

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 from the direct result of discrimination and ableism

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

Many workers and health professionals assume or believe negative stereotypes that disabled women aren't having sex or shouldn't 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

Women with disability report experiencing higher rates of sexual violence and stalking

compared to women without disability...

Sexual violence
33%

16%

Stalking or harassment
27%

16%



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. ⁴

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 face unique challenges in seeking support for their sexual and reproductive health

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 sexual and reproductive health care support due to:

- Negative attitudes towards sex and disability from healthcare providers
- Inaccessible information and communication
- physical barriers to services¹

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