Disability Justice FAQ

Note: This document is in the process of being edited.
We do not support constructing prisons,
but we do support reconstructing our analyses.

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Content Warning

This document grapples with difficult and traumatic content, such as: police brutality and violence, racism, as well as ways that society and the state dehumanize, devalue, and discard disabled people, and people of other marginalized identities. Throughout this document there are also mentions of coercive force used against disabled people, as well as language about sites of violence, like prisons, jails, detention centers, and psychiatric institutions.

Framing -

Prison abolition is impossible without disability justice.

In Washington and elsewhere in the US, disabilities are often criminalized. People with physical disabilities, neurodivergence, and those who struggle with mental health are overpoliced and overrepresented in the criminal justice system. The intersection of disability with race, vulnerability to poverty, unemployment, addiction, and homelessness exacerbates this issue — our society has tried to address each of these issues through confinement instead of strengthening social support for people struggling with poverty and joblessness, and for people with disabilities. The avenues that do exist rely on the practice of punishment: forms of confinement and dominance are incorporated into our healthcare system via practices like involuntary institutionalization and forced medication. The mental healthcare system blends into the prison industrial complex.

Too often, when people need care what they get is domination, confinement, and loss of autonomy. Reforms to prisons and jails attempt to reframe institutional practices as “providing care” in ways that often replicate harm. Instead, as abolitionists, we envision liberation and healing for all people.

We at No New Washington Prisons have put together this living document in order to provide some key definitions, answer some frequently asked questions, and collect some alternative visions around disability and care. Elsewhere[1], we have provided an overview of mental health incarceration in Washington State, a document that can be consulted in conjunction with this one.

[1] https://3398b54d-4dfa-4dd4-b396-050c79d686f7.filesusr.com/ugd/49d533_e0a120bd95b74a47ab6181565ad0245f.pdf

What is disability justice / mad justice?

- Disability/mad justice is curated and led by people with disabilities and "confronts privilege and challenges what is considered "normal" on every front"[2]. It abolishes the idea that disabled bodies and minds must find ways to conform to what's viewed as tolerable and right behavior and debunks the myth that human beings are exclusively independent creatures. Disability/mad justice is anti-capitalist, because it challenges the capitalist notion that people's value is tied to their productivity. Disability/mad justice, instead, asserts that interdependence, mutual aid, and accessibility are an integral part of human connection.

What is ableism?

- Ableism is a systemic and structural set of beliefs that favors non-disabled people and imposes a world that strips disabled people of their autonomy given the inability to conform. This can range from lack of elevators and ramps initially built into blueprints for all buildings to having to pay for visual and auditory aids for impairments one cannot control to losing one's disability insurance benefits after marriage to societal apathy toward the deaths of disabled people due to the world we live in.

What is sanism?

- Sanism falls under the umbrella of ableism. We consider the mind a part of the body. The Vermont Psychiatric Survivors organization considers sanism "a form of systemic and systematic discrimination and oppression of people who have been diagnosed with psychiatric disorders, or who have, or are perceived to have, mental difference or emotional distress."[3] This can manifest through housing and employment discrimination; the ways that the media conflates mental illness with violence (even though people diagnosed with psychiatric disorders are more likely to experience violence); the reliance on forced drugging, restraints, and seclusion in psychiatric facilities; coercive measures forcing people into "treatment"; and police violence against disabled people.[4]

[2] https://leavingevidence.wordpress.com/2011/02/12/changing-the-framework-disability-justice/
[3] https://www.vermontpsychiatricsurvivors.org/blog/what-is-sanism-mar-20-2019
[4] https://www.vermontpsychiatricsurvivors.org/blog/what-is-sanism-mar-20-2019

How does intersectionality play into disability justice?

- Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, ableism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.[5]
- Kimberlé Crenshaw describes intersectionality as “a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LBGTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.”[6]
- Historically, disability rights activism has centered white experience and other privileged identities.
- A reflection on the Disability Rights Movement: “And, like many movements, it is a product of its time and left us with some “cliff- hangers” that have yet to be resolved.
    - Disability rights is based in a single-issue identity, focusing exclusively on disability at the expense of other intersections of race, gender, sexuality, age, immigration status, religion, etc.
    - Its leadership has historically centered white experiences and doesn’t address the ways white disabled people can still wield privilege.
    - It centers people with mobility impairments, marginalizing other types of disability and/or impairment.”[7]
- Moving away from the limitations of a disability rights framework, Disability Justice centers and works toward justice by recognizing the ways we all exist at the intersections of a range of identities and lived experiences, in movement toward collective liberation.
- “Disability justice framework understands that:
    - All bodies are unique and essential
    - All bodies have strengths and needs that must be met
    - We are all powerful, not despite the complexities of our bodies but because of them
    - All bodies are confined by ability, race, gender, sexuality, class, nation state, religion, and more, and we cannot separate them”[8]

[5] https://www.merriam-webster.com/dictionary/intersectionality
[6] https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later
[7] https://www.sinsinvalid.org/news-1/2020/6/16/what-is-disability-justice
[8] https://www.sinsinvalid.org/news-1/2020/6/16/what-is-disability-justice

CONTENT WARNING: police violence

Ableism has real lasting impacts on our community. Black folks and individuals of color experience intersectional oppression everyday with real, harmful consequences, including death. Charleena Lyles, who was a 30 year old Black pregnant mother of 4, was murdered by Seattle Police. Charleena was deserving of care and compassion and instead received violence at the hands of the police. She is one of many individuals that still deserves justice for her murder. The South Seattle Emerald shares information about her family's demands in this article here, as well as some updates relating to the demands here.

Disability Justice uses an intersectional approach to seeking justice and equity by trying to consider all of the ways that she may have been oppressed and how those systems of oppression operate together. This approach brings attention to the sanism and ableism (terms described above) that Charleena faced as a person with mental illness. The officers had awareness of her mental state from her past experiences with SPD and still arrived on the scene unprepared to use trauma-informed de-escalation tactics and ready to use excessive force. Being a Black woman, Charleena also faced bias and discrimination based on her race and gender.

Many white police officers associate Black women with “criminality.”[9] It has been well-documented that many white people perceive the pain of Black folks through a biased and racialized lens.[10] Where a Black individual's pain is not taken as seriously as a white individual’s pain, Black people are viewed as less than human.[11] The role of racism, sanism, and ableism the officers were socialized with as white people likely contributed to their violent response that led to her murder. The murder of Charleena Lyles helps us begin to recognize that when someone is living with multiple intersecting oppressed identities, they are likely to experience discrimination on multiple and extreme levels.

Understanding intersectionality allows for a more practical and holistic strategy for changing the harmful systems that failed Charleena Lyles and that still impacts countless others.

[9] https://www.washingtonpost.com/outlook/2020/07/24/police-violence-happens-against-women-too/
[10] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/
[11] https://www.ywca.org/blog/2017/06/22/charleena-lyles-ableism-racism-and-gendered-violence/

How does ableism feed the prison industrial complex?

- Prisons exist to cage people that are deemed unfit to be part of society. From the time we begin school we are often ingrained with a set of beliefs as to what constitutes a “functional”, “capable”, and most importantly, “acceptable” body and mind. Those who cannot adhere to these rules are immediately labeled as “other” and given two options: the chance to conform to standards of non-disabled people and be touted as resilient for it, or be reduced to one’s disability within a system that bars all access. The latter often find themselves navigating these barriers first in schools that lack both funding and education for necessary accommodations and judge students based on criteria catered to non-disabled bodies and minds. This creates barriers to accessing jobs, healthcare, stable, safe, and accessible housing, and ongoing education and more, which are all known gateways to poverty and criminalization. Some further examples include:
    - Ableism and racism as a tactic of US white supremacy that was first used during slavery, with runaway slaves being labeled as having “drapetomania” which purported their resistance to slavery as a mental deficiency. Now, this looks like Black men regularly being misdiagnosed with Schizophrenia as a way to explain their range of emotions if they don’t adhere to standards of white clinicians. With no access to community mental health centers, rehab, and other clinics within communities, Black men with this label and no adequate help in addressing the conditions they’re facing often lose access to housing and work, which leads to poverty and often criminalized behavior which only feeds the racially biased misdiagnosis process faced by Black people.
        - “At least one in three of those arrested has a disability, ranging from emotional disability like bipolar disorder to learning disabilities like dyslexia, and some researchers estimate the figure may be as high as 70 percent.”[12]
        - “It should come as no surprise then, that despite comprising just 25 percent of the U.S. population, disabled people represent about 85 percent of those youth found in kid prisons, and anywhere between 40-80 percent of the adult prison population.”[13]
        - “The lack of these community-centered-and-led rehabilitative programs within prisons actually perpetuates the need to build more prisons.”[13]

