Reproductive justice and neurodivergence: A participatory approach to addressing structural inequity

Project Executive Summary

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University of Melbourne; Sexual Health Quarters; Sexual Health Victoria; University of Technology Sydney; University of Queensland.

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NDRP National Disability Research Partnership

Lead organisation: University of Melbourne

Partner organisations: Sexual Health Quarters, Sexual Health Victoria, University of Technology Sydney and University of Queensland

Project team

This project was carried out collaboratively by neurodivergent community members, lived and living experience consultants, partner organisation representatives, and university-based researchers.

The list below includes people who contributed to the project, with their names and, where provided, organisational affiliations. Contributions included, but were not limited to, lived and living experience expertise, project administration, co-facilitation, advisory roles, research, and partner organisation collaboration.

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Period of project activity: July 2025 to June 2026

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Content notes

This report includes discussion of sexual and reproductive health, including experiences of unsafe or negative care. Some readers may find this content sensitive or distressing.

Access needs and preferences were considered throughout the project; however, if you require this report in an alternative format, please contact Jessica Moulton at jessica.moulton@unimelb.edu.au

If the content raises concerns or distress, you may wish to seek support from:

- Lifeline (Australia): 13 11 14 or www.lifeline.org.au
- 1800RESPECT: 1800 737 732 or www.1800respect.org.au
- QLife (LGBTIQA+ support): 1800 184 527 or www.qlife.org.au
- 13YARN (for Aboriginal & Torrs Strait Islander people): 13 92 76 or 13yarn.org.au
- Blue Knot (for people who have experienced trauma): 1300 657 380 or blueknot.org.au

A note on language

The words we use for neurodivergence and different neurotypes in this report were shaped together with our Community Reference Group and the neurodivergent members of our research team. Where people shared preferences with us, these preferences were for identity-first language - for example, "neurodivergent people," "autistic people," and "ADHDers" - and these have guided our choices.

We also know that language is personal and always evolving, and that no single set of words speaks for everyone - some people prefer different terms, such as "person with ADHD." People have every right to describe themselves in their own way, and we honour that.

Some sources cited in this report use person-first, medicalised, deficit-based or risk-focused language that differs from the approach described above. These sources have been included where they provide relevant evidence about health outcomes, healthcare experiences, barriers to care, violence, and other issues affecting neurodivergent people. Their inclusion does not imply endorsement of all terminology or framings used by the original authors.

Contributors and acknowledgements

This project was guided by the Community Reference Group, whose lived and living experience and insights shaped the development of our research proposal (including Community Reference Group members who chose to remain anonymous in this report). We thank CRG members for their time, care, and expertise.

We also thank and acknowledge the contributions of partner organisations, researchers, consultants, and collaborators, including those working in community advocacy, clinical practice, and research. Their input and ongoing support helped facilitate the co-design process with the CRG and contributed to the development of this proposal.

We acknowledge the Traditional Owners of the lands on which this work was undertaken, the Wurundjeri Woi Wurrung people of the Kulin Nation, and pay our respects to Elders past and present. We recognise the importance of First Nations sovereignty, leadership and knowledge in research, and acknowledge the contributions of the First Nations members of the project team to this work.

Use of AI tools

Generative AI tools were used to copy edit this report. All content was reviewed by the research team, and responsibility for the final content rests with the authors.

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The issue we explored

In 2025, we were funded by the National Disability Research Partnership to work with neurodivergent people. We wanted to find out: 1) what "reproductive justice" means to them, and 2) what issues they say are the most important to research.

We worked with a Community Reference Group (CRG) made up of neurodivergent people with lived and living experience of navigating health care systems. Together, we talked about topics like:

- violence and harm related to sexual and reproductive health
- making decisions about contraception, pregnancy, and parenting
- the need for sexual and reproductive health care that is neuroaffirming, trauma-informed and inclusive and affirming of people with diverse genders, sexualities, and innate variations of sex characteristics.

There was one issue that many people spoke about. Neurodivergent people often feel unsafe when they try to get sexual and reproductive healthcare, especially in primary care (like general practice, community health services or sexual health clinics).

CRG members said they are often not believed, judged or misunderstood. Some also feel pressured into decisions about their bodies or are turned away from care. These experiences can make it hard to trust healthcare services, stop people from seeking care and affect their safety and independence.

