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Submitted by: Women Enabled International (WEI) and the Center for Reproductive Rights (CRR), both non-governmental organizations dedicated to ensuring gender equality and women's human rights, jointly submit this statement concerning the Human Rights Council's (HRC) Universal Periodic Review (UPR) of the United States.[1]

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I. Summary

1. Approximately 18% of women in the U.S., or 28 million women, are living with a disability.[2] Women with disabilities in the U.S., as in most of the world, face multiple and intersecting forms of discrimination based on gender and disability. For example, while people with disabilities are more than twice as likely to live in poverty as non-disabled persons,[3] women with disabilities are almost half as likely to have jobs as men with disabilities and receive lower wages when they do work.[4] Educational attainment is also lower for women with disabilities than their non-disabled peers, with women with disabilities being far less likely to receive a high school diploma or university degree than their non-disabled peers.[5]

2. Due to discrimination in both the private and public sphere, women with disabilities are two to three times more likely than non-disabled women to experience violence, including but not limited to sexual and domestic violence.[6] They also face numerous barriers—physical,

informational and economic—to accessing sexual and reproductive health services. This submission focuses on human rights violations against women and girls with disabilities in the United States, specifically violence and interference with sexual and reproductive rights.

II. Legal Framework

A. International Obligations

3. The U.S. is not a party to several international human rights treaties that protect the rights of women and people with disabilities, including the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The U.S.'s failure to ratify these instruments was frequently raised by HRC member states in the last UPR. Nineteen states urged the U.S. to ratify CEDAW, and seven recommended swift ratification of the ICESCR. No action has been taken on either treaty by the U.S. Senate. Fourteen states urged the U.S. to ratify the CRPD, a recommendation the U.S. accepted. The U.S. Senate failed to ratify the treaty in December 2012. In July 2014, the Senate Foreign Relations Committee approved the Convention and urged its full consideration once again by the U.S. Senate. As of September 2014, the Senate has not voted on ratification.

4. The U.S. has, however, ratified other international instruments that commit the United States to ending gender discrimination and promoting equality, specifically the International Covenant on Civil Political Rights and the International Convention on the Elimination of All Forms of Racial Discrimination. As expressed in periodic reviews of treaty implementation, the U.S. understands its treaty obligations to include ending violence against women and ensuring access to sexual and reproductive health services for all.[7]

5. As explicitly recognized in the CRPD, **violence, exploitation, and abuse of people with disabilities** arises from discrimination based on gender as well as disability, and it may occur in varied situations within and outside the home.[8] The ability of women with disabilities to exercise their reproductive rights also depends on freedom from violence and coercion when making reproductive decisions, such as decisions around contraception use, sterilization, and abortion.[9]

6. A key part of respecting, protecting, and fulfilling reproductive rights for women with disabilities is the **full accessibility of reproductive health information and services**.[10] Accessibility has four dimensions: non-discrimination in access to services and information; physical accessibility to health facilities;[11] economic accessibility, or affordability of goods and services;[12] and information accessibility through the provision of reproductive health information in multiple accessible formats.[13]

7. States have an obligation to ensure **accountability for violations of the human rights of women with disabilities**, including judicial or other appropriate remedies, as well as

reparations to victims.[14] Effective access to justice for women with disabilities includes providing accommodations when needed to facilitate their participation in justice proceedings, as well as training court personnel.[15] A full remedy also includes rehabilitation and social reintegration programs for victims of violence that are gender- and age-specific.[16]

8. Finally, States should take **positive measures to eliminate discrimination** on the basis of gender and disability that raises the risk of violence and compounds barriers to healthcare for women with disabilities.[17] This includes steps "[t]o combat stereotypes, prejudices and harmful practices."[18] Such efforts may include health systems improvements to address the needs of women with disabilities; steps to end systemic discrimination in access to health care; awareness raising programs to foster respect for women with disabilities;[19] training of social service personnel, healthcare providers, and justice officials on responding to the concerns of women with disabilities; and equitable distribution of health resources to serve communities most in need.[20]

B. U.S. Legislation and Regulatory Framework

9. Numerous laws in the United States address various aspects of non-discrimination and physical access in the context of sexual and gender-based violence and sexual and reproductive health rights and access for women and girls with disabilities.

10. The **Americans with Disabilities Act, as amended, 2008 (ADA)** enumerates requirements regarding non-discrimination and access to violence against women and sexual and reproductive health services and facilities. Title III of the ADA prohibits healthcare providers, hospitals, and domestic and sexual violence shelters and programs from discriminating on the basis of disability in the full and equal enjoyment of goods, services, facilities, privileges, advantages or accommodations.[21] Title II of the ADA prohibits state and local governments from discriminating on the basis of disability in government services, programs, or activities.[22] Few lawsuits alleging ADA violations have been filed, most likely due to severe fiscal and staff resource limits in the U.S. Department of Justice (DOJ), budget limitations, and the limited legal and financial resources available to individual women with disabilities. Those lawsuits that have been filed challenged the physical inaccessibility of gynecological examination tables and mammograms and other medical services. DOJ has filed only one case regarding access to anti-violence programs.[23]

11. Section **504 of the Rehabilitation Act of 1973 (Section 504)** requires that any program receiving federal financial assistance be accessible to and usable by persons with disabilities.[24] U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) handles Section 504 complaints regarding healthcare services. In 2010, OCR published guidelines for medical providers concerning accessibility, but these are not binding regulations.[25] OCR has enforcement power under additional legislation relating to disability discrimination in health[26] and family violence protection.[27]

12. Through the **Violence Against Women Act of 2013 (VAWA)**,[28] the DOJ's Office on Violence Against Women funds a limited number of programs, including programs specifically designed to address violence and abuse of women with disabilities.[29] Very few

programs receive this funding, especially since funding was reduced from $10 million to $9 million in the VAWA 2013 reauthorization. In fiscal year 2013 there were only nine disability grant recipients in seven states and the total amount allocated through the Disability Grant Program was a devastatingly inadequate 1.02% of the total allocated by OVW.[30]

13. The **Prison Rape Elimination Act of 2003**[31] **(PREA)** recognizes that inmates with psycho-social and other disabilities are at "increased risk of sexual victimization."[32] However, DOJ has failed to document or collect data on violence against female prisoners with disabilities, as required by PREA.[33]

