further encouraged the Australian Government to work with WWDA to implement the organisation's long-standing recommendations to end non-therapeutic and forced sterilisation in Australia (see below).

Moving Forward

WWDA respectfully requests that you consider the information provided, and in your capacity as Special Rapporteurs that you urge the Australian Government to comply with the recommendations of CEDAW, CRC, and the Human Rights Council to immediately to prohibit the non-therapeutic and forced sterilisation of women and girls with disabilities. We ask for your help to ensure that the Australian government undertake the following steps


to enable women with disabilities to realise their right to health, their right to freedom from violence, their rights to reproductive freedom and to found a family, and their right to freedom from torture or cruel, inhuman or degrading treatment or punishment:

1. Develop national legislation prohibiting, except where there is a serious threat to life or health, the non-therapeutic sterilisation of girls with disabilities, and of adult women with disabilities in the absence of their fully informed and free consent. Adequate resources must be provided to ensure proper consultation and collaboration with key organisations representing women with disabilities and with other critical stakeholders. Such legislation should be consistent with the full International Federation of Gynecology and Obstetrics (FIGO) Guidelines on Female Contraceptive Sterilization (attached). Specifically, the national legislation should include explicit recognition of the following from the Guidelines:²⁷
 - a) Medical practitioners must recognise that, under human rights provisions and their own professional codes of conduct, it is unethical and in violation of human rights for them to perform procedures for prevention of future pregnancy on women who have not freely requested such procedures, or who have not previously given their free and informed consent. This is so even if such procedures are recommended as being in the women's own health interests;
 - b) Only women themselves can give ethically valid consent to their own sterilisation. Family members including husbands and parents, legal guardians, medical practitioners and, for instance, government or other public officers, cannot consent on any woman's or girl's behalf;
 - c) It is unethical for medical practitioners to perform sterilisation procedures within a government program or strategy that does not include voluntary consent to sterilisation;
 - d) It is ethically inappropriate for healthcare providers to initiate judicial proceedings for sterilisation of their patients, or to be witnesses in such proceedings inconsistently with Article 23(1) of the Convention on the Rights of Persons with Disabilities;
 - e) Sterilisation for prevention of future pregnancy is not an emergency procedure. It does not justify departure from the general principles of free and informed consent. Therefore, the needs of each woman must be accommodated, including being given the time and support she needs, while not under pressure, in pain, or dependent on medical care, to consider the explanation she has received of what permanent sterilisation entails and to make her choice known;
 - f) Women considering sterilisation must be informed that it is a permanent procedure, which does not protect against sexually transmitted diseases, and be provided information on non-permanent options for contraception. Information should be provided in language women understand, through translation if necessary, in plain, non-technical terms, and in an accessible format, including sign language or Braille;
 - g) Forced sterilisation constitutes an act of violence, whether committed by individual practitioners or under institutional or governmental policies. Healthcare providers have an ethical response in accordance with the guideline on Violence Against Women (FIGO 2007).
2. Provide redress to women and girls with disabilities who have been sterilised without their consent. Work in this area would need to include:
 - a) the provision of financial compensation and an official apology for discrimination;
 - b) the provision of specialised funding for qualified counsellors through a recognised body (such as Relationships Australia) to provide ongoing counselling and support to women with disabilities who are survivors of forced sterilisation;
 - c) the provision of specialised funding to the Disability Discrimination Legal Centres to support survivors of forced sterilisation with their claims to financial compensation.
3. Address the cultural, social, and economic factors that drive the sterilisation agenda. Work in this area would need to include:
 - a) Commission and fund a national project on women with disabilities' right to reproductive freedom which:
 - addresses the incidence and long term effects of forced sterilisation for *all* women with disabilities, including those with psychiatric, cognitive, sensory and physical disabilities;
 - investigates the practice of menstrual suppression of girls and women with disabilities, including those in group homes and other forms of institutional care. Research into menstrual suppression practices must include:

