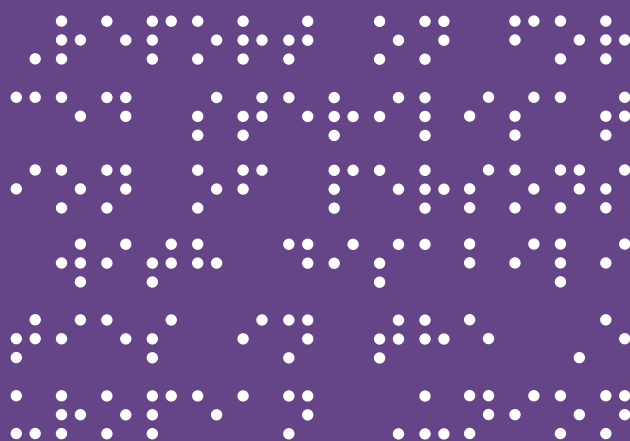




EDF Report - September 2022

Forced sterilisation of persons with disabilities in the European Union



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Introduction

Forced sterilisation of persons with disabilities is a pervasive abuse and a gross violation of their fundamental rights. Nevertheless, it is ongoing and widespread across Europe and worldwide.

The capacity of people with disabilities to have children is often forcibly removed, often behind closed doors, often with the consent of the State. People with intellectual or psychosocial disabilities, especially those under guardianship measures, are among the most at risk of being sterilised without their consent. Women and girls with disabilities, and all those that can carry pregnancies, are overwhelmingly targeted.

Forced sterilisation can amount to torture and leads to life-long trauma. It is still legal in several EU countries. Furthermore, it is often decided without the person's consent. It is also the case that, in countries where it is not legal, the person was sterilised without their knowledge, under the guise of other medical procedures, and only discovered it later in life. It is then hard to report and get justice.

This report aims to shed light on this gross human rights violation and demands that this practice be banned throughout Europe, and worldwide.

The European Disability Forum

EDF is an umbrella organisation of persons with disabilities that defends the interests of over 100 million persons with disabilities in the European Union. We are a unique platform that brings together representative organisations of persons with disabilities from across Europe. We are run by persons with disabilities and their families, and as such represent a strong, united voice of persons with disabilities in Europe.

EDF is committed to women's rights, gender equality and the women's movement. We are an active member of the European Women's Lobby and the European Coalition to end violence against women and girls.

Acknowledgements

The research for this report was conducted by Haëndila Varela, consultant. The report was edited by Marine Uldry, EDF Senior Human Rights Officer, and André Felix, Communications Coordinator. It was reviewed by the EDF Women's Committee and EDF Board.

The European Disability Forum thanks everyone who contributed to the report.



Executive Summary

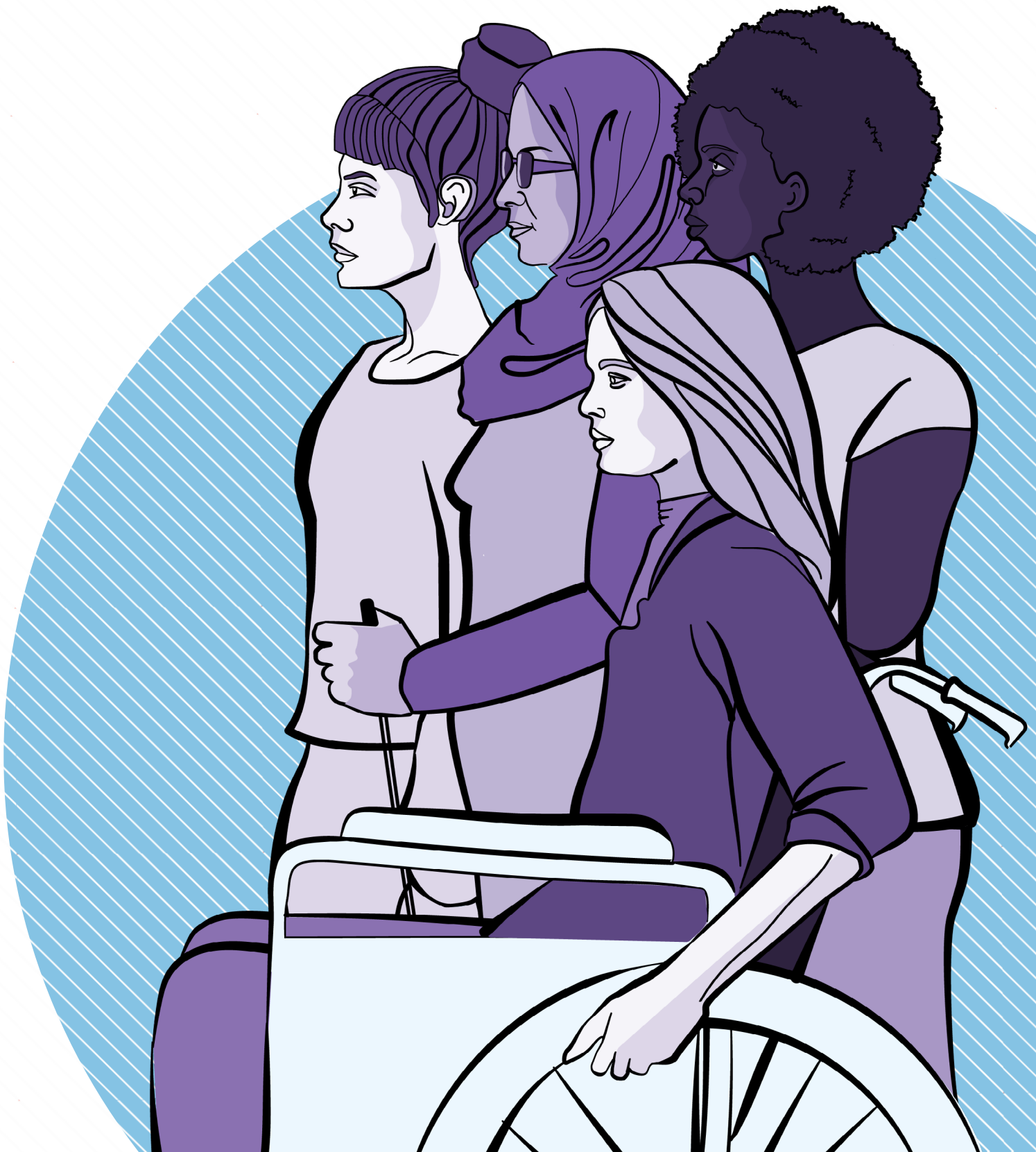
Forced sterilisation is a gross violation of fundamental rights. Moreover, it is a harmful practice and example of gender-based violence that is still inflicted mainly on people with disabilities, Roma and intersex people across Europe.