14. The **Patient and Protection Affordable Care Act of 2010(ACA)** mandated coverage in health plans for women's preventive health care, including contraception.[34] In 2012, the U.S. Access Board recommended, pursuant to the ACA, improved accessibility standards for medical diagnostic equipment (e.g., exam tables, chairs, tables) inclusive of sexual and reproductive healthcare access.[35] Yet, as of September 2014, no standards have been finalized, leaving women with disabilities without access to services important for their health.[36] The ACA also acknowledges that existing abortion restrictions impact all health plans offered through the state exchanges, and it all allows state insurance plans to exclude abortions. An executive order[37] signed by President Obama following passage of the legislation creates an enforcement mechanism to ensure no federal funding covers abortion according to the terms of the Hyde Amendment, which prohibits federal insurance coverage for abortion under Medicaid except in the very limited circumstances of rape, incest or life endangerment.[38] The Hyde Amendment disproportionately impacts women with disabilities because most receive their insurance through Medicare (the federal health insurance program for those over age 65 and for certain younger people with disabilities) or Medicaid (a joint federal and state program that covers low-income Americans). Only 17 states fund all or most medically-necessary abortions beyond the federal requirements.[39]

15. Proposed regulations to **Title IX of the Education Amendments of 1972 (Title IX)**[40] draw on VAWA and would require schools and educational institutions to compile statistics on incidents of dating violence, domestic violence, sexual assault, and stalking and to include certain policies, procedures, and programs pertaining thereto, including to prevent and address complaints of such violence.[41] Female students with disabilities frequently experience sexual and gender-based violence in schools[42] and thus require greater recognition in campus gender-based violence prevention and complaint processes and proposed Title IX regulations fail significantly in this regard.[43]

16. **Individuals with Disabilities Education Act of 2004 (IDEA)** regulations require a "free appropriate public education" for all children with disabilities.[44] Although IDEA regulations mandate a variety of educational programs, they fail to include requirements for essential sexual and reproductive health education.[45]

III. Promotion and Protection of Human Rights on the Ground

17. Women and girls with disabilities are at high risk of gender-based and other forms of violence based on social stereotypes and biases. These include, but are not limited to, views that dehumanize, infantilize, exclude, or isolate them. Negative stereotypes also make women with disabilities vulnerable to sexual, gender-based, and other forms of violence, place them at greater risk of institutionalized violence, and deprive them of sexual and reproductive healthcare.

A. Violence, Exploitation and Abuse of Women and Girls with Disabilities

18. "It is not just personal relationships that can be abusive, but landlords, condominium associations, government agencies, caregivers and others who can abuse, intimidate, or confuse us as persons with disabilities. I personally know many [blind] women who have been abused by sighted and blind spouses or partners alike. One was hit over the head with a Braillewriter – a heavy metal machine for writing Braille. It takes much longer for those with disabilities to get out of abusive situations…"[46] – *A woman in the U.S. with a visual disability*

19. Women with disabilities are subjected to multiple forms of violence, exploitation and abuse by both public and private actors. This section addresses common types of violence and locations where violence against women with disabilities occurs. It also describes gaps in access to justice and remedies for victims.

1. Sexual and Gender-Based Violence

20. According to the U.S. Bureau of Justice Statistics, in 2010, the age-adjusted rate of violent crime for women with disabilities was nearly twice that of women without disabilities (29 compared to 15 per 1,000).[47] The Department of Health and Human Services (HHS) acknowledges that women with disabilities are more likely to experience domestic violence and sexual assault than women without disabilities, and abuse can be both more severe and longer lasting.[48] National studies estimate that almost 80% of people with disabilities are sexually assaulted more than one time, and half of those experience multiple incidences of abuse—more than 10 victimizations.[49] Women with developmental disabilities and women with disabilities living in institutions and nursing homes are particularly at risk[50]; as many as 83% of female adults with developmental disabilities are victims of sexual assault.[51] Abuse lasts longer and is more intense than for women without disabilities.[52] Sexual and gender-based violence contributes to the incidence of disability.[53]

21. Violence against women with disabilities occurs in various spheres including the home, community, and public and private institutions. The forms of violence to which women and girls with disabilities are subjected are varied, including physical, psychological, sexual or financial violence, neglect, social isolation, entrapment, degradation, detention, denial of healthcare and forced sterilization and psychiatric treatment, among others.[54] Women with disabilities are less likely to report violence because of lack of access to information about assistance, or because their abuser may be the individual upon whom the woman relies for personal care or mobility.[55]

2. Violence in schools

22. Girls with disabilities experience sexual harassment and sexual abuse in schools at an unacceptably high rate.[56] Over twice as many deaf female undergraduates experienced an incident of sexual coercion from their partner compared to hearing female undergraduates (61% compared to 28%).[57] Disabled girls often are also subjected to bullying and teasing by peers in school based on disability and gender.[58] Such bullying can negatively impact a girl's emotional and cognitive development and can also cause low self-esteem.[59] This harassment and abuse is compounded by lack of sexual education afforded to girls with disabilities.[60]

3. Violence in Prisons

23. Female prisoners with disabilities are at a particularly high risk of violence.[61] They may be actively targeted by both guards and other inmates based on their disability, or their needs for accommodations may be neglected.[62] Once incarcerated, violence and poor conditions in prison leads many to develop a disability, and those who already are disabled are likely to develop an aggravated disability.[63] The Prison Rape Elimination Act recognizes that jails house more persons with psycho-social disabilities than all of the country's psychiatric hospitals combined.[64] The psychological trauma of rape that occurs in prison is compounded because the victim has very limited options to escape the perpetrator.[65] Additionally, people who are raped in prison may suffer humiliation or stigmatization from other inmates and prison staff because the assaults are often known throughout the prison. Those trying to cope with the psychological trauma of prison rape and sexual assault are often in facilities that do not offer rape counseling or mental health treatment.[66] The lack of required data collection limits the ability of the U.S. government to address the high incidence of rape and sexual assault of women with disabilities in prisons.