[12] https://www.clarionledger.com/story/news/2014/10/25/pipeline-to-prison-system-fails-special-ed-students/17917859/
[13] https://www.dustinpgibson.com/offerings/2018/9/24/the-prison-strike-challenges-ableism-and-defends-disability-rights-1

How is involuntary institutionalization another form of incarceration?

- Psychiatric hospitals are often thought to be less harsh than prisons, but the reality is that both institutions employ punitive practices like surveillance, confinement, and segregation. In *Prison by Any Other Name*, Maya Schenwar and Victoria Law make clear the carceral logic behind involuntary institutionalization, arguing “confinement of mentally ill people against their will is based on the idea that they pose a threat to broader society and aren’t competent to make decisions for themselves.”[14] Involuntary institutionalization definitively takes away an individual's autonomy, self-determination, and dignity. Involuntary institutionalization, like incarceration, removes individuals from their communities and their support systems. Both institutions serve to further isolate and traumatize people who are in need of care and support. All forms of forced or coerced institutionalization are forms of incarceration.[15]

- The power that hospital staff have over psychiatric patients mirrors the power that prison and jail staff have over incarcerated individuals. Hospital staff have total control over patients’ schedules and patients' level of privileges are set according to staff discretion. During the night, staff often conduct “checks” by flipping the lights on at various intervals or if it is determined to be necessary, will sit in a chair and watch patients sleep. These practices not only prevent patients from getting much needed sleep, they further humiliate and dehumanize patients and continually remind them of their lack of agency and autonomy. Like prison, institutionalized individuals responding to their confinement in ways that could be interpreted as violent or even just unusual are often met with harsh punishments. Washington state’s criminal code converts what would ordinarily be classified as misdemeanors into felony charges if the victim is a healthcare professional.[16]

Don’t hospitals provide treatment?

- Psychiatric hospitals are different from general or regional hospitals because they specialize in mental and behavioral health. They focus on individuals with mental illnesses diagnoses like Schizophrenia spectrum disorder, Bipolar disorder, and Major depressive disorder and individuals experiencing psychosis

[14] Maya Schenwar and Victoria Law, “Locked Down in “Treatment’”, *Prison By Any Other Name*, The New Press, New York, 2020, pg. 74
[15] Opposition to Western State Hospital Sign on letter
[16] RCW 9A.36.031

or other extreme states. Psychiatric hospitals do technically provide treatment, but the treatment is oftentimes more focused on controlling populations than healing people. The treatment provided in these institutions- especially antipsychotic medications- are often given without patient consent. Psychiatric hospitals continue to use outdated and abusive techniques like physical restraints which are violating and dehumanizing. Traumatizing experiences like physical restraint can lead to an understandable distrust and avoidance of medical care, decreasing the likelihood of obtaining therapeutic mental healthcare in the future. The best treatments for mental illness are voluntary, community-based, and recovery oriented- none of which accurately describe the treatment provided in psychiatric hospitals.

- Furthermore, psychiatric hospitals stigmatize and criminalize their patients. A 2020 report by Disability Rights Washington found that staff members in seven Seattle-area health care facilities often responded to patients in crises with calls to the police and demands of patient's arrest.[17] Facility staff seem to lack the training to respond to patients experiencing significant behavioral health symptoms like delusions and hallucinations- the very population these facilities reportedly help. These facilities do not promote healing and stability, but instead criminalize individuals with behavioral health conditions.

Why is forced medication harmful?

- People can and do autonomously choose to use psychiatric medication as part of their own care. However, *forcible* medication goes against the autonomy of the individual and denies each individual the opportunity to determine what their care can look like. Forced treatment rejects autonomous decision-making around what care, values, and preferences are to the individual receiving "treatment." Often, forcible medication is predicated on the idea that an individual's behavior does not align with social norms (namely white supremacy and ableism) and medication can be one tool used by the state to enforce certain behavioral expectations.

