



Negative Effects of The Dobbs Decision on Intellectually-Disabled Adolescents, A Vulnerable Population

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Brief Review of the Dobbs Decision

In June 2022, the U.S. Supreme Court issued its landmark decision to cease federal protections for individuals seeking an abortion in the *Dobbs v Jackson Women's Health Organization* legal proceedings. The Court's decision in *Dobbs*' case effectively overruled *Roe v Wade* (1973) and *Planned Parenthood of Southeastern Pennsylvania v Casey* (1922), which originally conferred the constitutional right to an abortion. By removing such federal protections, the *Dobbs*' decision allows for abortion regulation only on a state-level, posing danger for women of reproductive ages, as many states have sought to criminalize and restrict abortion access. As stated by Kaufman,¹ thirteen states had trigger laws that went into immediate effect after the overruling of *Roe v Wade* (1973) to automatically ban abortions, in almost all circumstances, without further legal contemplation. Currently, fourteen states have enacted a near-complete abortion ban, and two states have enacted an abortion ban at six weeks of gestation affecting over twenty-two million women of reproductive age.²

With abortion access severely restricted in many states, individuals have increased difficulty in seeking their appropriate healthcare, and this difficulty is especially heightened for disadvantaged and marginalized communities. Intellectually-disabled (ID) adolescents represent one such marginalized subgroup which faces a disproportionate burden from the restriction of abortion regulation. Individuals with disabilities often endure multiple hurdles at the interposition of their medical and social care that is convoluted with structural barriers and inequities.

Heightened Risk of Sexual Assault and Subsequent Pregnancy

Per Harrell,³ adolescents with disabilities are three times more likely to face victimization, including sexual violence, than those without disabilities, which leads to the discussion of how disabled individuals are at higher risk of reproductive coercion with a need of safe abortion access. Already in adolescents without intellectual disabilities, sexual offenses may occur either by targeting in person⁴ or online.⁵ Found that adolescents aged 13-17 were highly vulnerable to online sexual abuse, including online grooming by adults in over 5% of this population.

However, adolescents with intellectual disability are a population at heightened risk for both grooming and physical sexual assault. One study of over 2,000 children with and without learning disabilities (LD) found that the prevalence of intercourse among girls with LD was 8%, higher than 3% of girls without an LD.⁶ There are further unique factors within the population of adolescent girls with intellectual disability which may increase their vulnerability to sexual assault. For instance, girls with more profound disabilities who live in group homes are at risk for assaults from employees.⁷ If non-verbal, they may not be able to report these attacks. Additionally, those with physical disabilities and limited mobility have added vulnerability to physical attack.

Medical Issues Complicating Contraception Use

Contraception usage is still relatively low compared to typically-developing adolescents, despite general tendencies for caregivers to

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have adolescents started on hormonal contraceptives.⁸ Specifically, post-pubescent girls with ID have lower rates of long-acting reversible contraceptives (LARCs) and moderately/highly effective reversible contraception usage as compared with their typically-developing counterparts.⁹

There may be unique medical considerations in this population that may decrease rates of medical contraceptive use. Estrogen-containing birth control medications may have pharmacological interactions with other medications which may decrease the effect of other needed medications for the patient.¹⁰ Additionally, girls with significant physical disabilities that are immobile may be at heightened risk of bony fractures when taking non-estrogen-containing birth control,¹¹ but then also at risk for thromboembolism with estrogen-containing compounds due to immobility.¹² Likely for these reasons Wu⁹ did find that adolescents with ID are provided with progestin-only birth control injection at higher rates than adolescents without ID.

Special Issues that May Delay Recognition of Early Pregnancy

There are several factors that may decrease the ability of patients and caregivers of this population to recognize pregnancy in its early stages, and hence seek out an earlier stage abortion if needed. For one, adolescents with ID may have decreased language abilities, making it difficult for them to express early pregnancy symptoms. Adolescents in general may have irregular menstrual cycles,¹³ making it difficult to ascertain if a menstrual period is late. Hence, the difficulties that exist in this population to identify pregnancy in early stages present a barrier to early-stage abortion, which may be more accessible in some states.

Medical Complications to Pregnancy

Pregnancies themselves in this population may be high-risk for a number of factors. For one, young age itself is a risk, with pregnancies in teenagers presenting obstetric complications to the mother, including eclampsia and postpartum hemorrhage, as well as risks to the infant, including low birth weight.¹⁴ Young women with disabilities, including neurological and intellectual disabilities, may be less likely to have live births and more likely to have miscarriages if mobility impairments are significant.¹⁵ In some adolescents with ID, the etiology of their neurological impairment may be from a genetic disorder,¹⁶ that, if autosomal dominant,¹⁷ may be directly passed onto their offspring, and these genetic disorders may present their own medical risks to the pregnancy and health of the infant.

Adolescents with epilepsy comorbid with ID may be on seizure medications with teratogenicity,¹⁸ which may further cause medical complications in the infant. Further, there is evidence for gaps in reproductive healthcare specifically for adolescents with epilepsy and ID,¹⁹ with parents and guardians of these patients expressing the need for more frequent discussions of reproductive health with their neurologists.²⁰

Reproductive Healthcare Access in Adolescents with ID

For adult women with intellectual and physical disabilities Horner-Johnson¹⁵ reported no significant difference in rates of seeking elective abortion compared to women without disabilities. However, no direct findings have been reported for the specific age group of adolescents. Childbearing in adolescence has been decreasing over the years, likely as the result of safe and confidential abortion access and contraceptive use. Thereby, one can also presume that this trend applies to adolescents with intellectual disabilities as well.

However, with restrictions to elective abortion access in many states, there have been noted increases in birth rates to adolescent mothers,²¹ and the continued abortion restrictions will likely affect both typically-developing as well as intellectually-disabled adolescents with unwanted pregnancies. In addition to recent legislation that restricts access to abortion healthcare, young women with ID may face additional barriers to accessing elective abortions. For instance, many women are traveling across state lines to obtain elective terminations in states with legal abortion access, but this travel may be cost-prohibitive for many young women with ID, who may experience higher rates of unemployment compared to non-disabled counterparts.²²

Medical and Social Issues for Infants of Adolescents with ID

Both young maternal age as well as the neurodevelopmental disabilities of adolescent mothers with ID may impact health and quality of life for their infants. Young maternal age is associated with challenges for infants, including higher rates of preterm delivery, decreased educational levels, increased likelihood of single motherhood in these children, and higher rates of incarceration among male children.²³

Conclusion

In conclusion, the Dobbs decision may disproportionately affect adolescents of childbearing potential with ID. Increased rates of sexual assault and grooming, delayed recognition of early pregnancy in non-verbal adolescents, and medical issues complicating contraception use may contribute to unplanned pregnancies in this population. Then, barriers to reproductive healthcare access may be associated with births in younger mothers with ID, and their infants may experience unique medical and social challenges. Hence, girls with ID are a marginalized population that may experience outsized effects from legislation restricting abortion access, and advocacy is needed to help this population gain access to reproductive healthcare.

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Conflict of Interest

Regarding the publication of this article, the authors declare that they have no conflict of interest.

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