4. Forced Sterilization & Coerced Abortion

24. Women with disabilities face coercion from healthcare providers regarding their reproductive decision-making. Women with disabilities are more likely to have hysterectomies at a younger age and for a non-medically necessary reason, including by request of a parent or guardian.[67] These issues rose to public attention in 2007 when the parents of a nine-year-old girl with developmental disabilities gave their consent to have her undergo a surgical procedure to stunt her growth and remove her reproductive organs prior to reaching puberty.[68] Since 2012, there have been 12 confirmed cases and over 100 suspected cases of families subjecting their disabled children to similar treatment.[69] Women with disabilities also frequently encounter pressure from doctors, guardians, social service workers, parents and society to abort a pregnancy because of a misperception of the possibility of passing on disabilities to their children—even if the disability is not genetic.[70]

25. Stereotypes regarding the danger of procreation by women with disabilities are enshrined in state law. Eleven states retain statutory language authorizing a court to order the involuntary sterilization of a person with a disability.[71] Courts in the U.S. also have addressed these issues, not always consistent with the requirements of the ADA Title II.[72] Courts are divided

on the legal capacity of women with disabilities to decide about their reproductive lives, particularly regarding the forced sterilization of young women and girls with disabilities, and there is no clear judicial standard that ensures reproductive decision-making resides with women.[73]

5. Access to Justice

26. The justice system often fails to see women with disabilities as competent witnesses because of negative stereotypes or communication barriers. Research shows that the mere fact a woman has a disability or requires accommodations may result in judges or juries calling her credibility into question.[74] Prior mental health treatment may be used to discredit testimony. Exclusions of testimony are particularly problematic in gender-based violence and sexual assault cases where women with disabilities are at even greater risk, since perpetrators may be more likely to attack them because they know their complaints may be taken less seriously.[75] If prior complaints are dismissed, victims are less likely to report abuse in the future, perpetuating the cycle of violence. Although a process called "facilitated communication" can be used to assist the communication of non-verbal people with disabilities, such as people with autism,[76] some courts have refused to admit statements into evidence using this technique.[77] Additionally, courthouses and police stations may also not have the resources necessary to ensure that witnesses with disabilities have the ability to adequately communicate with the justice system or access information. Women with disabilities may decide not to pursue claims, for example, if sign language interpreters or information in Braille is not available during police intake procedures.[78] These difficulties are compounded by physical access barriers in courthouses.[79]

B. Access to Sexual and Reproductive Health Services for Women with Disabilities

27. "I couldn't even come in the (exam) room. I had to leave my chair outside the door. I went to another place. I could actually get in, but I couldn't get on the table."[80] –*Manyon Lyons, disabled woman in New York City*

28. Women and girls with disabilities lack appropriate, consistent, non-discriminatory, and affordable access to sexual and reproductive healthcare services. The numerous barriers to access make women with disabilities avoid seeking out regular gynecological care.[81] As a result, they are less likely to receive preventive reproductive health care such as pelvic and breast exams that detect reproductive cancers, or to speak with health professionals about their reproductive options.[82]

1. Physical access to health facilities

29. The most common reason women with disabilities do not obtain preventive reproductive health services is the lack of physical accommodation in health facilities.[83] For example, many facilities lack accessible exam and diagnostic equipment such as mammogram machines and adjustable examination tables. The lack of physical accessibility, combined with transportation difficulties to healthcare facilities, prevent women with disabilities from seeking necessary reproductive health services such as breast cancer screenings.[84] A 2010

study by the Center for Disease Control found that 61% of women with disabilities aged 50-74 had gone for a mammogram in the past two years, compared to 75% of women without disabilities.[85] These barriers place women with disabilities at a high risk for breast cancer incidence and death.[86]

2. Lack of Health Information Specific to Women with Disabilities

30. Communication barriers also limit access for women with disabilities, especially those who are deaf or blind, as limited health facilities have sign language interpreters, personnel willing to read information to patients, or alternative means of delivering information.[87] People with developmental disabilities report communication difficulties with some providers; there is often not enough time allotted during visits to have a comprehensive discussion of complex health issues, and information is often not delivered in an appropriate format.[88]

31. Sexuality education is generally not offered in education programs designed for people with disabilities,[89] and young people with disabilities are often excluded from school-based sexuality education and resources.[90] One U.S. study showed that only 19% of physically disabled women surveyed had received sexuality counseling, and women with paralysis, impaired motor function or obvious physical disability were rarely offered contraceptive methods or information.[91] This poses potentially significant negative health outcomes for girls with disabilities; a 2008 study found that girls with learning and cognitive disabilities might be at an increased risk of contracting sexually transmitted infections than their peers without developmental disabilities.[92] Lack of sexuality education also deprives girls with disabilities with the skills to recognize and prevent sexual abuse, which is higher in girls and women with disabilities.[93]

3. Lack of Affordable Care

32. Because women with disabilities have higher rates of unemployment and poverty than the general population, they are far less likely to have private insurance to cover reproductive health goods and services.[94] Pursuant to the ACA, Medicaid beneficiaries enrolled in Alternative Benefit Plans no longer have to pay cost-sharing for preventive services including mammograms and Pap smears. However, women with disabilities can face difficulties in locating and accessing reproductive healthcare providers who have the training and clinics that are able to accommodate their needs.[95] Unfortunately, the Centers for Medicare and Medicaid Services do not conduct oversight of ADA compliance by states, health plans, or medical providers.[96]

4. Discrimination and Provider Bias

33. Negative stereotypes about women with disabilities interfere with quality of and access to care. Research has shown that women with disabilities and non-disabled women have similar attitudes towards motherhood, but mothers with disabilities are less likely to want another

child than are mothers without disabilities.[97] However, the National Council on Disability has found that physicians see women with disabilities as sexually inactive and, thus, not in need of reproductive care.[98] Other studies reveal that physician's attitudes towards patients with disabilities are sometimes more negative than that of the general public, including that physicians "underestimate the quality of life of persons with disabilities"[99] and view every woman with a disability as incapable of making their own decisions.[100]

34. Research shows that physicians not only lack training in treating patients with disabilities[101] but also feel uncomfortable and reluctant to treat persons with disabilities.[102] The National Council on Disability has noted that "the absence of professional training on disability competency issues for healthcare practitioners is one of the most significant barriers preventing people with disabilities from receiving appropriate and effective healthcare."[103] Women with disabilities report feeling humiliated and frustrated, concerned about physician competence, and lacking in trust for their physician.[104] For example, women with schizophrenia not only experience higher rates of unintended pregnancy than women from the general population, but they experience higher rates of obstetric complications and may be more susceptible to episodes of schizophrenia during the postpartum period. In spite of these challenges, the reproductive health needs of women with psychiatric disorders are often overlooked.[105]