It is prohibited under numerous international texts: the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and the Rome Statute of the International Criminal Court, among others. Nevertheless, it is still allowed by law in several EU Member States.

As of August 2022, we found that:

- **Only 9 EU Member States explicitly criminalise forced sterilisation** as a distinct offence in their criminal code¹.
- **At least 13 EU Member States still allow some forms of forced sterilisation in their legislation:** Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Hungary, Latvia, Lithuania, Malta, Portugal and Slovakia². They authorise either a guardian, a legal representative, an administrator or a doctor to consent to the sterilisation of a person with disabilities on their behalf.
- **3 Member States authorise the forced sterilisation of minors:** Czechia, Hungary and Portugal.
- **In at least 3 EU Member States the use of contraception or sterilisation can be a requirement for admission to residential institutions:** Belgium, France and Hungary.

Although not always explicitly named as such, the widespread practice of sterilising a person without their free, prior and informed consent and/or knowledge is forced sterilisation.



Definition and international legal framework

What is forced sterilisation?

Sterilisation can be defined as a process resulting in a permanent incapacity of natural reproduction. This process is **forced** when a person undergoes sterilisation without their knowledge or consent or after expressly refusing it, or if the sterilisation takes place in the absence of a serious and immediate threat or risk to health and life³.

Sterilisation is also **coerced** when the person is compelled to accept sterilisation by their family and/or medical professionals, or when it is required by policies or legislation, for example to have access to services (e.g. residential institution) or changes in legal document (e.g. modification of gender in legal document for trans people).

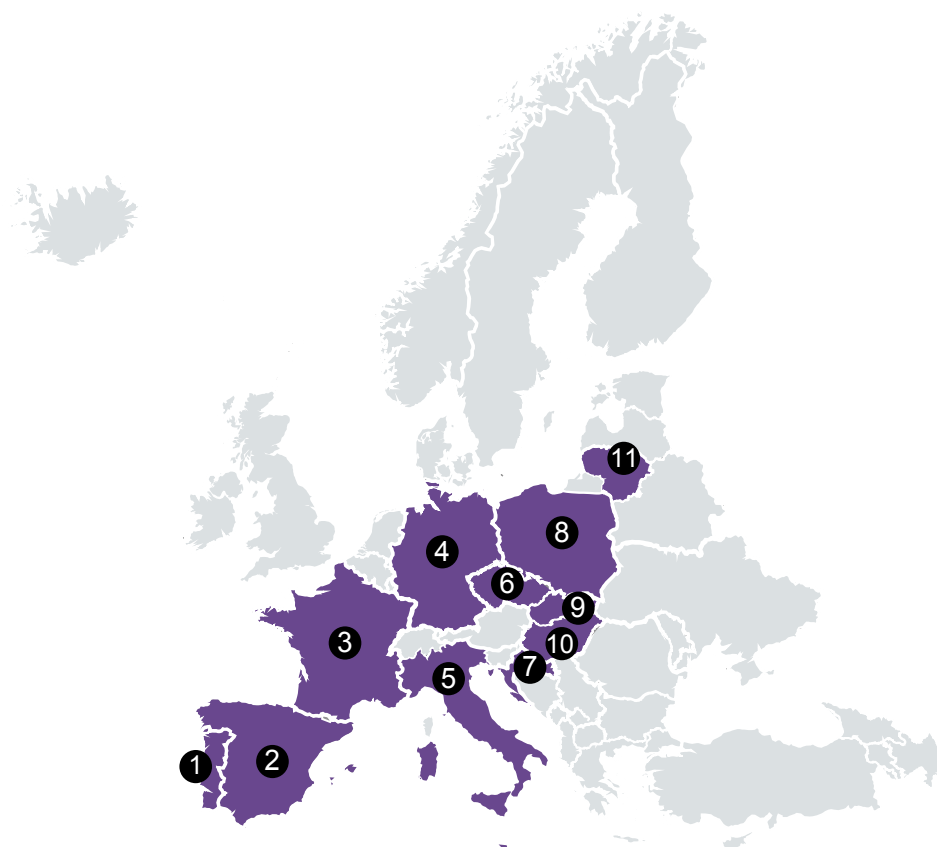
Is it prohibited by international human rights law and why?

International human rights treaties prohibit forced sterilisation as it violates human rights, such as the rights to dignity, physical integrity, privacy and free and informed consent. Monitoring bodies have recommended banning forced sterilisation in several countries, including EU Member States.

The **UN Convention on the Rights of Persons with Disabilities (CRPD)**⁴ includes multiple provisions relevant to the issue of forced sterilisation. Article 12 covers the right of persons with disabilities to equal recognition before the law and to enjoy legal capacity on an equal basis with others, and receive support to exercise their legal capacity. Article 16 recalls countries' duty to protect persons with disabilities from all forms of violence and abuse and to take legislative, social and educational measures in this regard. Article 17 protects the physical and mental integrity of the person. The CRPD guarantees respect for home and the family under article 23, including the right to start a family and to “decide freely and responsibly on the number and spacing of their children” and access information about reproductive and family education. The right to free and informed consent in the area of health is covered under article 25.

The United Nations Committee on the Rights of Persons with Disabilities has repeatedly called for the prohibition of forced sterilisation. It has explained that this practice can be considered a form of cruel, inhuman or degrading treatment or punishment and breaches several international human rights treaties⁵. The Committee asked to 11 EU countries measures to ban and combat this violation⁶.

