# Pleasure and Consent for Women and Gender Diverse People with Disabilities: Discussion Paper

## Women with Disabilities Victoria, 2025

## Acknowledgements

Women with Disabilities Victoria acknowledges the Australian Aboriginal and Torres Strait Islander peoples as the first inhabitants and traditional custodians of the lands on which we live and work.

We pay our respects to ancestors and Elders, past and present. We and acknowledge that their continued strength and resilience is built upon more than 60,000 years of history.

The WDV community is committed to honouring the unique cultural and spiritual relationship Aboriginal and Torres Strait Islander peoples have with the land and waters, and their rich contribution to society. The WDV community is committed to honouring the unique cultural and spiritual relationship Aboriginal and Torres Strait Islander peoples have with the land and waters, and their rich contribution to society.

For more information about our work, visit: [www.wdv.org.au](http://www.wdv.org.au/)

## About the Authors

Women with Disabilities Victoria (WDV) is a not-for-profit Disabled People’s Organisation (DPO) representing women and gender diverse people with disabilities in Victoria. The organisation is operated by and for women and gender diverse people with varied disability experiences. WDV has a diverse membership of people from different backgrounds. Women and gender diverse people with disabilities face intersecting forms of structural gender and disability discrimination. WDV actively advocates for our rights to safety and respect, with particular emphasis on disability policy, health services, violence prevention, workforce development, and leadership. WDV advocates for a future in which all women and gender diverse people in Victoria live safe and fulfilling lives.

Suggested citation: Evans, B., & Molnar, L. (2025). Pleasure and Consent for Women and Gender Diverse People with Disabilities: Background Paper. Women with Disabilities Victoria. Melbourne, Victoria.

### Key Contributors

Brigid Evans, B.A. (Hons), Grad Dip Ed (TFA), M.A., Ph.D., Senior Policy and Research Officer

Léna Molnar, B.A. (Hons), Ph.D., Research and Evaluation Lead

## Language Note

We acknowledge that stigma and knowledge gaps impact women and gender-diverse people with disabilities who report various experiences, particularly as they relate to Sexual and Reproductive Health and Violence Prevention.

This paper may reflect the overlapping experiences of cisgender women and gender-diverse people with disabilities. However, the experiences of gender-diverse people warrant specific and direct exploration. We recognise limitations in aggregating findings to the broader level of gender-marginalised people (people who do not identify as cisgender men). Instead, WDV aims to work in coalition with, rather than replicate the core work of organisations that represent and advocate for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other sexually or gender-diverse (LGBTIQA+) people with disabilities.

This paper uses ‘person first’ language (e.g.: women with disabilities). We acknowledge people describe their experience of disability in different ways, and for many people, ‘identity first’ language is a source of pride and resistance.

Throughout this paper, we also adopt the term ‘victim-survivor’ unless quoting, a phrase that is in wide use across the domestic and family violence sector. The term recognises the resilience and resistance of those who have experienced all forms of gender-based violence across the spectrum of harm, while acknowledging that the injustice and vulnerability that this violence creates. We affirm and respect that many people will use language in ways that they prefer to describe their identity.

## Introduction

### Project Background

Women with disabilities in Australia face significant barriers to sexual and reproductive health (SRH) and experience disproportionately high rates of sexual and intimate partner violence. Research indicates that they are twice as likely as women without disabilities to experience sexual violence, with rates ranging from 25–33% compared to 15–16%[[1]](#endnote-2). Victim-survivors (both with and without disabilities) report that the psychosocial impacts of trauma can affect their ability to participate in sex fully and increase their likelihood of being (re)victimised to twice that of their peers without trauma histories[[2]](#endnote-3). Systemic barriers and intersecting oppressions that women and gender-diverse people with disabilities can experience—including ableism, sexism, ageism, racism, and homophobia—will often increase the effects of these risks2.