35. The prevalence of stereotypes and lack of provider training make healthcare providers significantly less likely to ask women with disabilities about their use of or need for contraceptives.[106] This is especially troubling because women with disabilities are at an increased risk of unintended pregnancy due to the difficulty of using barrier contraceptives and heightened risks of complications from using birth control pills in conjunction with other medications they might be taking.[107] Evidence also indicates that women with disabilities are denied access to reproductive technologies,[108] not provided guidance on pregnancy or prenatal care, and are often pressured into obtaining abortions or genetic testing.[109] Additionally, women with disabilities are often discouraged from getting screened for sexually transmitted infections because many doctors believe women with disabilities are not sexually active and could not contract such diseases.[110] Many who do get screened avoid future routine visits to gynecologists because of this lack of provider knowledge and sensitivity that often leads to "uncomfortable, embarrassing, or painful examinations."[111]

IV. Recommendations

36. **Overall recommendations:**
    - Ratify without delay CEDAW, CRPD, ICESCR, and all other human rights treaties to which the U.S. is not yet a party.

37. **To reduce violence against women with disabilities:**
    - Increase funding to programs focusing on women with disabilities under VAWA;
    - Ensure that Title IX regulations on harassment and rape in colleges address the needs of female students with disabilities;

- Improve guidelines to elementary and secondary education institutions regarding the provision of sexual and reproductive and anti-violence awareness to female students with disabilities;
- Develop disability-sensitive screening instruments and interventions to address violence against women with disabilities;
- Strengthen disaggregated data collection on sexual violence against women prisoners with disabilities as specified by PREA[112]
- Encourage medical associations to adopt the 2011 International Federation of Gynecology and Obstetrics ethical guidelines on obtaining prior informed consent to sterilization;[113] and
- Engage in awareness-raising and continuing legal education for attorneys, judges and police to eliminate stereotypes about the credibility of female witnesses with disabilities and the need to provide ADA-required accommodations.

38. **To address lack of access to reproductive health services for women with disabilities:**
- Promulgate regulations reflecting the Access Board's proposed requirements for accessible medical equipment for health facilities including those offering obstetric and gynecological services;
- Repeal the Hyde Amendment to improve access to abortion for women with disabilities who are reliant on Medicaid for their health insurance coverage;
- Give the Centers for Medicaid and Medicare statutory authority to ensure that health facilities funded through these programs comply with federal disability law;
- Enhance funding and improve programs for training of reproductive healthcare professionals on (1) physical accessibility of facilities; (2) informed consent procedures for all reproductive health procedures involving women with disabilities; and (3) multiple accessible formats for communicating reproductive health information.

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[2] *Age-Adjusted and Unadjusted Disability Rates by Gender, Race, Hispanic Origin: 2005 and 2010*, U.S. Census Bureau, *available at* www.census.gov/people/disability/publications/disab10/table_2.pdf (last accessed Sept. 27, 2013).

[3] Matthew Brault, *Americans with Disabilities: 2010*, U.S. Census Bureau, Current Population Reports, pg. 12 (July 2012), *available at* www.census.gov/prod/2012pubs/p70-131.pdf [hereinafter Americans with Disabilities 2010].

[4] U. S. Dep't of Labor, *Women*, Office of Disability Employment Pol'y, *available at* http://www.dol.gov/odep/topics/women.htm (last accessed Sept. 4, 2014).

[5] Based on 2010 data, 18.4% of women with severe disabilities and 11.7% of women with non-severe disabilities have less than a high school diploma compared to just 8.8% of non-disabled women 25 and older; 13.5% of women with severe disabilities have a Bachelor's degree or higher compared to 34.1% of non-disabled women. Americans with Disabilities 2010, *supra* note 3, pg. 22.

[6] U.S. Dep't of State & USAID, *United States Strategy to Prevent and Respond to Gender-based Violence Globally*, 7 (Aug. 10, 2012), *available at* http://www.state.gov/documents/organization/196468.pdf (noting that "[w]omen with a disability are two to three times more likely to suffer physical and sexual abuse than women with no disability."); *see also* Special Rapporteur on Violence against Women, its Causes and Consequences, *Report of the*

Special Rapporteur on Violence against Women, its Causes and Consequences, paras. 31-32, U.N. Doc. A/67/227 (Aug. 3, 2012) (by Rashida Manjoo) [hereinafter SRVAW].

[7] *See Fourth Periodic Report: United States*, U.N. Doc. CCPR/C/USA/4 (Dec. 30, 2011), *available at* http://www.state.gov/j/drl/rls/179781.htm; *Seventh to Ninth Periodic Reports of States Parties due in 2011: United States of America*, U.N. Doc. CERD/C/USA/7-9 (June 13, 2013), *available at* http://www.state.gov/j/drl/rls/cerd_report/210605.htm.

[8] Convention on the Rights of Persons with Disabilities (CRPD), *adopted* Dec. 13, 2006, arts. 6, 16, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008) [hereinafter CRPD].

[9] Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 24: Article 12 of the Convention (Women and Health)*, (20th Sess., 1999), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, para. 22 U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee General Recommendation No. 24]; SRVAW, *supra* note 6, para. 28].

[10] CRPD, *supra* note 8, art. 6; *see also* CRPD, *General Comment No. 2 on Article 9: Accessibility*, para. 40, U.N. Doc. CRPD/C/GC/2 (May 22, 2014) [hereinafter CRPD General Comment No. 2].

[11] Physical accessibility includes ensuring that facilities are located "as close as possible to people's own communities, including in rural areas." CRPD, *supra* note 8, art. 25(c); Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14, The Right to the Highest Attainable Standard of Health (Art. 12)*, para. 12(b), U.N. Doc. E/C.12/2000/4 (2000) [hereinafter CESCR General Comment No. 14]. It also requires ensuring adequate access to healthcare facilities for persons with disabilities. CRPD General Comment No. 2, *supra* note 10, para. 40.

[12] Economic accessibility requires states to ensure that health services and goods are affordable for everyone, with payment based on equity—a particularly important principle for women with disabilities, who are often more economically disadvantaged than others in their communities. CESCR General Comment No. 14, *supra* note 11, para. 12(b). *See also* CEDAW Committee General Recommendation No. 24, *supra* note 9, para. 27.

[13] CRPD, *supra* note 8, arts. 21, 23(1)(b); CESCR General Comment No. 14, *supra* note 11, para. 12; CEDAW Committee General Recommendation No. 24, *supra* note 9, para. 6.