After discussing all these issues, the CRG decided that improving safety in sexual and reproductive healthcare should be.

Why this issue matters

Whether care feels safe and supportive depends on how health workers communicate, how services are set up, and how well they understand disability, neurodivergence, gender, trauma, sexuality and person-centred care.

We already know that women, and trans and gender diverse people with disability, often face unequal treatment in sexual and reproductive healthcare (Women With Disabilities Australia (WWDA), 2016). They are also more likely to experience pressure, coercion, or violence (Dike et al., 2023). Neurodivergent people often wait longer for diagnosis and treatment for conditions like endometriosis and menstrual problems (Gao et al., 2020; Sundelin et al., 2018), and their concerns, including pain, are not always taken seriously.

These challenges are greater for people facing multiple forms of discrimination, including trans and gender diverse people; people with innate variations in sex characteristics (sometimes known as intersex); people with additional disabilities; First Nations people; and people from culturally and racially marginalised communities (Wallisch et al., 2023).

This project supports important national and international commitments by focusing on making sexual and reproductive healthcare safer for neurodivergent people. These commitments include Australia's Disability Strategy (2021–2031), the Disability Royal Commission's concerns about coercive reproductive practices, the National Plan to End Violence Against Women and Australia's responsibilities under global human rights agreements, including the UN Convention on the Rights of Persons with Disabilities.

What was co-designed

Together, we co-designed a research project that is ready to start if funding becomes available. The project focuses on neurodivergent adults, including autistic people, ADHDers, and AuDHD (autistic and ADHD), or other neurodivergent identities, whether self-identified or formally diagnosed. It focuses on cis women, and trans and gender diverse people, including people within these groups who have innate variations in sex characteristics (intersex), as these groups are more likely to experience harm and unfair treatment in sexual and reproductive healthcare.

The project aims to make sexual and reproductive healthcare in primary care safer and more supportive. It will:

- listen to neurodivergent people about their experiences and what helps care feel safer
- explore what respectful, neuroaffirming, trauma-informed and person-centred care - that is inclusive and affirming of people with diverse genders, sexualities, and innate variations of sex characteristics - looks like in practice
- hear from healthcare providers about what helps or gets in the way of providing this care
- review the best practice research evidence around inclusive and accessible care
- co-create practical tools and guidance together with neurodivergent people, healthcare providers and partner organisations.

The project recognises that people's experiences are shaped by their different identities, such as gender, culture, and disability. We also co-designed the ways we wanted to work together as a team, including using inclusive language and taking a strengths-based, neuroaffirming approach.

What were our key lessons from the co-design process

- Neurodivergent people should be meaningfully involved in research about their health care and lives. In this project, lived and living experience shaped the focus, questions and language from the start.
- Flexible and multi-modal participation was essential to our success. People liked having different ways to take part (like Zoom, chat, or email).
- Language is important. The group chose words carefully (like "safer" and "lived and living experience") and avoided deficit or pathologising language so it better reflects people's experiences.

What the future research could achieve

If funded, the co-designed research will:

- provide a clearer understanding of what safer and more supportive health care looks like
- identify what helps or creates barriers in healthcare systems, policies, and everyday practice
- produce practical tools and resources for providers, services, and neurodivergent communities, including a webinar on how to deliver trauma-informed neuroaffirming sexual and reproductive health.

These findings will help improve practice, services, and policy, and support safer, more respectful care for neurodivergent people.

What people with disability, policymakers, advocates, services and others need to know about this project

Neurodivergent people often feel unsafe in sexual and reproductive healthcare settings, particularly primary care - but that this can be changed. Neurodivergent leadership and co-design shaped a research proposal that felt more relevant, meaningful, and responsive to the people it is about.

The proposed research is ready to begin. Our partners are already in place across different states, and neurodivergent people and community members are ready to help lead the work. Our partners are also ready to support using the findings early in their services and training.

Safer, neuroaffirming primary care for neurodivergent people "*will help everyone*". It can improve communication, consent, access, and respect in everyday sexual and reproductive healthcare.

Authorisation and endorsement

This Project Executive Summary has been reviewed and authorised by:

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Disclaimer

This Project Executive Summary represents the views of the project team and does not necessarily reflect the views of the National Disability Research Partnership (NDRP) or the Australian Government.

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