Women and gender-diverse people with a history of sexual and intimate partner violence report lower levels of sexual satisfaction[[3]](#endnote-4), higher levels of sexual dysfunction leading to lower quality of life 2,[[4]](#endnote-5). Victim- survivors of sexual and intimate partner violence who are women and gender diverse people also report higher rates of diagnosis with a chronic pain condition[[5]](#endnote-6). SRH disparities, including sexual pain and dissatisfaction, are poorly documented concerns for women with disabilities. Around one in ten women in Australia report experiencing painful sex. There is little research on the experience or rates of sexual pain among women and gender-diverse people with disabilities. We know that women with disabilities often find their pain dismissed, as pain is frequently seen as an inevitable consequence of disability rather than something requiring investigation or treatment[[6]](#endnote-7). When health concerns relate to sex or SRH, entrenched biases—that people with disabilities are not sexual, that sex is less important in their lives, or that they should not be having sex at all—can further reinforce this neglect[[7]](#endnote-8).

Widespread physical, structural, and attitudinal barriers contribute to delayed or inadequate SRH care, sexual violence prevention, and increased health risks for women and gender-diverse people with disabilities. Integrating a pleasure-based approach into violence prevention and SRH initiatives can help disrupt harmful narratives that frame women and gender-diverse people as passive, asexual, or lacking the necessary agency to lead safe, consensual, and pleasurable sexual lives.

With these concerns in mind, WDV’s Victorian Women’s Health Program (VWHP), with support from the Gender and Disability Workforce Development Program (G&D), commenced work in 2024 to develop a suite of resources focusing on the relationships between pleasure and consent for women and gender-diverse people with disabilities.

These evidence-based resources will support our stakeholders in understanding and promoting pleasure in the context of sexual consent for women and gender-diverse people with disabilities, in turn supporting better SRH, intersectional practices, and violence prevention. The resources will also inform WDV’s work in supporting the SRH of women and gender-diverse people with disabilities and preventing the gender-based and ableist violence they experience.

### Project Deliverables

The resources developed by WDV will include videos with accompanying user guidance, factsheets, and research outputs5 to support our community engagement, stakeholders, and workforce development training in the priority areas of SRH, and violence prevention.

These accessible resources aim to:

* Promote strength-based practices that advance pleasure and sexual autonomy for women and gender-diverse people with disabilities
* Support practitioners and sexual health professionals to model consent and decision-making with women and gender-diverse people with disabilities around contraception, reproductive healthcare, and relationships using lived experience
* Promote the lived experience of women and gender-diverse people with disabilities in the prevention of sexual violence resources in challenging norms about sexuality, violence, and promoting sexual wellbeing.

Project outputs will support SRH practitioners in talking about pleasure and consent with women and gender-diverse people with disabilities in their practice. WDV’s VWHP is developing this project alongside the project work led by the G&D team on preventing violence against LGBTIQA+ people with disabilities, ensuring that all sexual consent and pleasure project outputs support the interests of women and gender-diverse people with disabilities, regardless of their sexual orientations.

### Background Paper Method

After initial expert consultation and stakeholder scoping for project need, the project commenced with a policy analysis and desktop literature review to develop the evidence base. This foundational work has been set up to ensure that the project outputs align with best practices, informed by the most up-to-date standards, legislation, and research.

A key focus of the project was to develop a theoretical framework to guide the creation of resources related to consent and pleasure. Informing this framework are:

* An examination of existing state and federal policies on SRH, consent (both for the wider community and as it pertains to people with disabilities), relationships and sexuality education (RSE), and sexual violence prevention.
* A review of relevant state and federal legislation at the intersection of pleasure, consent, RSE, sexual violence, and sexual autonomy for women and gender-diverse people with disabilities.

