

The Reversal of Roe V. Wade: Impact on Individuals with Disabilities

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Note: The following report uses person-first language. The authors understand that while some individuals and disability groups prefer identity-first language, person-first language is used to refer to the larger disability community. In addition, the report refers to women throughout this article, but the authors want to recognize that access to abortion also affects people who are transgender and non-binary.

Background

In 1973, a single, pregnant woman filed suit challenging Texas abortion laws, which made abortion illegal unless it was necessary to save a mother's life. Outside of this circumstance, an abortion was seen as a criminal act in the state of Texas. In the Roe v. Wade case, the Supreme Court ruled that abortion falls under privacy rights, which indicates right to privacy extends to control over pregnancy. Despite this decision, the Supreme Court did not decide that the Constitution guarantees an absolute right to an abortion, and states were still able to place certain regulations on abortion¹. This 1973 ruling did not completely legalize abortion, but it did alter how states could regulate it and determined that abortion was protected by the constitutional right to privacy.

Nearly 50 years later on June 24, 2022, the Supreme Court overturned this ruling in the Dobbs v. Jackson Women's Health Organization case. Initially, the intention of this case was to challenge Mississippi's ban on abortion after 15 weeks, as this challenge was consistent with the Roe v. Wade ruling; however, following Amy Coney Barret's confirmation as a Supreme Court Justice, the state of Mississippi changed the direction of the case asking the Supreme Court to eliminate the constitutional right to abortion². In the court majority's decision, Justice Samuel Alito indicated the 1973 Roe v. Wade ruling was weak and an abuse of judicial authority³. The authority to regulate abortion was returned to the states⁴. Since the June ruling, abortion is now banned in 14 states, and more bans are expected in the coming weeks⁵. While public officials and citizens on both sides of this issue continue to argue the constitutionality of this case, citizens are quickly learning the impact of the Supreme Court's June decision. This report will highlight the impact of overturning Roe v. Wade on individuals with disabilities with attention to various concerns associated with reproductive health and disability, along with the future implications of this decision for individuals with disabilities.

Reproductive Health and Disability

A complete review of reproductive health and disability is beyond the scope of this report due to its far-reaching nature; however, it is critical to discuss areas of reproductive health and disability, as they are closely intertwined with the recent Supreme Court decision. Access to health care and appropriate health care providers, ability to make individual health care

decisions, prevalence of sexual assault and rape among women with disabilities, and adverse maternal outcomes will be briefly reviewed here.

Despite federal legislation requiring all health care facilities to prevent discrimination towards individuals with disabilities, barriers including inadequate medical equipment, inaccessible health care forms, and physical infrastructure that fails to accommodate people with disabilities still exist⁶. For example, equipment necessary to conduct pap smears and mammograms could easily be inaccessible to individuals with various mobility disabilities⁶. Recent investigations indicate 41% of survey participants who used mobility devices reported problems accessing exam and treatment rooms in the last year⁷. In addition to difficulty accessing certain facilities, previous research points to ongoing difficulties with health care providers being unprepared or insensitive to disability-related concerns⁸. Examples include doctors refusing to provide abortions due to a disability or failure to follow important medical guidelines during an abortion or other procedure as a result of disability-related stigma⁹. In addition, research indicates individuals with disabilities report having their needs for contraception dismissed by some health care providers⁶, and certain forms of contraception, including intrauterine devices, can be even more difficult to obtain⁸. These types of prominent barriers to health care facilities and providers highlight the enormity of obstacles already present in the lives of many individuals with disabilities when seeking reproductive health care.

In addition to limitations in accessing quality health care, people with disabilities often face a loss of body autonomy, which can significantly impact reproductive health³. Despite 70 years since the Supreme Court upheld the decision of forced sterilization for individuals with disabilities, the case has not yet been clearly overturned⁶. Currently, 31 states and the District of Columbia have laws in place allowing forced sterilization, preventing women with various disabilities from making the decision of whether they want to have children¹⁰. Forced sterilization is a clear example of stripping rights from women with disabilities to make choices about their own bodies, and it emphasizes the already long history the disability community has with limitations surrounding the ability to make their own health care decisions. In a similar fashion, the overturning of *Roe v. Wade* represents another limitation for individuals with disabilities when striving to make independent decisions about reproductive health care.

