

# Alternatives to Policing Based in Disability Justice

By the Abolition and Disability Justice Collective

Abolition is not limited to ending spaces and practices of incarceration and policing. Fundamentally, abolition is also about reimagining new ways of life such that a world in which prisons, policing and other carceral systems as solutions to social problems becomes unthinkable. Abolitionism is also not just about creating new responses to crises but creating a new world in which we thrive such that less crises happen in the first place.

Prisons and policing are not the only carceral systems. Investing in social work and psychiatric agencies is often framed as an “alternative” to policing and prisons. But mental health systems are also carceral and punishing. At the hands of these so-called “gentler” policing systems, people who are Neurodivergent and/or Disabled are simultaneously nonconsensually subjected to violence, incarceration and discrimination, and also excluded from shaping decisions directly impacting our lives.

Abolitionists coined the term “prison industrial complex” to highlight that the problem is not just individual prisons, but that our capitalist economic system is structured through institutions of punishment. Similarly, we must also end the medical industrial complex that is structured, not on systems

of care, but rather on profit. Thus, an abolitionist perspective rooted in disability justice must also be anti-capitalist.

We must not reproduce the very systems we are trying to abolish. The solutions we need require centering the needs, ideas and testimonies of intersectionally vulnerable people to create the life-affirming communities we desire and deserve.

We honor and amplify the organizers and communities that offer us the practices and principles of [Transformative Justice](#) and [Disability Justice](#), which challenge us to question our willingness and desire to dispose of people in moments of violence, trauma, or crisis. These principles require us to disinvest from existing carceral solutions which normalize removal and neglect by asking, whose “normal” informs who should be removed, neglected and under-resourced? Knowing that there is not one “normal” challenges us to imagine communities wherein it is a given that all people have access to stable housing; nutritious food and clean water; accessible buildings, streets and amenities; free education; affirming and free health care; and antiracist, peer-led, and survivor-centered healing practices and spaces.

We do not live in the world we deserve. That is to say, we do not live in a world where each of us is valued and appreciated, not for what we produce, but for who we are. We deserve a world not where our lived experiences and our identities are medicalized, commodified, pathologized and

criminalized, but where we are celebrated and supported in our resilience and growth. We fight for unrecognized worth and humanity.

As uprisings and calls to end incarceration and policing in all their forms continue, we must honor the legacies of the Black, Indigenous, People of Color; Queer, Trans, Intersex and Gender Non-Conforming; Immigrant, Migrant and Refugee; Disabled and Neurodivergent; Women and Femme; Youth and Elder identified survivors and organizers whose resistance and resilience have brought us to this moment today. As we amplify the call from Black organizers and movements to #DefundThePolice and invest in Black communities, questions arise about how we keep our people safe, particularly people who are perceived as “dangerous,” “infirm,” or “unstable” due to their neurodivergence, mental health differences, or disabilities.

As abolitionist psychiatric survivors, people with disabilities, and their accomplices, we believe it is necessary to name the [ableist](#) and [sanist](#) roots of strategies that rely on forced medication, institutionalization, surveillance and monitoring.

The understanding that police do not make us safe is widening, and people are asking, what does make us safe? How should we deal with the things people usually call the cops about? Some of the emerging proposals are concerning because they suggest we should replace policing and prisons with social workers, mental health treatment, and hospitalization. The problem is, medical and psychiatric incarceration is part of the overall

system of policing and incarceration that we need to dismantle. Medical and psychiatric authority is entangled with and part of the authority of police and prisons.

Police and prison abolitionists have been leading these conversations, exposing how reforms that tinker with the rules police are supposed to follow or add new technology or trainings have failed repeatedly because policing is a fundamentally anti-Black, anti-Indigenous, racist, ableist, anti-poor, patriarchal, anti-queer, anti-trans, anti-immigrant system.

It is operating as designed. We can't mend it; we have to end it.

## **Guiding Abolitionist Principles Based in Disability Justice**

We have been tasked with visioning and building a world where everyone is empowered to live their best life without fear of policing, discrimination, violence, or isolation. All of us must participate if we are going to build sustainable communities that can survive the political, environmental, and social storms surrounding us globally--communities where we can exist as our whole selves without fear.