- investigation into the non-consensual administration of Depo-Provera and other injectable contraceptives, the contraceptive pill, and other forms of contraception to women and girls with disabilities;
 - investigation into the use of contraception as a form of social control of girls and women with disabilities;
 - investigation into the long term physical and mental health and social effects of menstrual suppression practices.
- b) Develop national protocols for health education curriculum (commencing at primary school level) which incorporate models of diversity that portray positive images of women with disabilities as parents and as sexual beings;
- c) Fund a full time Project Officer position for Women With Disabilities Australia (WWDA) for a period of three years to conduct a national project which educates and informs women with disabilities of their right to reproductive freedom, including their right to sexuality and their right to parent;
- d) Develop specific measures to ensure a gender perspective is incorporated into any national, state/territory initiatives undertaken as part of the domestic implementation of Article 8 [Awareness Raising] of the CRPD.
4. Assist women and girls with disabilities and their families and carers to access appropriate reproductive health care. Work in this area would need to include:
- a) Research and implement the specific supports required by carers to better assist them in managing the menstruation and reproductive health needs of women and girls with intellectual disabilities;
 - b) Investigate the feasibility of establishing a national scheme (similar to schemes such as the Continence Aids Payment Scheme), which provides funding for women and girls with disabilities and their families and carers to access appropriate reproductive health care;
 - c) Develop national sexual health protocols for women with disabilities that incorporate options for menstrual management and contraception.

We greatly appreciate your attention to this most critical issue and would be happy to provide any additional information you may require. Below for your reference please find a list of attachments referenced in this letter and additional documents that provide further details of WWDA's work on forced sterilisation of girls and women with disabilities in Australia.

Yours Sincerely,



Carolyn Frohmader
Executive Director



Sue Salthouse
President

Attachments

Attachment 1: WWDA Correspondence to the Special Rapporteurs (May 2010)

This attachment includes copies of WWDA's initial correspondence (dated 11th May 2010) to the Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health; the Special Rapporteur on Violence against Women; and the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. It also includes a copy of WWDA's Submission to the Australian Attorney-General on the issue of Sterilisation of Minors (March 2010), which was an attachment to WWDA's May 2010 correspondence to the Special Rapporteurs.

Attachment 2: WWDA Communication to the United Nations Commission on the Status of Women (CSW) Communications Procedure

This formal communication regarding the ongoing practice of forced sterilisation of women and girls with disabilities in Australia was formally submitted by WWDA to CSW in July 2010.

Attachment 3: International Federation of Gynecology and Obstetrics (FIGO) Guidelines on Female Contraceptive Sterilization (June 2011)

These recently released ethical guidelines on female contraceptive sterilization acknowledge a global problem of forced sterilisation of women with disabilities and reaffirm that "Only women themselves can give ethically valid consent to their own sterilization."

Attachment 4: *A Synopsis of the Sterilisation of girls with disabilities in Australia* (March 2011)

This two-page document prepared by WWDA gives an overview of forced sterilisation of women and girls with disabilities in Australia over the past decade.

Attachment 5: *Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disabilities, A Report on the National Project conducted by Women with Disabilities Australia (WWDA) (2001)*

In 2001, Women With Disabilities Australia (WWDA) completed a national research study into sterilisation and reproductive health of women and girls with disabilities. The resulting report 'Moving Forward' recommended the banning of all sterilisations of girls under the age of 18 years and the prohibition of sterilisation of adults in the absence of informed consent, except in circumstances where there is a serious threat to health or life. The report also outlined a program of reconciliation; co-ordinated legislative and policy development; information, support and service models; consent considerations; approaches to reproductive health care and education; and data collection. Successive Australian Governments have to date failed to substantially address and respond to any of the recommendations stemming from WWDA's national project, which was completed in 2001.