One of the most reported concerns related to reproductive health and disability is the high rate of sexual victimization against individuals with disabilities. According to a recent report published by the Bureau of Justice Statistics, the rate of rape and sexual assault against individuals with disabilities is over three times the rate for people without disabilities, individuals with cognitive disabilities have even higher rates when compared to other disability groups, and individuals with multiple disabilities experience the highest rates of rape and sexual assault¹¹. Too often, perpetrators of sexual violence are individuals who make up the support system for people with disabilities, and in many cases these crimes go unreported to law enforcement⁶, which suggests the rates of rape and sexual assault are greater than indicated above. These high rates of sexual victimization indicate the disability community is at greater risk of being in a situation that may require an abortion.

Outside of problems with access, making health care decisions, and sexual victimization, individuals with disabilities are also more likely to experience adverse outcomes to their own health as a result of pregnancy. In some situations, an abortion may be critical to the survival of an individual with a disability⁹, and while some states may allow abortions in these instances, others may not. According to recent research, women with disabilities have a significantly higher rate of experiencing pregnancy complications, obstetric interventions, and other negative outcomes, which include maternal mortality¹². More specifically, this study investigated risks to women with physical, intellectual, and sensory disabilities and represents the most diverse sample in this line of research to date. The authors suggested women with disabilities may delay receiving prenatal care due to a lack of knowledge about available resources and/or a lack of training and negative attitudes on the part of health care practitioners¹². This delay may represent one of many possible reasons for the increased risk to women with disabilities during pregnancy while also highlighting how these areas of reproductive health and disability are closely intertwined, which intensifies the impact of the reversal of Roe v. Wade on people with disabilities.

Future Impact on People with Disabilities

The areas of reproductive health and disability discussed above accentuate complications experienced by women with disabilities. The reversal of Roe v. Wade adds a significant layer of complexity and difficulty to the list of factors negatively impacting individuals with disabilities. As previously discussed, health care facilities and providers exist in more limited access for individuals with disabilities when compared to those without disabilities^{7,8}. A recent scoping review of the research in this area indicates women with physical disabilities receive suboptimal experiences and access to maternity care, and health care providers require additional training in order to thoroughly meet the needs of women with physical disabilities¹³. In a health care system where numerous restrictions already exist for individuals with disabilities, additional restrictions on abortion pose yet another challenge. As abortion restrictions will begin to vary greatly from state to state, it is estimated that 39% of all women aged 15-44 will experience longer travel distances, averaging 249 miles, to receive an abortion, preventing 93,546 to 143,561 women from accessing abortion care in the year following the reversal of Roe v. Wade¹⁴. As transportation has long been a barrier to various aspects of community participation for individuals with disabilities¹⁵, the impact of significantly longer travel distances will be greater for people with disabilities. With attention to this combination of factors creating additional restrictions, a closer examination of psychological and medical implications on the disability community is needed.

In the wake of the reversal of Roe v. Wade, information continues to circulate regarding the impact of restricting abortion on mental health. Initially, it is crucial to understand that having an abortion is not linked to the development of mental health concerns, as indicated by over 50 years of research¹⁶. Obtaining an abortion does not increase risk for depression, anxiety, or suicidal thoughts¹⁷. It is also important to note that being denied an abortion is linked to poorer physical and mental health outcomes¹⁶. Research comparing women who were denied an

abortion with those who received one found more symptoms of anxiety, lower self-esteem, and lower life satisfaction among women who were denied an abortion¹⁸. This information must be considered with attention to inequities already inherent in society for women with disabilities. Difficulties, including access to care, cost of travel, and loss of body autonomy, may result in additional symptoms of anxiety and depression for women with disabilities^{3, 16, 19}.