This background paper intends to identify research and knowledge gaps in the existing body of work and to provide an overview of best practices and evidence-based approaches. Intersectional and strengths-based perspectives were prioritised, focusing on sex-positive (or minimally sex-neutral) research. We placed emphasis on literature within the Australian context. We included sources published after 2000, giving priority to those published from 2009 onwards to make sure that the evidence was up to date. Sources needed to address at least two of the following themes:

* + Women and/or gender-diverse people with disabilities
  + Pleasure
  + Consent
  + Sexual and/or gender-based violence prevention

*Changing the landscape*, a national resource developed by Our Watch in partnership with WDV informs this review process and provides an underlying framework for this suite of resources1. Changing the landscape represents contemporary best practices in preventing violence against women and girls with disabilities, provides a framework to understand and address the connections between sexual pleasure, autonomy, and consent, and challenging the ableist and gendered drivers of violence.

### Limitations

This background paper intends to provide an initial brief overview of the current state of the available literature and its limitations and, as such, it is not exhaustive. There is a need for further research employing robust methodologies, using an intersectional lens, and centring women and gender-diverse people with disabilities’ voices to fully represent the complexities and realities of their experiences of pleasure, consent, SRH, and sexual violence.

There is currently a significant lack of disability-led research addressing the intersections of gender, disability, pleasure, consent, and violence prevention. Understanding that colonisation and migration impact and shape the experience of disability and gender significantly, there are also few studies focusing on what best practice looks like from the perspectives of women and gender-diverse people with disabilities within Aboriginal and Torres Strait Islander, multicultural and refugee communities in Australia. Similarly, there is little existing literature addressing gender-diverse people with disabilities’ specific experiences of pleasure, consent, and violence prevention. These limitations underscore the importance of further study in these areas, led from partnership and lived experience to continue to challenge shared systemic barriers. WDV hopes to build on this initial research to address these gaps in future studies.

## Policy Review

Victoria’s recent adoption of affirmative consent laws through the *Justice Legislation Amendment* reflects a pivotal shift in addressing sexual violence. Affirmative consent requires clear and voluntary agreement to sexual activity[[8]](#endnote-9). Victorian legislation emphasises the responsibility of all parties to ensure consent is active and ongoing. This reform moves the focus from victim-survivor behaviour to whether perpetrators proactively sought to obtain and maintain consent.

Recent federal initiatives, including funding for consent education[[9]](#endnote-10) and the Affirmative Consent Grants Program[[10]](#endnote-11), have provided further impetus for projects that further community and SRH practitioner understanding of the connections between consent, pleasure, violence prevention, and sexual well-being. These specified resources and grants target children, young people, parents, and guardians as the key audiences[[11]](#endnote-12). While a key step forward, these reforms alone cannot overcome the structural inequalities and attitudinal barriers that limit sexual safety, well-being, and inclusion for the disability community. The lack of disability-specific resources and practitioner discomfort in openly discussing matters relating to consent, pleasure, and SRH across the life course remain significant barriers to sexual equality. This project aims to bridge this gap between recent legislative change, and the skills and knowledge needed to support the SRH and rights of women and gender-diverse people with disabilities.

This project aligns with The *World Association for Sexual Health (WAS) Declaration on Sexual Pleasure*[[12]](#endnote-13)*,* which stresses the importance of integrating pleasure into health promotion and policy. This declaration calls for the recognition of all people’s interests in experiencing consensual pleasure, in the ways they want or need, without guilt or shame[[13]](#endnote-14). Like this project, the Declaration highlights the value of a pleasure-focused, positive approach to SRH. It emphasises the need to move beyond traditional harm reduction and risk minimisation paradigms and towards affirming and holistic care that promotes sexual well-being, empowerment, and safer sex practices.