EU countries asked by CRPD to establish measures to ban and combat forced sterilisation



● The EU countries involved (11)

① Portugal

② Spain

③ France

④ Germany

⑤ Italy

⑥ Czechia

⑦ Croatia

⑧ Poland

⑨ Slovakia

⑩ Hungary

⑪ Lithuania

Not all EU Member States have been reviewed by the CRPD Committee.

Under article 12 of the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**⁷, States Parties are required to take all measures to prevent discrimination against women in the field of health care and ensure access to health care services, including those related to family planning.

Forced sterilisation is explicitly condemned and considered a crime in two international treaties. Under article 39 of the **Council of Europe Convention on preventing and combating violence against women and domestic violence** (Istanbul Convention)⁸, States Parties are required to take legislative measures to criminalise forced abortion and forced sterilisation.

At the international level, the **Rome Statute of the International Criminal Court**, in article 7, includes enforced sterilisation under the list of acts amounting to crimes against humanity “when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack.”⁹

Other international standards may be listed here such as the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights or the European Convention on Human Rights which include relevant provisions as well.

While a majority of EU Member States have ratified most of the aforementioned human rights treaties, and are bound by these provisions, in reality many are not complying with their international obligations.

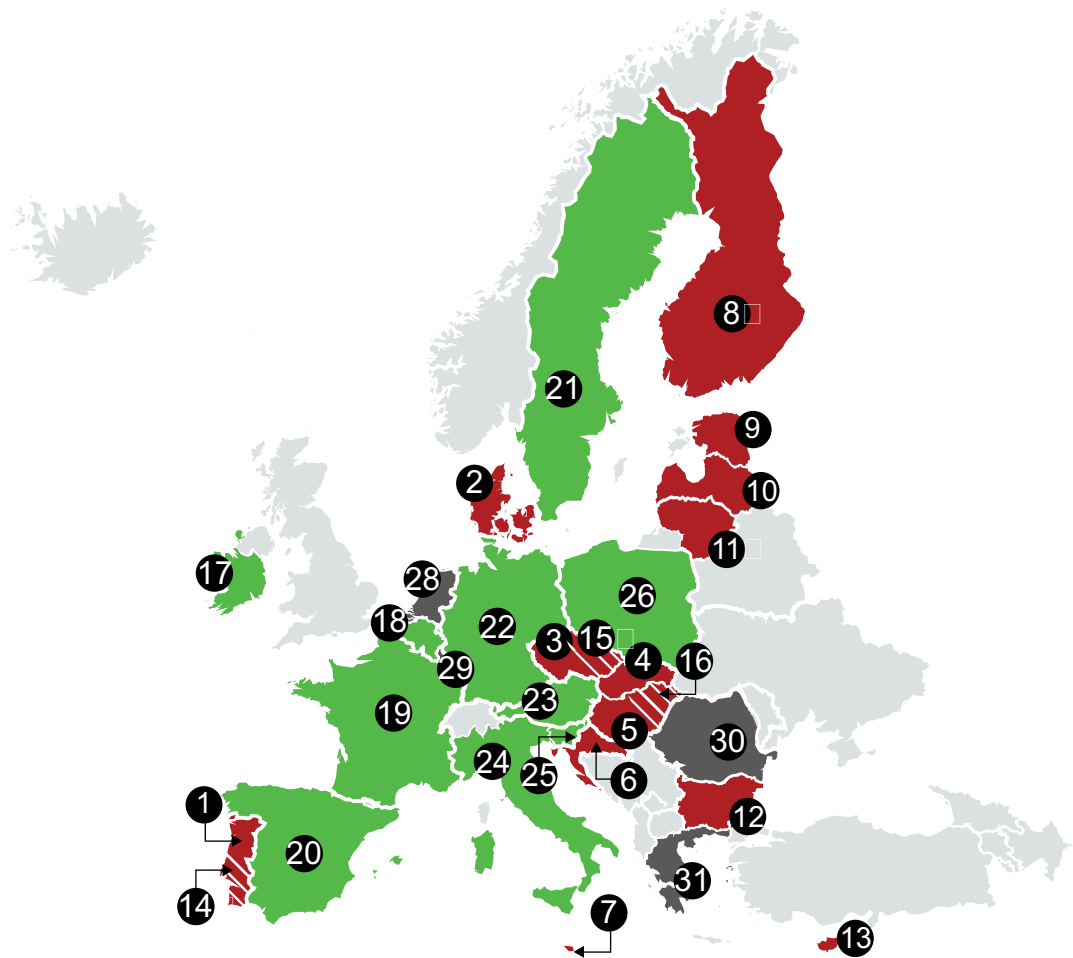
Forced sterilisation in EU Member States

The study of EU Member States' legislation on sterilisation shows widespread forced sterilisation of persons with disabilities, especially women and girls.

Forced sterilisation is **authorised by the legislation of 13 EU Member States**¹⁰ (even though the expression of “forced” is not expressly present in the legislation except for Hungary and Lithuania)¹¹.

The legislation of **Czechia, Hungary and Portugal** allows forced sterilisation of minors.

Status of forced sterilisation in EU Member States



● Forced sterilisation allowed by law for some persons with disabilities (13)

- ① Portugal
- ② Denmark
- ③ Czechia
- ④ Slovakia
- ⑤ Hungary

- ⑥ Croatia
- ⑦ Malta
- ⑧ Finland
- ⑨ Estonia
- ⑩ Latvia

- ⑪ Lithuania
- ⑫ Bulgaria
- ⑬ Cyprus

▨ Forced sterilisation of minors allowed by law (3)

- ⑭ Portugal

- ⑮ Czechia

- ⑯ Hungary

● Forced sterilisation not allowed by law for persons with disabilities (10)

- ⑰ Ireland
- ⑱ Belgium
- ⑲ France

- ⑳ Spain
- ㉑ Sweden
- ㉒ Germany

- ㉓ Austria
- ㉔ Italy
- ㉕ Slovenia
- ㉖ Poland

● No information (4)

- ㉘ Netherlands
- ㉙ Luxembourg

- ㉚ Romania
- ㉛ Greece

14 The European Disability Forum

In some countries that, do not allow forced sterilisation of persons with disabilities, exceptions may still exist, for example when it is an urgent or 'therapeutic' measure. This is the case under the law of Ireland, Italy and Slovenia. In France and Germany, a judge cannot agree on the sterilisation of a person who expressly refuses it, however it is reasonable to assume that persons may not always have the opportunity to reject the procedure.