Individuals with psychiatric disabilities often require life-saving medications to control symptoms, and these medications may need to be discontinued during pregnancy due to risk factors associated with the medication²⁰. Discontinuing psychiatric medications not only leads to increases in symptoms, but it may also significantly increase suicidality for some individuals²⁰. Suddenly, the decision to carry a pregnancy for individuals with psychiatric disabilities can become one of life or death. A closer look at the legal implication of the Roe v. Wade reversal indicates that in many states with abortion restrictions in place, restrictions may be waived if pregnancy endangers a woman's life due to physical disorder or illness, but this does not include psychological conditions²¹. This means that situations such as the one described above would not likely result in a waiver of restrictions on abortion because the potential risk to life is a result of a psychological condition, rather than a physical condition. Based on the information presented here, the psychological impact of the overturning of Roe v. Wade includes more implications than individual feelings regarding this controversial issue.

Medical implications on the disability community following the reversal of Roe v. Wade are a critical piece of this examination. Research indicates individuals with disabilities are more likely to experience adverse outcomes to their own health as a result of pregnancy. While restrictions on abortion may be waived if pregnancy endangers a woman's life due to physical disorder or illness, it remains unclear to many medical professionals what constitutes 'life-saving' treatment^{21, 22}. For example, would ending a pregnancy in order to permit surgery, radiation, or chemotherapy for cancer be considered 'life-saving' treatment? While it may be possible to wait until delivery, time can be critically important in cancer treatment. Individuals with diabetes, pulmonary hypertension, and epilepsy, among many others, experience an increased risk of pregnancy complications that may result in pregnancy-related death^{20, 22}. Would an abortion be considered 'life-saving' in these instances? The American Academy of Neurology highlights many possible dilemmas including medications used to treat neurological conditions, such as epilepsy, multiple sclerosis (MS), and brain tumors, which pose great risk to pregnancy²³. Furthermore, many of these medications lower the efficacy of contraceptives, which means individuals who are actively trying to avoid pregnancy may still get pregnant²³. Individuals are then faced with a decision to continue treatment that effectively manages their disability and place the pregnancy at risk or potentially experience serious medical consequences by discontinuing medications. Research also indicates women with MS are more likely to experience disease complications during pregnancy regardless of medication status²⁴. Would this be considered a 'life-saving' need for abortion? The reversal of Roe v. Wade creates more questions than answers for the disability community, and there are numerous factors that require careful consideration at the individual, community, and societal levels.

The medical and psychological implications outlined above are amplified for individuals with intersecting identities of disability, race, gender, and socioeconomic status⁶. Difficulties with travel, addressing mental health symptoms, receiving necessary medical treatment will disproportionately impact individuals with disabilities who are also Black, Indigenous, people of color, LGBTQ+, and/or people from low-income backgrounds²⁵. The implications of the Roe v Wade reversal must be considered with specific attention to the systemic inequities inherent in society²⁵.

Summary

On June 24, 2022, the Supreme Court overturned Roe v. Wade in the case of Dobbs v. Jackson Women’s Health Organization, and the implications of this reversal for individuals with disabilities are significant. Various factors of reproductive health for the disability community are closely intertwined with the Supreme Court’s recent decision, including access to health care and health care providers, ability to make health care decisions, sexual assault and rape, and adverse maternal outcomes. Each of these factors, along with others that are beyond the scope of this report, carry unique concerns for the disability community, and the magnitude of these concerns may be quickly intensified following the reversal of Roe v. Wade. Along with the weight of these concerns, inability to receive an abortion also poses risks to physical and mental health¹⁶. Increased symptoms of anxiety, lower self-esteem, and lower life satisfaction are examples of poor mental health outcomes among women who were denied an abortion¹⁸. With attention to physical health, women with disabilities are more likely to experience adverse, physical outcomes as a result of pregnancy, and the waiver of abortion restrictions due to endangerment of a woman’s life resulting from physical disorder or illness remains unclear to many medical professionals^{21, 22}. The concerns to physical health due to pregnancy among women with various disabilities, as outlined above, illustrate the complexity of what constitutes ‘life-saving’ treatment. Without clear guidelines in place, risks to women with disabilities continues to increase, and the reversal of Roe v. Wade intensifies concerns for the disability community.

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