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Please keep Name Confidential to protect the privacy of a living person but submission can be published as information is deidentified

I welcome this Senate Community Affairs Committee for inquiry and report on the involuntary, or coerced sterilisation of people with disabilities, in Australia. Currently there appears to be little, or no available data on the number of people prescribed chemical sterilisation drugs, in particular, Androcur. I note that Ms Plibersek has established an Electronic Recording and Reporting of Controlled Drugs system and this is one way to get the data and monitor the prescribing of chemical sterilising drug treatments. If the Government has no checks and balances on who is chemically sterilised it is in breach of the UN Human Rights Treaty by not collecting the data and making all GP's doctor's accountable for all patients.

There is a mistaken belief that the decision for involuntary chemical sterilisation is made by a Family court, or an order from state Guardianship Tribunal, yet in practice this is not necessary. Involuntary chemical castration is a common standard procedure for younger men with ABI disabilities, in aged care. This is without regard to the long term health consequences of an unwanted sex change upon the man, there is no counselling, no behavioural management measures and there is no process for any accountability, that I am aware of. Permission is not required by relatives and it is very difficult for them to be informed about any drug treatment of a relative in aged care, which creates the very real collusion between the medical profession, aged care facilities, and State and Federal authorities.

The fact that involuntary chemical sterilisation is not illegal, is not considered criminal, and doesn't have any effect on a medical practitioner's registration, means the practice is rife. Clearly this circumvents a disabled individual's chances of rehabilitation, reintegration into the community, and should be considered a breach of the National Disability Standards. Also families attempts to support their disabled relative are thwarted when doctors prescribe sex change drugs for a patient, over which they have control.

Imagine living as a male and suffering a brain injury then without knowledge you are registered under PBS as 1404 To reduce drive in sexual deviations in males and placed on a sex offenders registry. Your brain has testosterone blocked and waking up in a disabled body medicated and classified as a sexual deviant, without having molested anyone, you are transexualised. Testosterone is not replaced with any hormone, the human brain cannot function properly without a dominant hormone circulating around the body. Neutering treatment keeps men in sexual limbo, the small amount of oestrogen their brain makes is interpreted by the brain as female and it responds over time by forming breasts, lactating, shrinking gonads and causing an array of preventable

health and wellbeing issues, including sweating, dryness, sensitivity to the sun, redness and rashes. Other possible side effects of the drug include fatigue, weakness, shortness of breath, liver and kidney damage to the liver or kidneys, resulting in organ failure, an increased risk of stroke, loss of coordination, and slurred speech (see more in the list below). All these symptoms for a person doctors are meant to try to rehabilitate

People with ABI often suffer perseveration, causing uncontrolled repetitive movements, their compulsion to withdraw to pay attention to their body is primary. Men who are chemically castrated, without their knowledge, have testicular shrinkage, which causes irritation in the gonads, often resulting in them touching their testicles and nipples. In society when this occurs it results in strong sedation, they lose the ability to function and cannot taken out into the community becoming confined to their room and withdrawn. Even though they are chemically sterilised their behaviours are misinterpreted by others as hypersexuality. Often antipsychotic medications are prescribed to treat patients viewed as having sexual behaviour issues. These medications mean a disabled person has a high risk of suffering a number of etiological symptoms, such as kidney disease, liver disease, tardive dyskinesia, immune deficiency. The eventuation of resultant health risks for a younger person with disabilities being chemically sterilised is a very lucrative prospect for the doctor, the care facility, and the pharmaceutical industry. Disparagingly, they become what is known in the industry as a 'cash cow'

#### Symptoms associated with involuntary chemical sterilisation in disabled men

1. Emasculation - loss of identity, loss of courage and self-esteem and ability to rehabilitate
2. Demasculisation – brain chemistry destabilised, primary feminine gender changes
3. Muscle weakness, affects motivation, inability to perform tasks, poor coordination
4. Loss of libido - loss of intimate relations, depression,
5. Erectile dysfunction –tension, insecure, low self esteem, sad, fearful, angry and ashamed.
6. Sarcopenia - loss of muscle mass and strength, inability to perform tasks, motor instability
7. Low bone mass - osteoporosis, immunity compromised, arthritis
8. Depressive thoughts - risk of self harm, lethargy increased medications causing liver damage
9. Changes in mood - fatigue, boredom, and anger – loss of social and communication skills, loneliness
10. Sleep disturbances – tired, unable to rest, irritable, inability to concentrate, confusion, sedation
11. Loss of body hair, increased risk of skin cancer, rashes, allergies
12. Hot flushes, headaches, nausea, rashes, cold sweats
13. Heart palpitations, fear, anxiety, inability to concentrate
14. Loss of vigour - no motivation, loss of ambition, loss of will to be involved
15. Insulin resistance - weight fluctuations, diet restrictions, breast cancer, endocrine problems
16. Metabolic syndrome – enlarged waist, coronary artery disease, stroke, and type 2 diabetes
17. Visceral obesity – requiring high care equipment, risk of heart disease, stroke, diabetes, depression
18. Gynaecomastia,- excessive breast tissue growth in men, tender chest, itchy enlarged nipples
19. Diminished cognitive functions - confusion, social dysfunction, medication symptoms of dementia
20. Small testes, - shrinkage causes extreme internal irritation, itchy sensation in testes sac