[14] CESCR General Comment No. 14, *supra* note 11, para. 59.

[15] CRPD, *supra* note 8, art. 13.

[16] *Id.* at art. 16(4).

[17] *Id.* at art. 6.

[18] Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46 at 193, art. 5, U.N. Doc. A/34/46, 1249 U.N.T.S 13, 19 I.L.M 33 (1980) (*entered into force* Sept. 3, 1981); *see also* CRPD, *supra* note 8, art. 8(b) (calling for the elimination of "prejudices and harmful practices" that relate to people with disabilities in policy and practice).

[19] CRPD, *supra* note 8, art. 8(d); CEDAW, *General Recommendation No. 18: Disabled Women* (10th session, 1991), CEDAW, *General Recommendation 19: Violence against Women* (llth session, 1992), CEDAW, *General Recommendation No. 24: article 12, Women and Health* (20th session, 1999).

[20] CESCR General Comment No. 14, *supra* note 11, para. 36.

[21] Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12181 et seq. (2008) [hereinafter ADA].

[22] *Id.* at § 12131 et seq.

[23] Although the U.S. Department of Justice has only filed a limited number of cases regarding access to sexual and reproductive health care and anti-violence services and facilities, despite serious nationwide accessibility issues, *see* Plaintiffs' First Amended Complaint at 14, *Disability Rights Council et al. v. Washington Hospital Center*, D.D.C. May 20, 2004 (No. 1:03-CV-2434) (JR); Settlement Agreement Between the United States of America and Exodus Women's Center, Inc. at 1 (No. 202-17M-214) (Mar. 26, 2005), *available at* http://www.justice.gov/crt/foia/readingroom/frequent_requests/ada_settlements/fl/fl_3.pdf (last accessed Sept. 5, 2014); *U.S. v. York Obstetrics & Gynecology, P.A.*, D. ME. Jan. 30, 2001 (No. 00-8-P-DMC), 2001 WL 80082, at *1, *2 (regarding sexual and reproductive health care). *See also* Dep't of Justice Office of Public Affairs, *Justice Department Signs Agreement with Fairfax, Virginia, to Ensure Civic Access for People with Disabilities* (Jan. 28, 2011), *available at* http://www.justice.gov/opa/pr/2011/January/11-crt-120.html (regarding access to anti-violence programs, the DOJ reached an agreement with Fairfax County, Virginia wherein Fairfax County would ensure access to domestic violence programs for persons with disabilities).

[24] Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 355 (codified as amended in scattered sections of 15 U.S.C., 20 U.S.C., 29 U.S.C., 36 U.S.C., 41 U.S.C., and 42 U.S.C), § 504 (Sept. 26, 1973).
[25] U.S. Dep't of Justice, *Access to Medical Care for Individuals with Mobility Disabilities*, Civil Rights Div., Disability Rights Section (July 2010), *available at* http://www.hhs.gov/ocr/civilrights/understanding/disability/adamobilityimpairmentsgudiance.pdf.
[26] Social Security Act (as amended 1989), 42 U.S.C. § 708 (2008), http://www.gpo.gov/fdsys/pkg/USCODE-2008-title42/html/USCODE-2008-title42-chap7-subchapV-sec708.htm; Public Health Service Act (as amended 1992), 42 U.S.C. § 300x-57 (2011), http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap6A-subchapXVII-partB-subpartiii-sec300x-57.htm.
[27] Family Violence Prevention and Services Act (as amended 2010), 42 U.S.C. § 10406 (2011), http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/html/USCODE-2011-title42-chap110-sec10406.htm.
[28] Violence Against Women Reauthorization Act of 2013 (VAWA), Pub. L. No. 113:4, Overview (Mar. 7, 2013) *available at* http://beta.congress.gov/bill/113th-congress/senate-bill/47?q=vawa (containing the 'summary' of VAWA).
[29] U.S. Dep't of Justice, *Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities*, Grant Programs, Office of Violence Against Women, *available at* http://www.ovw.usdoj.gov/ovwgrantprograms.htm#5.
[30] U.S. Dep't of Justice, *FY 2013 OVW Grant Awards By Program*, Awards, Grant Programs, Office of Violence Against Women (OVW), *available at* http://www.justice.gov/ovw/awards/fy-2013-ovw-grant-awards-program#emmonak (reporting that the nine states that received funds were: DC, IL, MO, WI, MN, NC, and SD with IL and MN receiving two grants). OVW disability-related grants totaled $3,875,000, a mere 1.02% of the overall total allocated by OVW Grant Program of $378,964,893.
[31] Prison Rape Elimination Act of 2003, Pub. L. No, 108-79, 117 Stat. 972, 42 U.S.C. §§ 15601-609 (Sept. 4, 2003) [hereinafter PREA].
[32] *Id*.
[33] Joye Whatley, *Violence Against Women with Disabilities: Policy Implications of What We Don't Know*, 13 IMPACT 3 (2000), *available at* http://ici.umn.edu/products/impact/133/over3.html.
[34] U.S. Dep't of Health and Hum. Serv., *Section 1157 of the Patient Protection and Affordable Care Act*, *available at* http://www.hhs.gov/ocr/civilrights/understanding/section1557/ (last accessed Sept. 5, 2014); *see also* U.S. Dep't of Health and Hum. Serv., *Affordable Care Act Expands Prevention Coverage for Women's Health and Well Being*, *available at* http://www.hrsa.gov/womensguidelines/.
[35] *See* U.S. Access Board, *Advancing Equal Access to Diagnostic Services: Recommendations on Standards for the Design of Medical Diagnostic Equipment for Adults with Disabilities* (Dec. 6, 2013), *available at* http://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking/advisory-committee-final-report/5-recommendations.
[36] *See Id.* at *Transfer Surface Height Recommendations*.
[37] Exec. Order No. 13535, C.F.R. 15599 (2010), *available at* http://www.whitehouse.gov/the-press-office/executive-order-patient-protection-and-affordable-care-acts-consistency-with-longst.
[38] *See* Departments of Labor, Health and Hum. Serv., and Educ. and Related Agencies Appropriations Act, 1998, Pub. L. No. 105-78, 111 State. 1516, §§ 509-10, 111 (Nov. 13, 1997).
[39] Guttmacher Institute, *State Policies in Brief: State Funding of Abortion Under Medicaid* (Sept. 1, 2014), *available at* http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.
[40] Title IX of the Education Amendments of 1972 (discrimination based on sex or blindness), 20 U.S.C. §§ 1681 et. seq., (West Supp. 2006); U.S. Dep't of Educ., Questions and Answers on Title IX and Sexual Violence, 5 (2014) *available at* http://www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf.
[41] U.S. Dep't of Educ., Violence Against Women Act, Proposed Rule, 34 C.F.R. 668, § 668.46 (June 20, 2014), *available at* http://www.gpo.gov/fdsys/pkg/FR-2014-06-20/pdf/2014-14384.pdf.
[42] Stephanie Ortoleva & Hope Lewis, *Forgotten Sisters - A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences*, NORTHEASTERN UNIVERSITY SCHOOL OF LAW, Research Paper No. 104-2012 (Aug. 21, 2012), *available at* http://ssrn.com/abstract=2133332 [hereinafter Forgotten Sisters]; Jesse Krohn, *Sexual Harassment, Sexual Assault, and Students with Special Needs: Crafting an Effective Response for Schools*, 17 U. PA. J. L. & SOC. CHANGE 29 (2014), *available at* http://scholarship.law.upenn.edu/cgi/viewcontent.cgi?article=1163&context=jlasc [hereinafter Sexual Harassment, Sexual Assault, and Students with Special Needs].

