Facts on Sexual and Reproductive Health for Women with Disabilities

## **Why are we focusing on women with disabilities (WWD)?**

The poorer sexual and reproductive health (SRH) outcomes for women with disabilities are the direct result of discrimination and ableism.

Women with disabilities have a right to pleasurable and safe sexual experiences and/or relationships1.

Many workers and health professional assume or believe negative stereotypes that disabled women are not having sex or should not have sex.

For example, for women with an intellectual disability 17.1% had a pap smear (cervical screening) in past 2 years vs 83.7% general population.5

Women with disabilities experience higher rates of sexual violence

In the community there is an expectation of sexual violence towards women with a disability.1

Women with disability experience higher rates of sexual violence compared to women without disability.2

Sexual violence

16% compared to 33%

Stalking or harassment

16% compared to 27%

Women with disabilities have a unique experience of reproductive coercion.

WWD experience reproductive coercion from partners and additionally from health professionals.

Long acting reversible contraception (LARC) are often misuse in WWD – and more likely to be used in women with intellectual disabilities.

WWD are far more likely to be prescribed Implanon (contraceptive implant) and Depo Provera (contraceptive injection) compared with non-disabled women.1

Contraception discussions with WWD often lack informed consent – No discussion of impacts on menstruation or fertility or how it works.4

Sterilisation of WWD is still common. It is against human rights, but not illegal in Australia.2

Sterilisation is a misguided attempt to manage menstruation & to prevent pregnancy in cases of sexual violence.6

Women with disabilities are less likely to report violence or access support services, and their experiences of violence are more likely to be minimised, excused or not believed.7

Women with disabilities are less likely to receive appropriate SRH health care support due to:

Negative attitudes towards sex and disability from healthcare providers

Inaccessible information and communication

Physical barriers to services1

The resource was produced by Women with Disabilities Victoria with funding from the Victorian Government Department of Health. This resource was created in Naarm (Melbourne) on the lands of the Wurundjeri peoples of the Kulin Nation. Always was, always will be Aboriginal land.

## **Facts on Sexual and Reproductive Health for Women with Disabilities – Sources**

1. Groce, N. E., T. Izutsu, S. Reier, W. Rinehart, and B. Temple. 2009. "Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note." World Health Organization.
2. Llewellyn, G. 2013. "The Involuntary or Coerced Sterilisation of People with Disabilities in Australia." Parliament of Australia.
3. Violence against People with Disability Fact Sheets, Centre of Research Excellence in Disability and Health (CRE-DH), 2020. Data source: ABS (Australian Bureau of Statistics) Personal Safety Survey, Australia, 2016.
4. Horner-Johnson, Willi, Esther L. Moe, Ryan C. Stoner, Krystal A. Klein, Alison B. Edelman, Karen B. Eden, Elena M. Andresen, Aaron B. Caughey, and Jeanne-Marie Guise. 2019. "Contraceptive knowledge and use among women with intellectual, physical, or sensory disabilities: A systematic review." *Disability and health journal* 12, no. 2: 139-154.
5. Department of Health & Human Services. 2015, *Victorian population health survey of people with an intellectual disability 2013*, State Government of Victoria, Melbourne.
6. Women With Disabilities Australia (WWDA). 2016. ‘WWDA Position Statement 4: Sexual and Reproductive Rights’. WWDA, Hobart, Tasmania. ISBN: 978-0-9585269-6-8
7. State of Victoria, Department of Health and Human Services. 2016. “A discussion paper of the Victorian State Disability Plan 2017–2020. 17 Camilleri, M. (2008), ‘Enabling justice: New ways forward – pathways to change’, paper presented at National Victims of Crime Conference, Brisbane; Camilleri, M.(2010),‘[Dis]Abled justice: Why reports of sexual assaults made by adults with cognitive impairment fail to proceed through the justice system’ (Doctoral dissertation), University of Ballarat, Victoria; Robinson, S. (2012), ‘Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability (Issues Paper) cited in Victorian Health Promotion Foundation, (2011), ‘Preventing violence against women in Australia: Research summary’, cited in Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Lea