[More detailed information on the laws in place in each EU Member States can be found on EDF's website](#)¹².

Data on forced sterilisation

Forced sterilisation remains taboo and often takes place behind closed doors. Even when mandated by the State or a court, data concerning this practice is either inexistent, outdated or not disaggregated. Recent data was only found for Germany and Spain.

In **Germany**, according to 2017' statistics 17% of all women with disabilities have been sterilised, comparing to 2% of the women nationwide¹³. In 2016, out of 31 requests for approval of sterilisation of persons with disabilities filed by a legal guardian, 23 were approved¹⁴.

In **Spain**, the Spanish Committee of Representatives of Persons with Disabilities (CERMI) reported the forced sterilisation of 140 persons with disabilities in 2016. In the first quarter of 2016, 37 court petitions for sterilisation of persons with disabilities were recorded, and in 2015, 71 sterilisation cases entered the courts. Over a thousand people with disabilities have been sterilised in the past decade, according to the Spanish General Council of the Judiciary¹⁵.

The absence of data on forced sterilisation of persons with disabilities shows a lack of transparency from States. Without data, it is difficult to evaluate the number of persons who have undergone (forced) sterilisation and determine whether the practice is increasing or decreasing.

Despite this, reports from civil society organisations show that this practice continues in several EU Member States.

For example:

- In **Belgium**, NGOs expressed concerns that women with disabilities, particularly those with an intellectual disability, are still exposed to forced sterilisation. In their report to the UN CRPD Committee¹⁶, they argued that sterilisation is widespread in institutions for persons with disabilities and is even an entry requirement for women in many of these segregated centres.
- In **Lithuania**, the Lithuanian Disability Forum¹⁷ noted that women with intellectual or psychosocial disabilities residing in care institutions experience important violations of their rights, including involuntary sterilisation. They also lack access to justice and legal complaint mechanisms.
- In **Poland**, NGOs reported¹⁸ that, while forced sterilisation is prohibited, women with disabilities living in institutions are still sterilised against their will or without informed consent. This issue is not well documented.

Reasons invoked to justify forced sterilisation

This intrusive and irreversible practice is legitimated based on different discriminatory reasons. They include:

- the so-called “best interest of the person”.
- medical reasons.
- to “protect the person against sexual abuse”.
- to “ease” contraception and to avoid the “burden” that other contraception methods may bring.
- the persistent paternalistic, infantilising and patriarchal belief under which a person with disabilities may not be capable of caring for a child.

In **Belgium**¹⁹, **France**²⁰ and **Hungary**²¹ it has been reported that contraception or sterilisation was required for admission to certain institutions. This means that parents were pressured to consent to the sterilisation of their daughter, as there is no alternative. It is not clear whether this is still the case since Belgium and France changed their legislation.

Exemption from free and informed consent

One of the major issues with forced sterilisation relates to the notion of free and informed consent. Sterilisation is a process or an act with an irreversible consequence: it deprives the person from their ability to procreate.

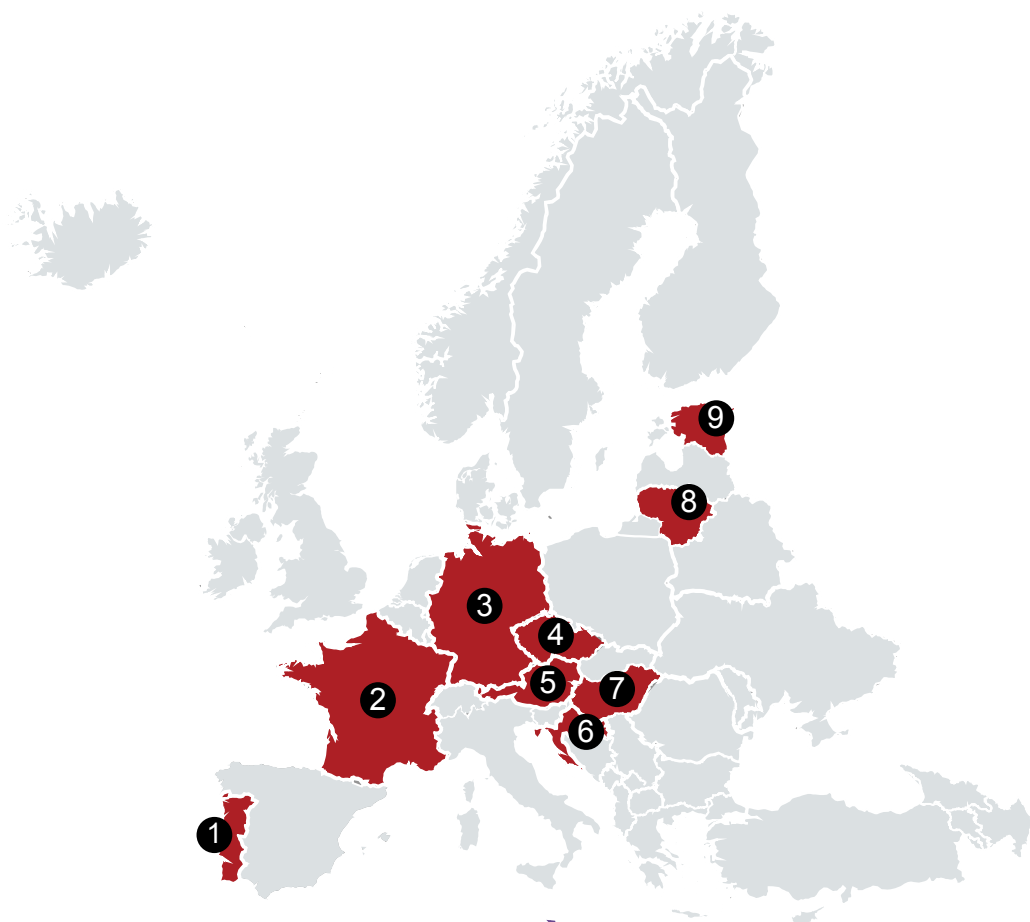
Due to its consequences and the health-related risk of sterilisation, the obtention of free and informed consent from the person concerned is crucial. However, when it comes to forced sterilisation, the decision is taken without the consent and/or knowledge of the person concerned.