Continuing to look globally, this project also aligns with the following goals and frameworks:

* *World Health Organization (WHO) Reproductive and Sexual Health Strategy*[[14]](#endnote-15)
* *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*[[15]](#endnote-16)[[16]](#footnote-2)

Returning to local policies and frameworks, the project lines up with:

* *The National Plan to End Violence Against Women and Children 2022–2032*[[17]](#endnote-17)
* *Fifth National Sexually Transmissible Infections Strategy 2024–2030*[[18]](#endnote-18)
* *The National Disability Strategy 2021–2031*[[19]](#endnote-19)
* *Family Violence Protection Act 2008*[[20]](#endnote-20)
* *The National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025-2035*[[21]](#endnote-21)
* *The National Autism Strategy 2025-2031*[[22]](#endnote-22)*.*
* *Free from violence: Victoria's strategy to prevent family violence – Second Action Plan 2022-2025*[[23]](#endnote-23)*.*
* *Inclusive Victoria: State disability plan 2022–2026*[[24]](#endnote-24).

## Literature Review

### Pleasure, Consent, and Drivers of Violence

Ableism and gender inequality are key drivers of violence against women and gender-diverse people with disabilities1. Empirical research has found that “denying the possibility of pleasure in sexual relations, especially for women, has a negative impact on their active negotiation of safer sex” (p. 23)[[25]](#endnote-25). *Changing the landscape* emphasises that societal norms that frame people with disabilities as dependent or lacking agency construct and reinforce their vulnerability to violence. The literature also highlights that these same norms limit access to SRH knowledge, care, and resources [[26]](#endnote-26),7,[[27]](#endnote-27),[[28]](#endnote-28), [[29]](#endnote-29),[[30]](#endnote-30).This, in turn, can diminish sexual agency, SRH and well-being, and increase vulnerability to sexual violence and exploitation 7,21,22,23,[[31]](#endnote-31) . Gender inequality further compounds these issues, as women with disabilities face heightened scrutiny and control over their sexual and reproductive choices 21,[[32]](#endnote-32),[[33]](#endnote-33). Primary prevention efforts must target these structural and attitudinal norms that drive violence and exclusion.

Destigmatising the sexuality and sexual expression of women and gender-diverse people with disabilities requires proactive efforts to challenge societal narratives that frame people with disabilities as either asexual or sexually deviant. Evidence suggests that educators’ and health providers’ bias and discomfort in discussing sexuality with clients with disabilities reinforce these stigmas, and limit access to SRH care 7,[[34]](#endnote-34). Peer-led initiatives and public awareness campaigns are effective in shifting attitudes and promoting sexual agency 29,[[35]](#endnote-35),2[[36]](#footnote-3).

Open conversations, resources, and education about pleasure and consent are essential components of gender empowerment, offering a pathway to strengthening sexual agency and equality. Indeed, academic literature shows that a pleasure-based approach to consent and SRH fosters safety and healing by promoting affirmative and egalitarian communication, trust, and mutual respect in relationships31,29,21. Further, peer-led, trauma-, queer- and disability justice-informed, intersectional approaches to pleasure and consent that also challenge cis-heteronormativity have been found to lead to a more effective and liberatory approach to gender-violence prevention.

Finally, it has been found that that pleasure can help people reconnect with their bodies, overcoming internalised societal harms such as shame, trauma, rigid gender roles, and violence12. Research suggests that reframing consent education to include pleasure can help people navigate relationships with greater confidence and reduce vulnerability to coercion and violence12,31.

### The Connection Between Pleasure and Consent

The connection between pleasure and consent for women and gender-diverse people with disabilities remains an underexplored research area. While there is extensive research on consent as a means of preventing sexual violence [[37]](#endnote-36),[[38]](#endnote-37),[[39]](#endnote-38), discussions around the role of pleasure in fostering sexual autonomy and egalitarian sexual negotiations are still limited12,31,29.

People with disabilities frequently face physical, institutional, and attitudinal barriers that prevent them from pursuing the sexual lives of their choosing 21,[[40]](#endnote-39). Stigma often frames people with disabilities as either asexual or hypersexual, undermining their ability to exercise agency in consensual sexual relationships21,7,24,27. For women with disabilities, the lack of open discourse about pleasure results in an “experiential poverty” (p. 114)21. Where women without disabilities already find it “difficult to prioritise their own pleasure”, researchers argue that this difficulty is compounded for women with disabilities, who “may be dependent on others to introduce them to pleasure, support them to seek and find what is personally pleasurable, and to support the maintenance of this throughout their lives” (p. 115)21.

