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. Such as, disabled women aren’t having sex or shouldn’t have sex.

As a result, women with disabilities have far less knowledge about SRH and their rights. Low levels of sex education often translate to risky sexual sexual behaviours.1

Women with disabilities experience higher rates of sexual violence.

From the age of 15, 46% of women with cognitive disability and 50% of women with psychological disability will experience sexual violence compared to 16% of women without a disability.2

Women with disabilities have a unique experience of reproductive coercion.

WWD experience reproductive coercion from partners, family members, and health professionals.

Long-acting reversible contraception (LARC) are often misused 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.3

Contraception discussions with WWD often lack informed consent, and a lack of discussion on fertility or how it works.4

Sterilisation of WWD is still common. It is against human rights, but not illegal in Australia.5

Sterilisation is a misguided attempt to manage menstruation and 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. Their experiences of violence are more likely to be minimised, discredited or ignored.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 services. 8

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Please be thoughtful of the environment when disposing of this document.

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

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