[43] *See* Women Enabled International, *Comments on U.S. Dept. of Education Title IX Sex Assault and Harassment Regulations* (July 21, 2014), *available at* http://www.regulations.gov/#!documentDetail;D=ED-2013-OPE-0124-0045.
[44] Individuals with Disabilities Education Improvement Act of 2004, Pub. L. 108-446, 20 U.S.C. 1400 (Dec. 3, 2004), *available at* http://nichcy.org/wp-content/uploads/docs/PL108-446.pdf [hereinafter Individuals with Disabilities Education Improvement Act].
[45] *Id.*
[46] World Institute on Disability, *Sticks and Stones: Disabled People's Stories of Abuse, Defiance, and Resilience*, (Jan. 2009), excerpts *available at* http://wid.org/access-to-health-care/health-access-and-long-term-services/curriculum-on-abuse-prevention-and-empowerment-cape/sticks-and-stones.
[47] Erika Harrell, *Crime Against Persons with Disabilities, 2008-2010 - Statistical Tables*, p. 3 (2011), *available at* http://www.bjs.gov/index.cfm?ty=pbdetail&iid=2238.
[48] U.S. Dep't of Health and Hum. Serv., *Women with Disabilities: Screening and Counseling for Violence*.
[49] Maine Coalition Against Sexual Assault, *Sexual Violence Against Individuals with Disabilities*, *available at* http://www.mecasa.org/index.php/special-projects/individuals-with-disabilities (last accessed Sept. 5, 2014).
[50] Margaret Nosek et al., *Vulnerabilities for Abuse Among Women with Disabilities*, 19 SEXUALITY & DISABILITY 177 (2001).
[51] Sexual Violence Against Individuals with Disabilities, *supra* note 49.
[52] SRVAW, *supra* note 6, para. 31; Forgotten Sisters, *supra* note 42, at 16.
[53] SRVAW, *supra* note 6, para. 9; Forgotten Sisters, *supra* note 42, at 16.
[54] SRVAW, *supra* note 6, paras. 31-58; Forgotten Sisters, *supra* note 42, at 15-16.
[55] Forgotten Sisters, *supra* note 42, pg. 16; Margaret Nosek et al., *Vulnerabilities for Abuse Among Women with Disabilities*, 19 SEXUALITY & DISABILITY 177 (2001). Home assistants, family members, or others who provide assistance may inflict violence through purposeful neglect (e.g., leaving a woman who is in bed or who uses a wheelchair with no assistance for long periods to "punish" or manipulate her); confine a woman with disabilities to her home or institution or isolate her from other human contact; or withhold mobility aids, communication equipment, or medications, causing physical injury, or mental and emotional suffering.
[56] The urgency of these issues is highlighted in Sexual Harassment, Sexual Assault, and Students with Special Needs, *supra* note 42.
[57] Melissa Anderson et al., *Interpersonal Violence Against Deaf Women*, 16 AGGRESSION & VIOLENT BEHAVIOR 200, 203 (2011).
[58] Sexual Harassment, Sexual Assault, and Students with Special Needs, *supra* note 42, at 1, 3-4.
[59]Jonathan Young et al., *Briefing Paper: Bullying and Students with Disabilities*, Nat'l Council on Disability, (2011) (discussing bullying in the United States); *see also* Laetitia Antonowicz, *Too Often in Silence: A Report on School-Based Violence in West and Central Africa*, UNICEF 35 (Mar. 2010).
[60] The urgency of these issues is highlighted in Sexual Harassment, Sexual Assault, and Students with Special Needs, *supra* note 42, at 5.
[61] United Nations Office on Drugs and Crime (UNODC), *Handbook on Prisoners with Special Needs*, at 45 (2009), *available at* http://www.unodc.org/documents/justice-and-prison-reform/Prisoners-with-special-needs.pdf.
[62] United Nations Office on Drugs and Crime (UNODC), *Handbook for Prison Managers and Policymakers on Women and Imprisonment*, at 45 (2009), *available at* http://www.unodc.org/documents/justice-and-prison-reform/Prisoners-with-special-needs.pdf.
[63] Beth Ribet, *Naming Prison Rape as Disablement: A Critical Analysis of the Prison Litigation Reform Act, the Americans with Disability Act, and the Imperatives of Survivor-Oriented Advocacy*, 17 VA. J. SOC. POL'Y & L. 281, 294 (2010) [hereinafter Naming Prison Rape as Disablement].
[64] PREA, *supra* note 31.
[65] Naming Prison Rape as Disablement, *supra* note 62, at 288.
[66] *Id.* at 288-89.
[67] Julia A. Rivera Drew, *Hysterectomy and Disability Among U.S. Women*, 45 PERSP. ON SEXUAL AND REPROD. HEALTH 157, 161 (2013); Elizabeth Pendo, *Disability, Equipment Barriers, and Women's Health: Using the ADA to Provide Meaningful Access*, 2 SLU JOURNAL OF HEALTH LAW & POLICY 44-45 (2008) *available at* http://ssrn.com/abstract=1435543.