In the EU Member States allowing non-consensual sterilisation of a person with intellectual or psychosocial disabilities and/or with limited legal capacity or incapacitated, sterilisation of the person concerned is decided by third parties. In general, **the law authorises either a guardian, a legal representative, an administrator or even a doctor to consent to the sterilisation of a person with disabilities.**

In **Croatia** and **Portugal**, the parents may also request the sterilisation of their (adult) child.

In at least 9 EU Member States²², the decision on whether to authorise or not sterilisation is taken by a court, sometimes in response to a request submitted by the guardian, a legal representative or any other person allowed by law to express the consent of the person concerned.

Countries where the decision on sterilisation is taken by a judge



● The EU countries involved (9)

① Portugal

② France

③ Germany

④ Czechia

⑤ Austria

⑥ Croatia

⑦ Hungary

⑧ Lithuania

⑨ Estonia

While forced sterilisation is in principle not allowed in France and Germany, a decision on sterilisation of persons under guardianship can still be taken by a judge, after consultation with the person and their legal representative. If the person concerned refuses the sterilisation, the judge cannot allow it.

In some countries that allow forced sterilisation, the decision may be taken by other entities, such as a special council or commission (**Denmark** and **Slovenia**) or the Commissioner for mental health (**Malta**).

Link between forced sterilisation and legal capacity

Forced sterilisation is presented as a means to protect the “vulnerable” persons. This is analogous to arguments for substituted legal capacity regimes, especially guardianship. However, these regimes or acts violate persons with disabilities’ fundamental rights and undermine their autonomy and right to self-determination.

Legal capacity and forced sterilisation are intrinsically linked since forced sterilisation particularly concerns persons with intellectual and/or psychosocial disabilities, whose legal capacity is restricted. Decisions about their reproductive rights are left to their legal representatives, guardians or courts, among others. We witness that many EU Member States that authorise forced sterilisation are also among those that allow for substituted decision-making.

These legal provisions go against their international obligations²³.

Existence or absence of “safeguards” to protect the rights of persons with disabilities

Some EU Member States tend to include “safeguards” to ensure that the consent and will of the person concerned is sought and respected.

Some States provide for the consideration of the consent or will of the persons concerned prior to their sterilisation - these include **Belgium, Bulgaria, France, Germany, Portugal, Slovakia and Sweden**.

Since forced sterilisation remains taboo and confidential, there is a lack of information and data on the enforcement of these rules. It is difficult to evaluate whether such legal provisions are effectively applied and whether the consent is sought and respected. This suspicion is compounded by testimonials about cases where the person was not aware of the procedure²⁴ and/or had been lied to about it (e.g. pretending that the sterilisation was an appendicitis operation)²⁵. Bearing in mind that the final decision is taken by a third party, the existence and effectiveness of this safeguard is questionable.

In addition, several States, including **Bulgaria, Czechia, Germany, France, Hungary and Slovakia**, expressly include a legal requirement under which the person concerned has to be informed about the procedure. It is, again, hard to determine whether such information is effectively provided to the person concerned in a clear, accessible and tailored manner. In **Germany**²⁶, a survey of women living in institutions run by disability services providers reported that different techniques have been used to induce women to consent to sterilisation (withholding information, provision of false information, emotional pressure).

Some States limit forced sterilisation to specific cases or have to meet specific conditions to be lawful. In **Czechia**, the forced sterilisation of a patient with limited legal capacity can be performed due to medical reasons and with the fulfilment of three conditions: the patient's custodian approval, a positive statement from an expert committee and the approval of a relevant court. In **Austria**, if a person with an adult representative consents to undergo a sterilisation, the representative may only agree to the sterilisation under certain circumstances. The representative may only agree if the person represented is "threatened with permanent physical suffering, danger to life, a serious damage to health, or severe pain"²⁷. Additionally to one of these reasons, the sterilisation needs a specific approval by a court.