Overprotection is a commonly reported issue which can become a form of control and a self-fulfilling prophecy, limiting peoples’ ' ability to develop sexual autonomy. For example, framing adults with intellectual disabilities as inherently sexually vulnerable often results in restrictive measures that undermine decision-making autonomy7. Further compounding these issues, studies indicate that practitioners often exclude people with disabilities from conversations about sexual health and well-being, limiting their access to contraceptive counselling, Sexually Transmitted Infections (STIs) prevention, menopause support, and education on consent and pleasure7,21,35.

More recently, researchers have proposed a shift towards erotic justice, ensuring that pleasure and sexual agency are central to SRH and rights12. This perspective aligns with the WAS’s Declaration on Sexual Pleasure11, which asserts that sexual pleasure is a fundamental human right and the topic should be incorporated into all sexual health and consent education initiatives. Recognising pleasure as a vital aspect of consent shifts the conversation from merely preventing harm to fostering sexual well-being and agency.

### The Role of Pleasure in Promoting Sexual and Reproductive Health

A pleasure-based approach to sexual health recognises that sexual rights encompass not only safety but also joy, empowerment, and self-efficacy. The Pleasure & Consent Project defines pleasure-based SRH as one that celebrates sex and sexuality while promoting well-being, safety, and consent[[41]](#endnote-40). Research suggests that pleasure-focused approaches to SRH education can enhance peoples’ understanding of their bodies, improve communication in relationships, and foster healthier sexual behaviours29.

For women and gender-diverse people with disabilities, pleasure-centred practices challenge the medicalised and risk-focused framing of SRH, creating space for empowerment and agency. Studies recommend embedding pleasure within holistic care models and to discuss the topic alongside contraception, STIs prevention, and sexual rights12,29. Pleasure-based approaches can enhance agency, well-being, and overall SRH outcomes12. A systematic review of over 15 years of research about the links between pleasure and SRH outcomes with the World Health Organisation concluded to make recommendations promoting pleasure within the programs driven by SRH agencies40. Drawing from evidence, we also advocate for reimagining sexual health through a pleasure lens.

# Research Recommendations

Most literature in this area focuses on SRH access or education for young people, with most disability specific studies focused on people with either intellectual or physical disabilities. There are evidence gaps exploring how to better support sexual pleasure, and consent across the diversity of gender and disability experiences. This gap is even greater for members of the disability community who have been historically marginalised such as Black, Indigenous, and People of Colour (BIPOC), older individuals, and LGBTIQA+ women and gender-diverse people. We recommend:

* Greater investment in research to understand the unique experiences of women and gender diverse people with disabilities in relation to the role of sexual pleasure and violence prevention.
* Research in partnership with community led organisations from the start of projects to support findings that meet our needs, ensuring to include the diversity of the disability community and supporting our needs.

# Further Recommendations

This background paper identifies how supporting women and gender-diverse people to explore pleasure and sexual autonomy can support better access to health promotion practice. This not only enhances their relationships and reduces pain and disease but also challenges the barriers that can increase the risk of violence.

WDV’s VWHP has designed the 2024-2025 resource development deliverables to add value to how workforces in Victoria are responding to the policy landscape and community need shared among SRH and gender based violence practitioners. These resources will begin to address the gaps described in this background paper. The project’s aim is to provide strength-based resources drawing from lived experience to support a more gender and disability inclusive sexual and reproductive healthcare service that is also working to prevent gender and disability-based violence.