[68] Ed Pilkington & Karen McVeigh, *'Ashley Treatment' on the Rise Amid Concerns from Disability Rights Groups*, THE GUARDIAN (Mar. 15, 2012), http://www.guardian.co.uk/society/2012/mar/15/ashley-treatment-rise-amid-concerns/print.
[69] *Id*.
[70] Anne Finger, *Forbidden Fruit*, 233 THE NEW INTERNATIONALIST (July 1992) *available at* http://www.newint.org/issue233/fruit.htm; *see also* Carolyn Frohmader, *Moving Forward and Gaining Ground: The Sterilisation of Women and Girls with Disabilities in Australia*, Women With Disabilities Australia, 6-7 (2012), *available at* http://wwda.org.au/wp-content/uploads/2013/12/Moving_Forward_Gaining_Ground.pdf; *See generally* Law Students for Reproductive Justice, *Women with Disabilities*, at 3 (2008), *available at* http://lsrj.org/documents/factsheets/08-09_Women_with_Disabilities.pdf.
[71] Arkansas (ARK. CODE ANN. §20-49-101 (2010)); Colorado (COLO. REV. STAT. §27-10.5-130 (2012)); Delaware (16 DEL. CODE ANN. §5712 (2013)); Georgia (GA. CODE. ANN. §31-20-3 (2010)); Maine (34-B Me. Rev. Stat. §7010 (2011)); North Carolina (N. C. GEN. STAT. §35A-1245 (2010)); Oregon (OR. REV. STAT. §436.205 (2011)); Utah (UTAH CODE ANN. 1953 §62A-6-102 (2011)); Vermont (18 VT. STAT. ANN. §8705 et seq. (2009)); Virginia (VA. CODE ANN. §54.1-2975 et seq. (1988)); West Virginia (W. VA. CODE §27-16-1 et seq. (2013)) (using especially offensive language regarding the best interests of society).
[72] ADA, *supra* note 21.
[73] Courts granting nonconsensual sterilization of females with disabilities are the following: *Matter of A.W.*, 637 P.2d 366 (Colo. 1981); *Estate of C.W.*, 640 A.2d 427 (Pa. Super. 1994); *Matter of Mildred J. Terwilliger*, 304 A.2d 1376 (Pa. Super. 1982); *Conservatorship of Person and Estate of Maria B.*, 160 Cal. Rptr. 3d 269 (Cal. Ct. App. 2013). Courts denying nonconsensual sterilization of females with disabilities are the following: *Wentzel v. Montgomery General Hosp.*, 447 A.2d 1244 (Md. 1982); *Matter of Truesdell*, 329 S.E.2d 630, 636 (N.C. 1985); *Conservatorship of Valerie N.*, 40 Cal. 3d 143 (Cal. 1985); *Matter of Romero*, 790 P.2d 819 (Colo. 1990).
[74] Janine Benedet & Isabel Grant, *Hearing the Sexual Assault Complaints of Women with Mental Disabilities: Evidentiary and Procedural Issues*, 52 MCGILL L. J. 515-22 (2007), *available at* http://ssrn.com/abstract=1657128 [hereinafter Hearing the Sexual Assaults]; Chris Jennings, *Family Violence & Sexual Assault: A Criminal Justice Response for Women with Disabilities* (July 13, 2005), *available at* http://www.wwda.org.au/wp-content/uploads/2013/12//jennings4.pdf. *See also* Brandon Tuck, *Preserving Facts, Form and Function when a Deaf Witness with Minimal Language Skills Testifies in Court*, 158 U. PA. L.R. 905, 917-920 (2010) (noting that jurors may not trust that a sign language interpreter is fully relaying the statements of a witness with a hearing impairment).
[75] Hearing the Sexual Assault Complaints of Women, *supra* note 74, at 537-41.
[76] Facilitated communication is "a form of alternative and augmentative communication (AAC) in which people with disabilities and communication impairments express themselves by pointing (e.g. at pictures, letters, or objects) and, more commonly, by typing (e.g. in a keyboard)." Syracuse University School of Education, *What is Supported Typing?*, *available at* http://soe.syr.edu/centers_institutes/institute_communication_inclusion/what_is_supported_typing/default.aspx.
[77] *Compare State v. Warden*, 891 P.2d 1074, 1088 (Kan. 1995), where the court admitted a statement made through facilitated communication, *with DSS ex. rel. Jenny S. v. Mark S.*, 593 N.Y.S.2d 142 (N.Y. Fam. Ct. 1992) where the court refused to admit such a statement due to scientific uncertainty as to its accuracy.
[78] Stephanie Ortoleva, *Inaccessible Justice: Human Rights, Persons with Disabilities and the Legal System*, 17 ILSA J. INT'L & COMP. L. 281, 311 (2011).
[79] *Tennessee v. Lane*, 541 U.S. 509 (2004).
[80] Erin Billups, *Women with Disabilities Have Trouble Receiving Gynecology Services in City*, N.Y. TIMES (Apr.15, 2014), http://www.ny1.com/content/lifestyles/health_and_medicine/207001/women-with-disabilities-have-trouble-receiving-gynecology-services-in-city.
[81] National Council on Disability, *The Current State of Health Care for People with Disabilities*, pg. 56 (Sept. 30, 2009), *available at* http://www.ncd.gov/publications/2009/Sept302009#Health and Health Disparities Research [hereinafter Current State of Health Care].
[82] The National Center for Health Statistics found that as of 2005 [the study was published in 2008, but refers to data from 2001-2005], 65-71% of women with disabilities have had a Pap test compared to 83% of women without disabilities. Current State of Health Care, *supra* note 80, at 41 (2009). *See also* Elizabeth Pendo, *Reducing Disparities through Health Care Reform: Disability and Accessible Medical Equipment*, 4 UTAH L. REV. 1057, 1065