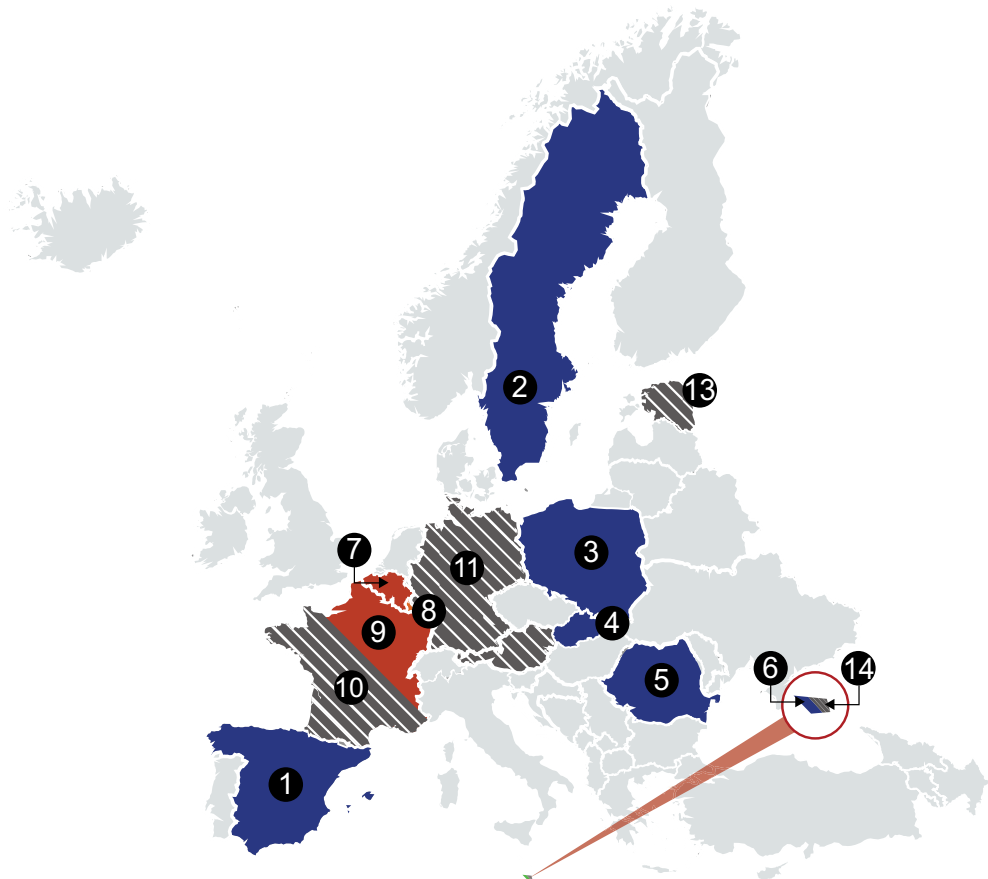
Criminalisation of forced sterilisation

The majority of EU Member States do not have a specific provision prohibiting forced sterilisation in their criminal law. The abuse often falls under a different criminal offence, including bodily harm, assault, battery, coercion, violence or international crimes such as crimes against humanity and war crimes.

9 EU Member States explicitly criminalise forced sterilisation as a distinct offence²⁸, with different penalties. For example, it can be sanctioned to up to 10 years of imprisonment in **Malta**²⁹, while in **Sweden** the offence is sanctioned by a fine and up to 6 months imprisonment³⁰.

5 EU Member States explicitly criminalise the sterilisation of minors³¹.

EU Member States criminalising forced sterilisation as a distinct offence



● Criminalisation of forced sterilisation (6)

① Spain

② Sweden

③ Poland

④ Slovakia

⑤ Romania

⑥ Malta

● Criminalisation of forced sterilisation as war crime (3)

⑦ Belgium

⑧ Luxembourg

⑨ France

▨ Only/Also distinct criminalisation of sterilisation of minors (5)

⑩ France

⑫ Austria

⑭ Malta

⑪ Germany

⑬ Estonia

In some countries, forced sterilisation is explicitly criminalised as a war crime (for example in **Belgium, France and Luxembourg**), but in other cases the offence falls under other provisions related to violence.

Forced sterilisation is also sometimes explicitly prohibited under Health/Mental Health Law (for example in Denmark and Slovakia), but it is criminalised under other offences, such as medical coercion.

The absence of explicit criminalisation of forced sterilisation as a distinct offence in the majority of EU Member States may be interpreted as a mean to enable access to sterilisation and avoid potential criminal prosecution for third parties that either gave their consent or performed it. For instance, under article 156§1 of the Polish Criminal Law “imperiling anyone’s reproductive capacities” is punishable with 3 years of imprisonment. This article does not provide for any exception meaning that a doctor performing the sterilisation of a patient may potentially act illegally. However, sterilisation is not prohibited in **Poland** and a woman is allowed to request and consent to her sterilisation. Due to this legal uncertainty regarding the performance of sterilisation, some doctors are reluctant to perform it. It is important to recall that all people, especially women, should have access to consensual sterilisation procedures, in compliance with their sexual and reproductive rights.

Access to justice and remedies

Forced sterilisation raises a lot of legal questions in terms of access to justice and redress for people with disabilities, especially women and girls with disabilities, who have been subjected to forced sterilisation without their consent. These often remain unanswered.

Are they made aware of their right to obtain justice and reparation for the violation they underwent? Are they provided with support and legal assistance? What if a person subjected to forced sterilisation is incapacitated and wishes to take their guardian to court? What if a person with limited legal capacity refuses to undergo sterilisation, but their legal representative goes against their will and consents to the sterilisation? Women and girls with disabilities face a multitude of barriers when seeking justice and compensation.

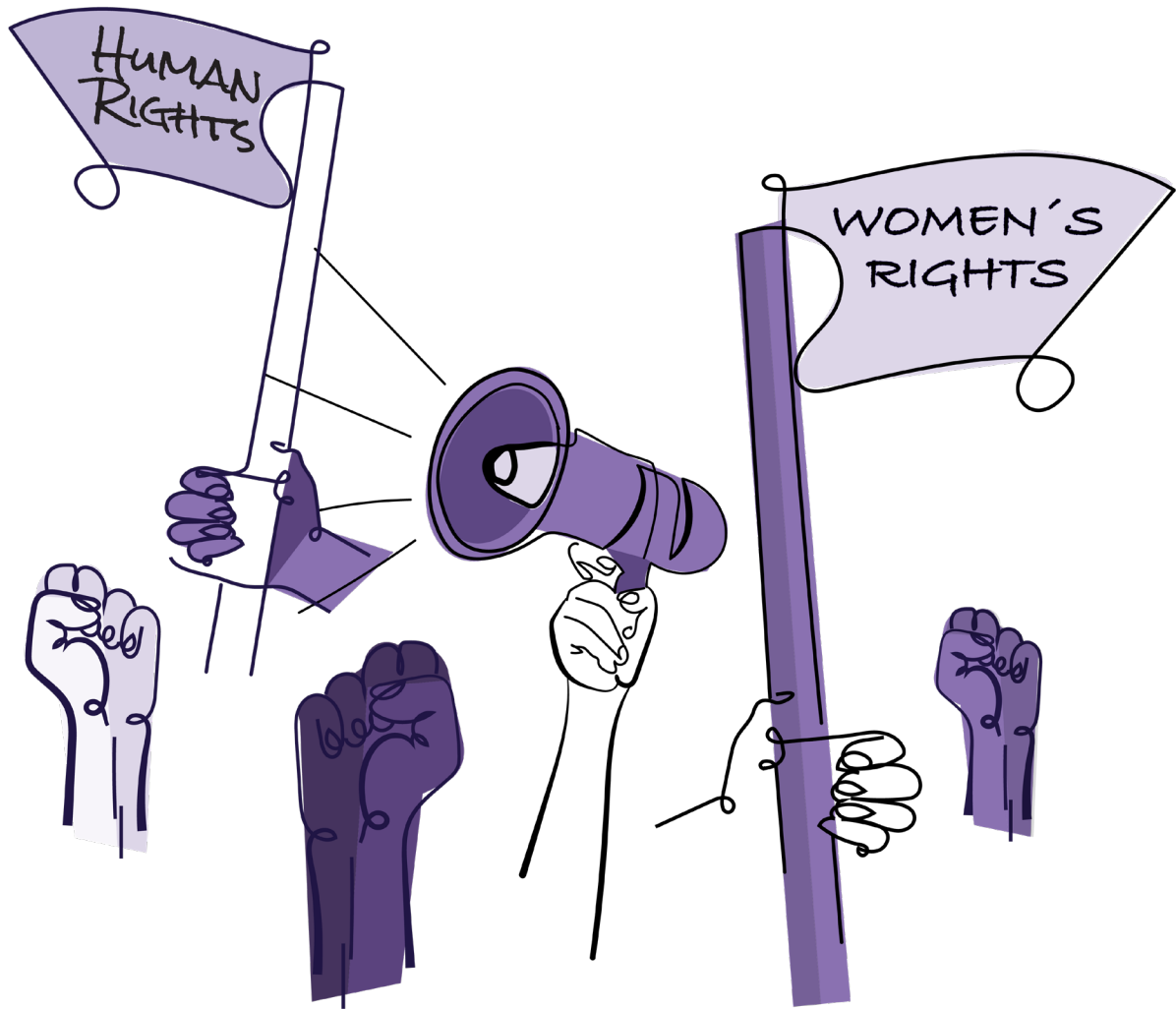
In this regard, both **Czechia** and **Sweden** implemented a special mechanism to process applications for compensation to persons who underwent forced sterilisations. Furthermore, **Slovakia** is currently discussing the implementation of a similar mechanism.