- Further, our analysis cannot be separated from the ways that ableism compounds with other systems of oppression (*e.g.* white supremacy, capitalism, heteropatriarchy, etc.). We know that people with intersecting identities will experience more harm due to ways that these systems interlock and create more harm.

[17] https://www.disabilityrightswa.org/new-report-from-hospitals-to-handcuffs/

- As has been documented, forced treatment is abuse.[18] “Ableism enforces the idea that people who are Neurodivergent and/or DIsabled are inherently dangerous and should be subject to forced treatment, institutionalization, restraint, and control. This is violent and coercive. In fact, people with disabilities are much more likely to suffer violence and these practices only add to the violence they already endure.”[19]

Why is it necessary to look at carceral/prison abolition through the lens of disability justice?

- People with disabilities are disproportionately policed, highly criminalized, often deemed unfit, and stripped of agency in determining their own care. An analysis that balances both disability justice and abolition is essential because it allows us to question the necessity of “rehabilitation,” which functions as a way to enforce conformity with ableism, sanism, and racism. The lens of disability justice creates opportunities to fight against further abuses of people who fall outside of the majority (white, able-bodied/minded, cisgender, heterosexual, and housed). Those who fail to conform often are punished and face backlash from families and larger communities which often leads to roads of poverty and confinement. This lens draws attention to the disparities between the lack of community-based resources and the over-accumulation of resources by the State. Further, it highlights the inequities in who gets punished as opposed to who is allowed to make mistakes. For example, people who are othered are more likely to be criminalized for acts of survival. Finally, a disability justice and abolitionist perspective questions the legitimacy of a system that purportedly aims to “restore” and create new opportunities but in reality fails to address the cycle of poverty, prison sentences, and confinement faced by a large swath of the populations within institutions. This lens ultimately challenges us to question who is deserving of care and who gets to decide what care looks like.

[18] https://www.madinamerica.com/2016/06/abolishing-forced-treatment-in-psychiatry-is-an-ethical-imperative/
[19] https://abolitionanddisabilityjustice.files.wordpress.com/2020/09/adjc_pdf_form_.pdf

How do we promote healing without the use of incarceration?

This is a non-exhaustive list that highlights some trauma-informed approaches that are already being practiced. From an abolitionist framework, we must continue to bring creativity to our solutions as we build on this list, as well as build the world we wish to live and thrive in collectively.

- **Meeting Our Needs**
  Financial stability, housing, and food security all have direct impacts on one's mental health. One study reports "The unadjusted prevalence of frequent insufficient sleep was significantly higher among respondents who reported either housing insecurity or food insecurity than among those who did not. Respondents who reported either housing insecurity or food insecurity were about 3 times as likely to report frequent mental distress than were those who did not, and those who reported frequent mental distress were more than twice as likely to report frequent insufficient sleep as those who did not (59.7% vs 22.3%).[20]

  When someone loses their ability to pay rent or buy food for their family, psychiatric intervention will have a minimal impact. Research[21] has shown that a universal basic income reduces depression and improves people's ability to plan, learn, and concentrate by allowing their brain to focus on more than just survival. Furthermore, not having stable housing exacerbates mental crises and strains emotional well-being. By just providing housing to people, we see improvement in quality of life, reduction in substance use, and more capacity to stay on track with treatment plans. With the COVID-19 pandemic, cities have begun moving folks out of shelters and into motels. Data thus far is showing that this is improving people's mental health, and also making it more likely that they will find permanent housing.[22]

- **Soteria Houses**
  Alternative living environment operating on the principle of working through a crisis, not "managing" it. Soteria Houses prioritize individual choice and a self-determination based philosophy of care, and operate through trauma informed and harm reduction approaches. It is an open, voluntary, and home-like

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3958143/
[21] https://www.kela.fi/web/en/news-archive/-/asset_publisher/lN08GY2nlrZo/content/results-of-the-basic-income-experiment-small-employment-effects-better-perceived-economic-security-and-mental-wellbeing
[22] https://slate.com/news-and-politics/2021/03/mental-health-basic-needs-come-first.html

facility that offers peer support, focus on community integration and provides person-centered adaptive care. By offering community-based care as opposed to traditional treatment, all activities are viewed as potentially therapeutic but without formal therapy sessions. Medication is not a defining factor, and is available to those who wish to take it but is never forced on residents.

