



Senate Community Affairs Committee - Universal access to reproductive healthcare

**Opening Statement from Carolyn Frohmader
CEO, Women With Disabilities Australia (WWDA)
28 February 2023**

Good afternoon Chair and committee members. My name is Carolyn Frohmader, and I am the CEO of Women with Disabilities Australia (WWDA), a position I have held for over 25 years. WWDA is the national representative organisation for women, girls, feminine identifying and non-binary people with disability. WWDA uses the term 'women and girls with disability', on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

I would like to firstly acknowledge and pay my respects to the traditional owners of the land from which I am coming to you from today - the land of the Muwinina people, here in nipaluna, in the beautiful island state of lutruwita, Tasmania. I pay my respects to all First Nations people, including those who may be joining us today.

For the purposes of our contribution to your inquiry I will be focusing particularly on Terms of Reference E and F, although my evidence to you today on behalf of WWDA does crossover with a number of the other Terms of Reference.

To provide some context to what I wish to speak with you about today I would like to begin by stating what some people may consider obvious and many take for granted. And that is: that sexual and reproductive health and rights are inherent to everybody. They are fundamental human rights-encompassing for example, the right for everybody to make their own choices about their body, to have full control over their body, their sexuality, their health, relationships, if and when to get married or not, if and when to have children or not, without any form of discrimination, coercion or violence. They also include the right of everyone to be free from interference in making personal decisions about sexuality and reproductive matters and to access sexual and reproductive health information, education, services and support.

However, regardless of country or context, including in Australia, no group has ever been as severely restricted, or negatively treated, in respect of their sexual and reproductive rights, as women and girls with disability.

We are subject to widespread discrimination, systemic prejudice, paternalistic and ableist attitudes that denigrate, devalue, oppress and deny us our rights. These deep-rooted and pervasive discriminatory attitudes and practices continue to result in multiple and extreme violations of the sexual and reproductive rights of women and girls with disability, including through practices such as forced sterilisation, forced abortion, forced contraception, and menstrual suppression. These egregious forms of reproductive violence have no place in a civilized world – yet remain lawful in this country.

We are typically not seen as sexual beings, often viewed only through the lens of our impairments.

We are often ignored in sexual and reproductive rights and health policy, service and program development, including the development of information, education and training resources. There is a lack of accessible and appropriate information and education resources about the full range of sexual and reproductive rights of women and girls with disability - for women with disability ourselves, the service sector, and the broader community.

We are discriminated against in our access to and use of sexual and reproductive health services and programs, due to factors such as inaccessible venues; lack of transport; lack of appropriate equipment; non-inclusive and inflexible service policies and programs; lack of skilled workers; and pervasive stereotypes and assumptions about us.

Support for choices and services in menstrual management, contraception, abortion, sexual health management, pregnancy, birth, parenting, assisted reproduction, and menopause are often inappropriate, absent or inaccessible.

We are denied adequate supports and services for parenting. We experience discrimination in accessing assisted reproductive technologies. We have our children removed from us by authorities at a rate of up to ten times higher than other parents – often solely on the basis of our disability rather than any evidence of child neglect.

We are much less likely than our non-disabled peers to be involved in choice and decision-making around the type of contraception we use. For many women with disability, particularly those with intellectual disability, the decision about type of contraception is almost exclusively made by someone else, such as a doctor and/or guardian, parent, or carer.

We experience much higher rates of all forms of gender-based violence than others, yet are often excluded from legislative, program and service responses.

These are just some examples of the many, many ways we are denied our sexual and reproductive rights.

In closing, I wish to impress that Australia is a party to seven international human rights treaties. As a party to these treaties, Australia has chosen to be bound by the treaty requirements and has an international legal obligation to implement the treaty provisions through its laws and policies.

It is now almost 20 years since the United Nations treaty monitoring bodies first urged Australia to develop and enact national legislation to prohibit sterilisation of children, and of adults with disability in the absence of their full, free, prior and informed consent. This recommendation has been repeatedly re-iterated by the UN treaty monitoring bodies over the past 2 decades – and yet here we are – a country that still allows practices such as forced sterilisation, forced abortion, forced contraception, and menstrual suppression.

This is nothing short of shameful.

I will leave it there.

Thank you.