What are national courts saying?

Legal decisions show that forced sterilisation cases may be successful (or not) depending on the national legislation and legal system.

In **France**, in 2005, the association “Collectif contre l’handiphobie” applied to the Conseil d’Etat³² to request the annulment of a decree implementing Article L.2123-2 of the Public Health Code, relating to the forced sterilisation of adults with intellectual disabilities. The association requested the annulment of the decree on the grounds that the law on which the decree was based was contrary to the French Declaration of the Rights of Man and the Citizen, and contrary to France’s international commitments guaranteeing, in particular, the right to marry and found a family, respect for private life or prohibiting inhuman and degrading treatment. The Conseil d’Etat rejected this application and considered that the law in question was not contrary to France’s international commitments and did not contain any discrimination contrary to the stipulations in said treaties. However, the legislation has since been revised³³.

In **Lithuania**, in 2019, a civil court ordered a hospital to pay €31,000 in damages to a woman with cerebral palsy sterilised without her knowledge or consent³⁴.



Examples of promising initiatives and practices towards the end of forced sterilisation

Despite a rather negative general picture, it is worth highlighting some good practices and promising initiatives to end forced sterilisation in Europe.

Sweden has a significant history of forced sterilisation from 1934 to 1975. However, after abolishing forced sterilisation in 1975 Sweden set up a government body to compensate people who had been forcibly sterilised.

Czechia also has a long history of forced sterilisation of Roma people and persons with disabilities. Initially, the victims had only the common civil remedy, which had been considered sufficient and satisfactory by the country. However, in 2021, Czechia adopted a law aiming at compensating victims of forced sterilisation in response to civil society pressure and due to a recommendation of the UN Committee on the Rights of Persons with Disabilities³⁵. However, it has to be noted that this law only applies to forced sterilisation that took place between 1 July 1966 and 31 March 2012³⁶.

Regarding **Slovakia**, following numerous recommendations by the Council of Europe's Commissioner for Human Rights, the latest of which was in July 2021, the Slovak Minister of Justice announced that discussions were underway to establish a review and compensation mechanism for claims relating to forced sterilisations that took place before 2004. Since then, and following its conviction by the European

Court of Human Rights in the case of V.C. v. Slovakia, the country it has taken several measures. The latter include the establishment of an expert committee that investigated forced sterilisations of Roma women, the introduction of informed consent in the sterilisation process and the training of health professionals in obtaining informed consent for sterilisation, among others.

Another welcome initiative is the criminalisation of forced sterilisation in **Spain** in December 2020³⁷. Before the adoption of the new law, forced sterilisation of persons “incapable of giving consent” was authorised. In its concluding observations, the UN Committee on the Rights of Persons with Disabilities repeatedly expressed concerns about forced sterilisation and abortion of women and girls with disabilities. It urged Spain to repeal article 156 of its Criminal Code and abolish the administration of sterilisation and medical treatment on all persons with disabilities without their full and informed consent³⁸.

Given this progress, it is imperative that all EU Member States follow these developments and criminalise and combat forced sterilisation, including by ensuring access to justice and reparation for victims.

Conclusion and recommendations

Forced sterilisation is a systemic human rights violation in most EU Member States. This widespread abuse is often justified by a willingness to “protect the interest” of the person in question. Furthermore, perpetrators cite the need to “protect” women and girls with disabilities from potential “issues” that may arise from pregnancy.

In reality, allowing forced sterilisation is accepting an intrusive form of violence that destroys victims’ lives. It leads to lifelong trauma and perpetuates a paternalistic, infantilising and discriminatory system that questions the capacity of persons with disabilities, most often women with disabilities, to take care of a child and found a family.

Forced sterilisation must be prohibited and criminalised by the EU and all its EU Member States. We call for:

- » **The criminalisation of forced sterilisation under the proposed EU Directive on combating violence against women and domestic violence**
- » **The criminalisation of forced sterilisation by all EU Member States with no exception based on disability or legal capacity**

- » **The adoption of measures at EU and Member States levels to ensure access to justice, including adequate criminal sanctions, and compensation for victims**
- » **The ratification of the Istanbul Convention by the EU and all its Member States**

The sexual and reproductive rights of persons with disabilities, particularly of women and girls with disabilities, must be guaranteed. This includes the right to choose whether to have children or not.