(2010) [hereinafter Reducing Disparities]; Drew Rivera et al., *Disability and Pap Smear Receipt among U.S. Women, 2000 and 2005*, 42 PERSP. ON SEXUAL AND REPROD. HEALTH, 258-66 (2010).
[83] Association of State and Territorial Health Officials, *Access to Preventive Healthcare Services for Women with Disabilities* (2013), *available at* http://www.astho.org/Access-to-Preventive-Healthcare-Services-for-Women-with-Disabilities-Fact-Sheet/ [hereinafter Access to Preventive Healthcare Services].
[84] Nancy Mele et al., *Access to Breast Cancer Screening Services for Women with Disabilities*, 34 J. OF OBSTETRIC, GYNECOLOGIC, & NEONATAL NURSING 453-64 (July 2005) [hereinafter Mele, Breast Cancer Screenings].
[85] Centers for Disease Control and Prevention (CDC), *Women with Disabilities and Breast Cancer Screening* (Nov. 14, 2013), *available at* http://www.cdc.gov/features/breastcancerscreening/ (last accessed Sept. 5, 2014).
[86] Mele, Breast Cancer Screenings, *supra* note 83; *see also* Rie Suzuki et al., *Multi-level Barriers to Obtaining Mammograms for Women with Mobility Limitations*, 37 AM. J. HEALTH BEHAV. 711-718 (2013).
[87] Access to Preventive Healthcare Services, *supra* note 82; *see also* Baylor College of Medicine, Center for Research on Women with Disabilities (CROWD), *Health Care--Access to Reproductive Health Care*, at 56, 64-68 (Feb. 23, 2009) [hereinafter CROWD].
[88] CROWD, *supra* note 86, at 50-51.
[89] *See generally* Individuals with Disabilities Education Improvement Act, *supra* note 44 (withholding a requirement that persons with disabilities receive sexual and reproductive health education).
[90] Bethany Stevens, *Politicizing Sexual Pleasure, Oppression and Disability: Recognizing and Undoing the Impacts of Ableism on Sexual and Reproductive Health*, CTR. FOR WOMEN & POL'Y STUDIES (2011), *available at* http://www.centerwomenpolicy.org/programs/waxmanfiduccia/documents/BFWF_PoliticizingSexualPleasureOppressionDisability_BethanyStevens_FINAL.pdf; Emily Kronenberger et al., *Reproductive Health and Rights Disparities: An Overview*, CTR. FOR WOMEN & POLICY STUDIES (2011), *available at* http://addc.byte2.com/documents/resources/20110401-reproductive-health-justice-for-women-with-disabilities_856.pdf [hereinafter Reproductive Health and Rights Disparities].
[91] Haefner et al., *Contraception in Women with Special Needs*, 24 COMP. THER. 229, 238 (1998).
[92] David Mandell et al., *Sexually Transmitted Infection Among Adolescents Receiving Special Education Services*, 78 J. SCHOOL HEALTH 382-88 (2008).
[93] Nancy Murphy & Ellen Roy Elias, *Sexuality of Children and Adolescents with Disabilities*, 118(1) PEDIATRICS 398, 400-01 (July 1, 2006), *available at* http://pediatrics.aappublications.org/content/118/1/398.full?gca=pediatrics%253B118%252F1%252F398&FULLTEXT=sexuality%20disability&hits=20&FIRSTINDEX=0&SEARCHID=1169481509564_850.
[94] CROWD, *supra* note 86, pg. 54.
[95] Reproductive Health and Rights Disparities, *supra* note 89.
[96] CROWD, *supra* note 86, pg. 21.
[97] Carrie L. Shandra et al., *Planning for Motherhood: Fertility Attitudes, Desires and Intentions Among Women with Disabilities*, 46 PERSP. ON SEXUAL AND REPROD. HEALTH (forthcoming December 2014).
[98] Current State of Health Care, *supra* note 80, pg. 49.
[99] Reducing Disparities, *supra* note 81, pg. 1078.
[100] Vanessa Volz, *A Matter of Choice: Women with Disabilities, Sterilization, and Reproductive Autonomy in the Twenty-First Century*, 27 WOMEN'S RTS. L. REP. 203, 212 (2006), https://api.zotero.org/groups/90566/items/4Z8ABV4B/file/view?key=gINZ8gG4EeaX4xmW25ixQz8F.
[101] Reducing Disparities, *supra* note 81, pgs. 1078-1079.
[102] Reducing Disparities, *supra* note 81, pg. 1079.
[103] CROWD, *supra* note 86, pg. 42; Reducing Disparities, *supra* note 81 (noting that studies reveal a lack of training and education on disability issues for physicians); Nechama Greenwood & Joanne Wilkinson, *Sexual and Reproductive Health Care for Women with Intellectual Disabilities: A Primary Care Perspective*, (Oct. 2013), INT'L J. OF FAM. MED. 2 (showing that a lack of education for health care providers on disability issues creates "barriers to effective healthcare" for persons with intellectual disabilities).
[104] Current State of Health Care, *supra* note 80, pg. 49; Reducing Disparities, *supra* note 81, pg. 1057.
[105] *See* Kim Best, *Mental Disabilities Affect Method Options*, 19(2) WINTER 19, 20 (1999).
[106] CROWD, *supra* note 86, pg. 56.
[107] Sue McGreevey, *Health Care Disparities for Disabled: People with Disabilities Face Lack of Access to Facilities, Services*, HARVARD GAZETTE (Oct. 6, 2011).

[108] Judith Daar, *Accessing Reproductive Technologies: Invisible Barriers, Indelible Harms*, 23 BERKELEY J. GENDER L. & JUST. 18, 35 (2008), *available at* http://scholarship.law.berkeley.edu/bglj/vol23/iss1/2.
[109] JoAnn M. Thierry, *The Importance of Preconception Care for Women With Disabilities*, 10 MATERNAL CHILD HEALTH J. S175 (2006); JUDITH ROGERS, THE DISABLED WOMAN'S GUIDE TO PREGNANCY AND BIRTH 94 (2005). *See also* Erin E. Andrews, Pregnancy with a physical disability: One psychologist's journey, Spotlight on Disability Newsletter (Dec. 2011), *available at* http://www.apa.org/pi/disability/resources/publications/newsletter/2011/12/pregnancy-disability.aspx.
[110] Current State of Health Care, *supra* note 80, pg. 56.
[111] Heather Becker et al., *Reproductive Health Care Experiences of Women with Physical Disabilities: A Qualitative Study*, 12(5) ARCHIVES OF PHYSICAL AND MED. REHAB. S.29 (1997).
[112] PREA, *supra* note 31; Allen Beck et al., *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, U.S. Dep't of Just., Bureau of Just. Statistics 1, 27 (2013), *available at* http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf.
[113] *New Ethics Guidelines 2011*, International Federation of Gynecology and Obstetricians, http://www.figo.org/news/new-download-new-ethics-guidelines-2011-003772.