Be very clear if someone becomes severely disabled through acquired brain injury, or stroke, the medical standards in Australia, don't require the obtainment of a birth certificate, or notification of family, to chemically sterilize them, without any medication review from anyone. To be prescribed Androcur they are placed on the sexual deviant register and they are going to be difficult to locate, unless they are charged with an offence, as the system protect their privacy. They will not be placed on a missing persons register because it is presumed you are a transgender sex change and don't want to be found because the assumption is they are living somewhere as a woman.

Chemical sterilisation doesn't appear to me to be carefully considered by the government, the medical profession, aged care facilities, or disability services. There are no second opinions, public notices of people with incapacity, nothing lists people under state Guardianship.

The only time chemical sterilisation seems to be an issue is if a parent of a female person with a disability seeks to have her daughter's menses ceased for behavioural management, and they have a fear of their daughter's sexual vulnerability and poor coping mechanisms in the event of pregnancy, should she remain fertile. This becomes more of a problem with the prospect of aging parents and their concern not just for their daughter's wellbeing but also the wellbeing of any future grandchildren, who will may become a ward of the state in the event of their own death.

On the other hand, for anyone who discovers a relative has been chemically castrated, it is very difficult to get a medical practitioner to override what the staff at an aged care facility decide, behaviours are often misinterpreted by staff often being unqualified, untrained, and unsupervised and employer company mandate is to make profit, apparently without regard to human rights. Without obtaining a Guardianship Order, the relatives have no real rights and if the person stays in the same facility, the treatment will not change. Obtaining a Guardianship Order does not enable the appointment of another doctor, rarely will one doctor take over such a client, made less possible because the aged care facility can say they can't work with the relative guardian, or if two relative guardians they can say they don't get on and this will make the disabled person a ward of the state.

The risk for a relative guardian, if they try to get a medication review, or change medical treatment that includes reversal of involuntary chemical castration, is the aged care facility doctor can simply get guardianship reverted back to the state and continue the involuntary chemical sterilisation medication regime. Either that, or the aged care facility can register the person with disability services and then the chemical restraint can't be lifted without an order to get involuntary chemical sterilisation reversed, regardless of whether, or not, it's not medically necessary.

The issue is further driven underground because public disclosure of information about a person classed as having incapacity is an offence. So the disabled people has no rights and neither does anyone who wants to protect them from the devastating effects of chemical sterilisation.

Although the UN views involuntary chemical sterilisation as torture, a breach of human rights, and a form of eugenics, the Australian Government's, both state and federal, treat chemical castration with indifference and

turn a blind eye to the practice of involuntary chemical castration by the medical profession, aged care facilities, and disabilities agencies. Indeed, involuntary chemical sterilisation is normal for disabled men, deemed as having incapacity, and it doesn't appear to me that there is any mechanism to assert the relevant human rights protections to protect, or intervene on behalf of disabled people to prevent them from being chemically sterilised in Australia.

My submission to this Senate Inquiry highlights some of the hidden issues that politicians and the general public need to know, about the reality of chemical sterilization, particularly in men with high care disabilities. It may be different from the situation facing females with disabilities. However the Inquiry is asked to consider that changing anyone's sex hormones, without their consent, or understanding, has between males and females, many common physical, psychological, and emotional effects, regardless of the reason, the outcome to the disabled person is the same. The symptoms suffered by males have their equivalent counterpart of those suffered by females, with similar effects on the brain and body, and for many, similar social, physical, and psychological consequences on the person with the disability. Turning someone into the opposite sex, without their mental inclination and accompanying gender change, is perversely cruel, in some circumstances inhumane, and the poorest measure of the quality of a society.

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