To support the ongoing aims of this project beyond the 2024-2025 year, WDV advocates for **sustainable investment** towards:

* Integrating a disability lens across all sexual and reproductive health, as well as gender-based violence related **policy and practice**.
* Allocate **dedicated funding** that enhance disability inclusive healthcare across the community to support sexual autonomy, pleasure, and reproductive rights of people with disabilities in Victoria.
* Establish resourcing for partnership pathways to sustain place based and culturally informed **community-led programs** that promote education and advocacy for disability inclusive SRH, and gender based violence prevention.

# References

1. Our Watch & Women with Disabilities Victoria. (2022). Changing the landscape. <https://www.ourwatch.org.au/change-the-story/changing-the-landscape> [↑](#endnote-ref-2)
2. Wright, J., & Manuel, C. A. (2024). Cripping and queering gender-based violence prevention: bridging disability justice, queer joy, and consent education. Culture, Health & Sexuality, 1–16. <https://doi.org/10.1080/13691058.2024.2380768> [↑](#endnote-ref-3)
3. Rellini, A. H., & Meston, C. M. (2011). Sexual self-schemas, sexual dysfunction, and the sexual responses of women with a history of childhood sexual abuse. Archives of Sexual Behavior, 40, 351–362. <https://doi.org/10.1007/s10508-010-9694-0> [↑](#endnote-ref-4)
4. Carreiro, A. V., Micelli, L. P., Sousa, M. H., Bahamondes, L., & Fernandes, A. (2016). Sexual dysfunction risk and quality of life among women with a history of sexual abuse. International Journal of Gynecology & Obstetrics, 134(3), 260–263. <https://doi.org/10.1016/j.ijgo.2016.01.024> [↑](#endnote-ref-5)
5. Walker, N., Beek, K., Chen, H., Shang, J., Stevenson, S., Williams, K., & Cullen, P. (2022). The experiences of persistent pain among women with a history of intimate partner violence: A systematic review. Trauma, Violence, & Abuse, 23(2), 490–505. <https://doi.org/10.1177/1524838020957989> [↑](#endnote-ref-6)
6. Women with Disabilities Victoria. (2024). Inquiry into women’s pain: Giving voice to the experiences and needs of women with disabilities living with pain. <https://www.wdv.org.au/wp-content/uploads/2024/07/WDV_Pain_Inquiry_Submission_Final_Report.pdf> [↑](#endnote-ref-7)
7. Carter, A., Strnadová, I., Watfern, C., Pebdani, R., Bateson, D., Loblinzk, J., & Newman, C. (2022). The sexual and reproductive health and rights of young people with intellectual disability: A scoping review. Sexuality Research and Social Policy, 18(1), 1–19. <https://doi.org/10.1007/s13178-021-00549-y> [↑](#endnote-ref-8)
8. Government of Victoria. (2022). Justice legislation amendment (Sexual Offences and Other Matters) Act 2022. <https://www.legislation.vic.gov.au/as-made/acts/justice-legislation-amendment-sexual-offences-and-other-matters-act-2022> [↑](#endnote-ref-9)
9. Commonwealth of Australia. (2024). Consent can’t wait. <https://www.consent.gov.au/> [↑](#endnote-ref-10)
10. Government of Victoria. (2022). Empowering Young People to Understand Consent. (2022). Premier.vic.gov.au. <https://www.premier.vic.gov.au/empowering-young-people-understand-consent> [↑](#endnote-ref-11)
11. Butler, J. (2024, May 25). “Parents need to step up”: Labor to launch $40m sexual consent campaign to combat “confusion.” The Guardian. <https://www.theguardian.com/australia-news/article/2024/may/26/labor-sexual-consent-campaign-children-safety>