¹ In considering Australia's report under Article 44 of the CRC (Fortieth Session), the Committee on the Rights of the Child encouraged Australia to: 'prohibit the sterilisation of children, with or without disabilities'. United Nations Committee on the Rights of the Child, Fortieth Session, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding Observations: Australia, CRC/C/15/Add.268, 20 October 2005, paras 45, 46 (e).

² Committee on the Elimination of Discrimination against Women (2010) *Concluding observations of the Committee on the Elimination of Discrimination against Women: Australia*. CEDAW Forty-sixth session, 12 – 30 July 2010. CEDAW/C/AUS/CO/7. See: <http://www2.ohchr.org/english/bodies/cedaw/cedaws46.htm>

³ UN General Assembly Human Rights Council (2011) *Draft report of the Working Group on the Universal Periodic Review: Australia*, 31 January 2011, A/HRC/WG.6/10/L. 8 [para. 86.39]. The final document will be issued under the symbol A/HRC/17/10.

⁴ See: Brady, S., Briton, J., & Grover, S. (2001) *The Sterilisation of Girls and Young Women in Australia: Issues and Progress*. A report commissioned by the Federal Sex Discrimination Commissioner and the Disability Discrimination Commissioner; Human Rights and Equal Opportunity Commission, Sydney, Australia. Available online at: www.wwda.org.au/brady2.htm See also: Brady, S. (2001) *The sterilisation of girls and young women with intellectual disabilities in Australia: An audit of Family Court and Guardianship Tribunal cases between 1992-1998*. Available online at: www.wwda.org.au/brady2001.htm

⁵ Secretary, *Department of Health and Community Services v JWB and SMB*, 1992, 175 CLR 218; 106 ALR 385.

⁶ See: Dowse, L. & Frohmader, C. (2001) *Moving Forward: Sterilisation and Reproductive Health of Women and Girls with Disabilities*, A Report on the National Project conducted by Women with Disabilities Australia (WWDA), Canberra.

⁷ Sterilisation has permanent, life-long consequences which are likely to be more significant and apparent during adulthood. Sterilisation will result in the permanent inability to reproduce and lowers parenting options for adoption or foster care. Grave health risks such as early onset menopause, osteoporosis and cardio-vascular disease can result from sterilisation of girls before they begin to menstruate. Similar effects arise from sterilisation in early puberty. Sterilisation can be detrimental to sexual pleasure on the basis that the uterus and the cervix play an important part in sexual satisfaction. Forced sterilisation can increase a disabled girl's vulnerability to sexual abuse although the opposite is often cited in its justification. It can also inadvertently serve to cover-up the sexual abuse of women with disabilities, since pregnancy is often the only clear evidence that sexual abuse has occurred. Women who have been sterilised may also be assumed to be non-sexual and therefore will be more easily passed over for sexual and reproductive health screening. The consequences of a wrong decision to sterilise are grave. The violations and harms associated with making a wrong decision cannot be rectified. Sterilisation is irreversible, and unlike other decisions it cannot be altered by a subsequent review of judicial decision-making. For more information see: Dowse, L. & Frohmader, C. (2001) *OpCit* (pp. 34-48); See also: ABC TV (2003) Transcript: "Walk In Our Shoes": *Four Corners explores the issue of sterilisation of people with disabilities*. Available online at: www.wwda.org.au/4corners.htm

⁸ Brady, S., Briton, J., & Grover, S. (2001), *OpCit*.

⁹ *Ibid*.

¹⁰ Dowse, L. (2004) 'Moving Forward or Losing Ground? The Sterilisation of Women and Girls with Disabilities in Australia'. Available online at: www.wwda.org.au/steril3.htm

¹¹ Brady, S. and Grover, S. (1997) *The Sterilisation of Young Girls and Women in Australia: a legal, medical and social context*. Report commissioned by the Disability Discrimination Commissioner, Human Rights and Equal Opportunity Commission, Sydney. Available online at: www.wwda.org.au/brady.htm

¹² Brady, S., Briton, J., & Grover, S. (2001), *OpCit*.