The call "we keep us safe" reminds us that solutions should empower all people, including Disabled and Neurodivergent people, to exercise our self-determination with care and understanding. We all deserve the

resources, support, training and education we need to love and protect ourselves and one another.

Following the [Principles of Disability Justice](#) outlined by Sins Invalid, we propose these principles for alternatives to policing and incarceration:

### **Leadership by Our Most Impacted**

- Policies, practices and principles must be created by the people most harmed by the systems of policing and control. There is not a one-size-fits-all approach that works for all people impacted by ableism and sanism, and solutions need to meet people where they are.
- All initiatives must be non-coercive and done with consent of the person who needs support, care, or de-escalation.
- Peer-led and -initiated programming, resources, and support should be funded and prioritized over psychiatric facilities and interventions.
- We must validate Neurodivergent and/or Disabled people's needs, desires, experiences and leadership over those of professionals.
- We must fund and amplify public education and cultural work that is created and led by people with lived experience to challenge ableist

and sanist stigma in our communities.

- Every initiative needs to be accessible in and to people's language, culture, and identities rather than being an exclusionary, one-size-fits-all, standardized treatment. We want different kinds of care options instead of a standardized state framework. Care should be person-centered, accessible and grounded in a person's specific needs and identities.

### **Centeredness in Community Support and Intervention - Skilling Up**

- All kids and adults should have ways to build skills needed for safety. Education must be free, inclusive and accessible. It should be provided in multiple languages, including sign languages. People who are Neurodivergent and/or Disabled should be both teachers and students. It should cover:
  - Comprehensive, LGBTQ-inclusive, disability-inclusive, sex education that centers consent
  - De-escalation
  - Bystander intervention
  - Mediation and generative conflict
  - First aid

- Self-defense
  - After care and continued support
- Alternatives should prioritize proactive strategies for safety instead of reactive and punishment-based strategies. We must focus on solutions that keep people in their communities, and stabilize them through mutual aid resources, relationships and community networks, and accessible home, work and public spaces. We should amplify accessible tools such as Mad Maps, Safety Plans, Pod Maps, and T-Maps.

### **Resourcing People Directly**

- We must build community-based supports, services, education, and housing for everyone, for every occasion. [Everyone can live in the community no matter their disability or any other status.](#) We should prioritize access to affordable and accessible housing, childcare, health care, transportation and food as building blocks for collective well-being and safety.
- All of these supports and services must avoid causing further harm. They must value leadership from Black people with disabilities. They must also support leadership from other marginalized people. They

must be provided in ways that work for people and respect their choices. They must be accessible, and avoid imposing cultural values.

- Collective access and safety should be central in these efforts, not afterthoughts. The revolution will be accessible.

### **Dismantling Ableism and Decriminalizing Our Lives**

- Alternatives should not be rooted in ableism/sanism. This means we must not pathologize or medicalize people and issues (even incompetent people in power, or folks who are wildly different from normative embodiment and mental state); the goal should be not to validate the norm but to question it and shift it.
- We must center harm reduction. We support decriminalizing drug use, sex work, panhandling, and ending other broken windows policing policies that disproportionately impact Disabled and houseless people.
- We must fund and expand programs that provide resources and training in mediation, restitution, and accountability practices and

processes to enable healing and supportive re-entry.

- We must decriminalize and destigmatize suicide. Due to mandatory reporting and the criminalization of suicide, many people who need support do not access resources. We must talk openly about suicide and destigmatize and decriminalize it in order to offer people the support they need.

## **REFORMS TO AVOID:**

### **Reforms that replace policing and criminalization with mandatory social or health services.**

- Including those that replace imprisonment with other forms of incarceration, such as in a group home, nursing home, drug treatment facility, or hospital.
- Including seemingly benign ones like check-ups that are used to surveil and gate-keep people from getting other services (like education and housing).

Mandatory social and health services are no less damaging than our systems of policing and cages. In these contexts, people who are

Neurodivergent and/or living with disabilities are systematically abused and prevented from making decisions about our own lives.