    ‌ [↑](#endnote-ref-12)
12. World Association for Sexual Health (WAS). (2019). Declaration on sexual pleasure. <https://www.worldsexualhealth.net/was-declaration-on-sexual-pleasure> [↑](#endnote-ref-13)
13. Philpott, A., & Singh, A. (2023). GOOD SEX LIBERATES. Why sexual rights and erotic justice should get into bed with pleasure. <https://thepleasureproject.org/wp-content/uploads/2023/12/52-Chapter-47.-Philpott-and-Singh.pdf> [↑](#endnote-ref-14)
14. World Health Organization. (2024, May 21). Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets. <https://www.who.int/publications/i/item/WHO-RHR-04.8> [↑](#endnote-ref-15)
15. United Nations Human Rights Commission. (2007). United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). <https://humanrights.gov.au/our-work/disability-rights/united-nations-convention-rights-persons-disabilities-uncrpd> [↑](#endnote-ref-16)
16. While the UNCRPD does not directly address sexuality, the declaration does protect elements of sexual rights in terms of specific rights or general principles. For Example: Article 23, which protects the rights to intimate relationships, family life, and also recognises the right to privacy. Article 25 protects the right to enjoy good health. See Ruiz, F.J.: Committee on the rights of persons with disabilities and its take on sexuality. Reprod. Health Matters 25(50), 92–103 (2017). <https://doi.org/10.1080/09688080.2017.1332449> [↑](#footnote-ref-2)
17. Department of Social Services. (2024, November 28). The national plan to end violence against women and children 2022–2032. <https://www.dss.gov.au/national-plan-end-gender-based-violence> [↑](#endnote-ref-17)
18. Department of Health and Aged Care. (2024, November 22). Fifth national sexually transmissible infections strategy 2024–2030. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/fifth-national-sexually-transmissible-infections-strategy-2024-2030> [↑](#endnote-ref-18)
19. Department of Social Services. (2024, November 25). Australia’s Disability Strategy. Australian Government Department of Social Services. <https://www.dss.gov.au/australias-disability-strategy> [↑](#endnote-ref-19)
20. Government of Victoria. (2008). Family Violence Protection Act 2008. (2008). Vic.gov.au. <https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053> [↑](#endnote-ref-20)
21. Department of Health and Aged Care. (2024, December 10). National action plan for the health and wellbeing of LGBTIQA+ people 2025–2035. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-and-wellbeing-of-lgbtiqa-people-2025-2035?language=en> [↑](#endnote-ref-21)
22. Department of Social Services. (2025, January 13). National autism strategy 2025–2031. <https://www.dss.gov.au/national-autism-strategy> [↑](#endnote-ref-22)
23. State Government of Victoria. (2021, December). *Free from violence Victoria's strategy to prevent family violence and all forms of violence against women Second action plan 2022–2025.* <https://www.vic.gov.au/free-violence-victorias-strategy-prevent-family-violence> [↑](#endnote-ref-23)
24. State Government of Victoria. (2022, March). *Inclusive Victoria - State disability plan 2022–2026.* [*https://www.vic.gov.au/state-disability-plan*](https://www.vic.gov.au/state-disability-plan) [↑](#endnote-ref-24)
25. Philpott, A., Knerr, W., & Boydell, V. (2006). Pleasure and prevention: When good sex is safer sex. Reproductive Health Matters, 14(28), 23–31. <https://doi.org/10.1016/s0968-8080(06)28254-5> [↑](#endnote-ref-25)
26. Alexander, N., & Taylor Gomez, M. (2017). Pleasure, sex, prohibition, intellectual disability, and dangerous ideas. Reproductive Health Matters, 25(50), 114–120. <https://doi.org/10.1080/09688080.2017.1331690> [↑](#endnote-ref-26)