¹³ Australian Government (2009) *Response to the UNESCAP Questionnaire on the implementation of the outcome of the Fourth World Conference on Women (Beijing 1995)*. Available online at: www.unescap.org/ESID/GAD/Issues/Beijing+15/Responds_to_Questionnaire/Australia.pdf [See page 14].

¹⁴ Australian Government (2006) *Sterilisation of Women and Young Girls with an Intellectual Disability - Report to the Senate*. Tabled by the Minister for Family and Community Services and the Minister Assisting the Prime Minister on the Status of Women, December 6, 2000. Available online at: www.wwda.org.au/senate.htm

¹⁵ Hon Robert McClelland (Attorney-General) *Correspondence to Women With Disabilities Australia (WWDA)*, 27 August, 2009.

¹⁶ In Western Australia, Victoria, the Australian Capital Territory and the Northern Territory, the Family Court of Australia and the Federal Magistrates Court have exclusive jurisdiction to decide on sterilisation matters. New South Wales, South Australia, Queensland and Tasmania have conferred concurrent jurisdiction in relation to sterilisation decisions on their respective guardianship tribunals and boards. Each state and territory also has a body (such as the Victorian Office of the Public Advocate), which acts on behalf of, and advocates for, people with a decision-making disability.

¹⁷ Standing Committee of Attorneys-General (SCAG) (2004) *Issues Paper on the Non-Therapeutic Sterilisation of Minors with a Decision-Making Disability*. Available online at: www.wwda.org.au/scagpap1.htm

¹⁸ Australian Government (2009), *OpCit*.

¹⁹ UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly*, 24 January 2007, A/RES/61/106 [paras. 6(1,2); 7(1); 15(2); 16(1); 17(1); 23(1b,c); 25(d)].

²⁰ United Nations Committee on the Rights of the Child, Fortieth Session, *Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding Observations: Australia*, CRC/C/15/Add.268, 20 October 2005, paras 45, 46 (e).

²¹ CRC General Comment No.9 [at para.60] states: 'The Committee is deeply concerned about the prevailing practice of forced sterilisation of children with disabilities, particularly girls with disabilities. This practice, which still exists, seriously violates the right of the child to her or his physical integrity and results in adverse life-long physical and mental health effects. Therefore, the Committee urges States parties to prohibit by law the forced sterilisation of children on grounds of disability.'

²² UN Committee on the Rights of the Child (CRC), *General comment No. 13 (2011): Article 19: The right of the child to freedom from all forms of violence*, 17 February 2011, CRC/C/GC/13 [paras.16, 21].

²³ CESCR General Comment No.5 [at par 31] states: Women with disabilities also have the right to protection and support in relation to motherhood and pregnancy. As the Standard Rules state, “persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood”....Both the sterilization of, and the performance of an abortion on, a woman with disabilities without her prior informed consent are serious violations of article 10 (2).

²⁴ See: Human Rights Committee (2000) International Covenant on Civil and Political Rights (CCPR), *General Comment No. 28: Equality of rights between men and women*, 29 March 2000, CCPR/C/21/Rev.1/Add.10, [paras.11 & 20].

²⁵ Committee on the Elimination of Discrimination against Women (2010) *Concluding observations of the Committee on the Elimination of Discrimination against Women: Australia*. CEDAW Forty-sixth session, 12 – 30 July 2010. CEDAW/C/AUS/CO/7.

²⁶ UN General Assembly Human Rights Council (2011) *Draft report of the Working Group on the Universal Periodic Review: Australia*, 31 January 2011, A/HRC/WG.6/10/L. 8 [para. 86.39]. The final document will be issued under the symbol A/HRC/17/10.

²⁷ International Federation of Gynecology and Obstetrics (FIGO), *Guidelines on Female Contraceptive Sterilization*, June 2011.