- **Peer Respites**
  Voluntary, short term and overnight programs providing community-based support. It operates 24 hours/day in a homelike environment. Peer respites are staffed and operated by people with psychiatric histories. By providing this alternative to at-risk individuals and those experiencing crisis, psychiatric hospitalization and emergency service can be avoided. Peer support allows individuals to help themselves and others through fostering relationships and engaging in advocacy to empower people. In one study, Respite guests were 70% less likely to use inpatient or emergency services. Another study showed that Respite guests experienced greater improvements in self-esteem, self-rated mental health symptoms, and social activity functioning compared to individuals in inpatient facilities.[23]

- **Community Supports**
  Some examples of groups already doing this work are FolkTime and Project LETS. They offer voluntary, community-based support led by and for folks with lived experience of mental illness/madness, disability, trauma, and neurodivergence. The focus ison building just, responsive, and transformative peer support collectives and community mental health care structures. The Peer Support model rejects hierarchy and values shared power and reciprocal relationships, values self-determination and rejects coercion/forced treatment. They believe everyone is capable of healing work and in democratizing medical knowledge. Programming[24] includes:
    - Peer Crisis Line- immediate, one-time support
    - Peer Mental Health Advocates- 1on1 long term relationships
    - Community education & speaking- Sliding scale workshops to share history, information, resources, and ideas
    - Provider Collective- culturally and socially responsive mental health providers to develop a community-based crisis response network as an alternative to calling 911
    - LETS Spaces- Community spaces
    - Self-Harm initiative

[23] https://www.peerrespite.com/research
[24] https://projectlets.org/programs

    - Community Crisis Response Maps

- **Open Dialogue Approach**
  The Open Dialogue Approach is part of Dialogic Practice, or therapeutic conversation. It is a radically altered version of a treatment meeting. The goal is to provide immediate help to a person experiencing a crisis. Social perspective includes all parties involved in the crises and it embraces uncertainty by encouraging open conversation and avoiding premature conclusions and treatment plans. By creating a dialogue, or a sense of "with-ness" rather than "about-ness" with meeting participants by dropping the clinical gaze and listening to what people say rather than what we think they mean. With an emphasis on being responsive to the needs of the whole person, instead of trying to eradicate symptoms, studies have shown that the Open Dialogue approach leads to a reduction in hospitalization, the use of medication and recidivism when compared with standard treatments[25]. "In one five-year study, for example, 83% of patients had returned to their jobs or studies or were looking for a job (Seikkula et al. 2006). In the same study, 77% did not have any residual symptoms."

- **CAT-911**
  "Community Action Teams" that provides a Transformative Justice alternative to calling 911 for folks experiencing crisis. Focuses on building skills, peer support, and resources as an alternative to calling 911 or the police. Focus areas include response to addiction, overdose, sexual assault, domestic violence, emergency care, conflict, mental health, and police accountability.

[25] http://www.dialogicpractice.net/open-dialogue/about-open-dialogue/

Resources

Articles and Reports

- "The Prison Strike Challenges Ableism and Defends Disability Rights," by Dustin P. Gibson and Talila A. Lewis. Blog/Article.
- "From Hospitals to Handcuffs: Criminalizing Patients in Crisis" by Disability Rights Washington. Report.
- "Mental Health and Prisons" by the World Health Organization. Information/Data Sheet.
- "'Shut Them Down.' It's Time to Close Washington's Dangerous Residential Habilitation Centers" by Disability Rights Washington. Report.

Blogs and Resource Pages

- "Disability Justice In the Age of Mass Incarceration: Perspectives on Race, Disability, Law & Accountability" from Talila A. Lewis. Course Syllabus.
- "Radical Abolitionist" Blog
- "Why It's Critical to Close Institutions" by People First of Washington. Resource Page.
- "Mental Health" by Prison Policy Initiative. Resource Page.

Videos and Audio

- "My Body Does Not Oppress Me, Society Does," with Patty Berne and Stacey Milbern. Youtube Video.
- "The Anti-Black Pinnings of Ableism" by Groundings Podcast. Podcast Episode.