27. Carter, A., Klinner, C., Young, A., Strnadová, I., Wong, H., Vujovich-Dunn, C., & Guy, R. (2024). "I thought it was better to be safe than sorry": Factors influencing parental decisions on HPV and other adolescent vaccinations for students with intellectual disability and/or autism in New South Wales, Australia. Vaccines, 12(8). <https://doi.org/10.3390/vaccines12080922> [↑](#endnote-ref-27)
28. Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., et al. (2018). Accelerate progress: Sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. The Lancet, 391(10140), 2642–2692. <https://doi.org/10.1016/S0140-6736(18)30293-9> [↑](#endnote-ref-28)
29. Shildrick, M. (2007). Contested pleasures: The sociopolitical economy of disability and sexuality. Sexuality Research & Social Policy, 4(1), 53–66. <https://doi.org/10.1525/srsp.2007.4.1.53> [↑](#endnote-ref-29)
30. Campbell, M., Löfgren-Mårtenson, C., & Martino, A. S. (2020). Cripping sex education. Sex Education, 20(4), 361–365. <https://doi.org/10.1080/14681811.2020.1749470> [↑](#endnote-ref-30)
31. Dukes, E., & McGuire, B. E. (2009). Enhancing capacity to make sexuality‐related decisions in people with an intellectual disability. Journal of Intellectual Disability Research, 53(8), 727–734. <https://doi.org/10.1111/j.1365-2788.2009.01186.x> [↑](#endnote-ref-31)
32. Tepper, M. S. (2000). Sexuality and disability: The missing discourse of pleasure. Sexuality and Disability, 18(4), 283–290. <https://doi.org/10.1023/A:1005698311392> [↑](#endnote-ref-32)
33. Tilley, E., Walmsley, J., Earle, S., & Atkinson, D. (2012). ‘The silence is roaring’: sterilization, reproductive rights, and women with intellectual disabilities. Disability & Society, 27(3), 413–426. <https://doi.org/10.1080/09687599.2012.654991> [↑](#endnote-ref-33)
34. Ford, J. V., Corona-Vargas, E., Cruz, M., Fortenberry, J. D., Kismodi, E., Philpott, A., … Coleman, E. (2021). The World Association for Sexual Health’s Declaration on Sexual Pleasure: A Technical Guide. International Journal of Sexual Health, 33(4), 612–642. <https://doi.org/10.1080/19317611.2021.2023718> [↑](#endnote-ref-34)
35. Frawley, P., & O’Shea, A. (2019). ‘Nothing about us without us’: Sex education by and for people with intellectual disability in Australia. Sex Education, 20(4), 413–424. <https://doi.org/10.1080/14681811.2019.1668759> [↑](#endnote-ref-35)
36. ii Two examples of peer-led projects of this kind currently undertaken in Victoria are the “EmpowerED” peer education program led in partnership between Gippsland CASA and Federation University, and “Get the Go Ahead” co-design project run through Women’s Health in the East. [↑](#footnote-ref-3)
37. Naisteter, M. A., & Sitron, J. A. (2010). Minimizing harm and maximizing pleasure: Considering the harm reduction paradigm for sexuality education. American Journal of Sexuality Education, 5(2), 101–115. <https://doi.org/10.1080/10627197.2010.491046> [↑](#endnote-ref-36)
38. Jeffrey, N. K. (2024). Is consent enough? What the research on normative heterosexuality and sexual violence tells us. Sexualities, 27(3), 475–494. <https://doi.org/10.1177/13634607221096760> [↑](#endnote-ref-37)
39. Setty, E. (2023). Young people and sexual consent: Contextualising "miscommunication" amid "grey areas" of ambiguity and ambivalence. Sex Education, 1–16. <https://doi.org/10.1080/14681811.2023.2259321> [↑](#endnote-ref-38)
40. Pikkel, R. B. (2024). Access, Choice, and Pleasure: Towards a New Model of Disability Sexual Rights. Sexuality and Disability, 42, 783–795. <https://doi.org/10.1007/s11195-024-09874-7> [↑](#endnote-ref-39)
41. Singh, A., & Philpott, A. (2019). Pleasure as a measure of agency and empowerment. <https://thepleasureproject.org/wp-content/uploads/2020/03/Pleasure-as-a-measure-of-agency-and-empowerment-%E2%80%94-Medicus-Mundi-Schweiz.pdf> [↑](#endnote-ref-40)