It is essential to ensure free access to clear and appropriate information on reproductive health and rights, contraceptive methods and sex education, access to safe abortion, gynaecological care and support to parenthood.

In order to uphold their rights, EU Member States must provide training to medical staff and professionals on informed consent of patients with disabilities. They also must make information available to the families.

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Endnotes

- 1 Belgium (as war crime), France (as a war crime), Luxembourg (as a war crime), Malta, Poland, Romania (as a war crime and crime against humanity, and as a form of gender-based violence), Slovakia, Spain and Sweden. However, it is important to note that the criminalisation of forced sterilisation can still provide for exception, for example in the case of the sterilisation of persons with disabilities. For example, in Malta.
- 2 No information found on Greece, Luxembourg, Netherlands and Romania.
- 3 EDF and CERMI, [Ending forced sterilisation of women and girls with disabilities](#), p.11, May 2017, and Human Rights Watch, *Sterilization of Women and Girls with Disabilities – A Briefing Paper*, November 2011.
- 4 [Convention on the Rights of Persons with Disabilities and Optional Protocol](#), 13 December 2006.
- 5 For example, in its [General Comment No. 3 on women with disabilities](#), paras. 32 and 63.
- 6 Croatia, Czechia, France, Germany, Hungary, Italy, Lithuania, Poland, Portugal, Slovakia and Spain. Not all EU Member States have been reviewed by the CRPD Committee.
- 7 [Convention on the Elimination of All Forms of Discrimination against Women](#), 18 December 1979.
- 8 [Council of Europe Convention on preventing and combating violence against women and domestic violence](#) (Istanbul Convention) No. 210, 11 May 2011.
- 9 [Rome Statute of the International Criminal Court](#), July 2002.
- 10 Austria, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Hungary, Latvia, Lithuania, Malta, Portugal and Slovakia. No information found on Greece, Luxembourg, Netherlands and Romania.
- 11 In Hungary, forced sterilisation is explicitly allowed by law for medical reasons and in cases of emergency in Lithuania (when the person cannot express their will).
- 12 This page will be updated with new and currently missing information.

- 13 Aged 15 to 65.
- 14 German Institute for Human Rights report (Deutsches Institut für Menschenrechte), [Submission to inform the Preparation by the CEDAW Committee of a List of Issues Prior to Reporting by Germany](#), p.6, January 2020.
- 15 [Parliamentary questions to the European Commission](#), Beatriz Becerra Basterrechea (ALDE), 7 February 2018.
- 16 [Position of the associations and Advisory Structures representing persons with disabilities, 1st report – Belgium, UN CRPD, Shadow report initiated and coordinated by the Belgium Disability Forum](#), February 2014.
- 17 [Lithuanian Disability Forum, Additional information to the UN CEDAW Committee for the review of Lithuania, 74th session](#), October 2019.
- 18 [Association of Women with Disabilities, ONE.pl and Women Enabled International, Joint submission to the CRPD Committee for its review of Poland](#), July 2018.
- 19 [Position of the associations and Advisory Structures representing persons with disabilities, 1st report – Belgium, UN CRPD, Shadow report initiated and coordinated by the Belgium Disability Forum](#), February 2014, §28 p.64.
- 20 Louise Hemmerlé – France Info, « [Peut-on se passer de leur avis?»: la délicate question de la contraception des femmes handicapées mentales](#), 30 July 2018.
- 21 [NGO information \(The Hungarian Civil Liberties Union, The Living Independently in the Community advocacy group, Validity Foundation – Mental Disability Advocacy Centre\) to the UN CRPD Committee in response to the List of Issues prior to reporting in relation to the combined second and third periodic reports of Hungary, §40-43](#), February 2020.
- 22 Austria, Croatia, Czechia, Estonia, France, Germany, Hungary, Lithuania and Portugal.

23 See information on substituted decision making in [EDF position paper on Ensuring disability rights in civil judicial cooperation](#), March 2022.

24 For example, a Deaf woman had been sterilised as an adult and found out about it while she did medical test because she could not get pregnant. More information in [EDF report Ending forced sterilisation of women and girls with disabilities](#), 2017, pages 30-31.

25 See for example the [case of Leilani Muir-O'Malley in Canada](#).

26 German Institute for Human Rights (Deutsches Institut für Menschenrechte), [Submission to inform the Preparation by the CEDAW Committee of a List of Issues Prior to Reporting by Germany](#), p.6, January 2020.

27 However, sterilisation is questionable as less invasive measures could be taken such as abortion in case of immediate risk for the life of the pregnant person.

28 Belgium (as war crime), France (as a war crime), Luxembourg (as a war crime), Malta, Poland, Romania (as a war crime and crime against humanity, and as a form of gender-based violence), Slovakia, Spain and Sweden. However, it is important to note that the criminalisation of forced sterilisation can still provide for exception, for example in the case of the sterilisation of persons with disabilities. For example, in Malta.

29 § 251F of CAP. 9 of the [Criminal Code of Malta](#).

30 § 8 of the [Sweden Sterilization Act \(1975:580\)](#).

31 Austria, Estonia, France, Germany and Malta.

32 [Conseil d'Etat, 1ère et 6ème sous-sections réunies](#), No 248357, 26 September 2005.

33 Current [Article L2123-2 of the French Public Health Code](#) as revised in March 2020.

34 CEDAW, [Summary record of the 1735th meeting, CEDAW/C/SR.1735](#), §29 (Ms. Sadauskienė), October 2019.

35 This is despite the fact that some forced sterilisations of people under substituted decision making are still allowed under the current law.

36 Romea, [Czech President signs law to compensate the victims of illegal sterilizations](#), August 2021.

37 [Ley Orgánica 2/2020](#).

38 CRPD Committee, Concluding observations on the initial report of Spain, [CRPD/C/ESP/CO/1](#), §38, October 2011; [CRPD/C/ESP/CO/2-3](#), §33-34, May 2019.





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