Increasing access to pleasure and consent for women and gender diverse people with disabilities

Women with Disabilities Victoria (WDV) are assisting health practitioners to talk about pleasure and consent when working with women and gender diverse people with disabilities with the release of a [discussion paper](https://www.wdv.org.au/wp-content/uploads/2025/03/Pleasure-and-Consent-for-Women-and-Gender-Diverse-People-with-Disabilities_Discussion-Paper.docx).

WDV Research and Evaluation lead and discussion paper co-author, Dr Lena Molnar said, “we did this work as many health professionals who women and gender diverse people with disabilities interact with can often perpetrate stigma and biases that leave people out of conversations about their own sex lives. “

Dr Molnar says “they (health professionals) often do not believe we have sex lives, perceive us to be asexual, or to have problematic sexual behaviours and this creates stigma and barriers. We end up being left out of the conversation all together because they are trying to protect us. This exclusion can make it more likely that people will choose to use sexual violence against women and gender diverse people with disabilities. It also means we do not have the same access to information on improving our sexual health outcomes or how to enjoy sex.”

Dr Molnar says, “evidence shows that pleasure is embedded in good consent practices and supports people's agency." She highlighted that “knowing what feels good allows you to confidently express what you don't like or don't want to explore. Better conversations with doctors about what feels good and what does not can help identify underlying health conditions."

WDV’s [discussion paper](https://www.wdv.org.au/wp-content/uploads/2025/03/Pleasure-and-Consent-for-Women-and-Gender-Diverse-People-with-Disabilities_Discussion-Paper.docx) reviews what is known about the issue. Dr Molnar says “We know that women and gender diverse people with disabilities experience more violence, we know that most sexual and reproductive health services are not accessible or inclusive, so they are not accessing prevention and screening for sexual and reproductive health related issues as much. This lack of access and inclusive service leads to poor health outcomes, as well as greater risk of violence. Primary health practitioners and other healthcare workforces can address such issues by starting conversations in a strengths-based manner.”

New resources are being developed that will enable health practitioners to feel more confident and comfortable talking about pleasure and consent with women and gender people with disabilities. The resources will be available in late May 2025.

WDV’s discussion paper recommends investment in research to support partnered work with other community lead organisations to learn about the unique experience of women and gender diverse people with disabilities in relation to sexual pleasure and consent.

More funding is required to enhance disability inclusive healthcare across the community as well as resourcing for those partnerships to sustain place based work and community lead programs. WDV advocates for the integration of a disability lens across sexual and reproductive health as well as gender based violence policy and practices.

**ENDS**

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