**Reforms that require compliance with medication or any kind of forced drugging to avoid incarceration/hospitalization or in order to get other services (like housing or Social Security benefits).**

People who are Neurodivergent and/or Disabled are just as entitled to make decisions about what we eat and wear, where we live, and the medications and treatment we receive as anyone else. Forcing people to stay on medication or in treatment in order to access their survival needs is abusive and coercive.

**Reforms that expand funding for mandatory services like psych hospitals or psychiatrization more broadly, or mandatory check-ups (by medical professionals, Child Protective Services, etc.).**

These systems operate with the same level of power over and lack of accountability as policing. People who are targeted by these systems have few paths to justice or equity. All systems must be accountable to the people they serve.

**Reforms that rely upon the usage of forced restraint or corporal punishment, such as tasers.**

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.

### **Reforms that require registries, monitoring, or surveillance.**

These systems position people who are Neurodivergent and/or Disabled as a crisis to be managed rather than as people who, like all people, best thrive with supportive care systems. Surveillance and monitoring are seen as care; however, they provide the foundation by which people with disabilities are often criminalized later. For example, Disabled people are often penalized (including with monetary fines) for not keeping appointments or complying with treatment plans. Tracking systems enable carceral systems to more easily criminalize people with disabilities.

### **Reforms that rely upon the use of Mandatory Reporting**

Mandatory reporting in the case of domestic violence has actually increased the amount of retaliation and violence against survivors. It also takes away survivors' agency to determine if they want to go through a criminal legal system and entraps immigrant survivors into cooperating with ICE and the state. Similarly, mandatory and voluntary reporting and wellness checks on individuals experiencing suicidal ideation or non-normative behavior can result in additional harm through the medical and carceral systems they thereby become subject to.

**Reforms that rely upon the expansion of Adult Protective Services and Child Protective Services.**

These agencies have basically no check on their powers and often target families with children or caregivers with disabilities. We know that Black and Indigenous families and other Families of Color; families with Queer and Trans caregivers; Immigrant, Migrant and Refugee families; and Poor Families have been specifically targeted for removal of children from the home. Mandatory reporting for Black and brown child sexual abuse survivors is a pipeline into the foster care system that rips communities and families apart and exposes children to equally abusive conditions as “wards of the state.”

**Reforms that base eligibility for housing or other services on sobriety, medication compliance, not engaging in self-harm, or other restrictive criteria.**

These kinds of eligibility criteria keep out the people who are most in need of care and life-sustaining resources. We need to respect people’s autonomy, coping mechanisms and survival strategies.

**Reforms that further isolate and segregate people.**

Peoples with disabilities are often seen as a social problem to be isolated from society. Separating and isolating people as a way of “treating” them or addressing crises is a common approach that endangers vulnerable people

and worsens the harms they face.

### **Definitions:**

**Abolition:** The political vision that seeks to create a society that imagines ways to address harm and conflict beyond punishment and incarceration. It is about not simply the absence of prisons and policing, but the presence of new infrastructure, social networks and institutions that are not structured through violence, domination, [racial capitalism](#) and disposability.

**Ableism:** Oppression faced by Disabled people, or those perceived as Disabled, and/or people who fall outside of the accepted definitions of normal.

**Autonomy:** The ability and right of a person to exercise control over their own body free of state control.

**Coercion:** The ability to force another person to achieve a desired end.

**Decriminalize:** To stop treating something as a criminal offense.

**Disability Justice:** A framework for liberation that seeks to end ableism in connection with ending all other forms of oppression.

**Harm Reduction:** A framework for finding safer ways to practice risky behaviors. It further affirms a belief in, and respect for, the rights of people when they engage in risky behavior. It is a philosophy that can be applied as a daily practice for everyone, just for high risk situations.

**Healing Justice:** A framework that identifies how we can holistically respond to and intervene in generational trauma and violence and bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts and minds.

**Healthism:** A value system in which people who differ from normative standards of health (rooted in racism, capitalism, ageism, ableism, and transphobia) are subject to systems of punishment and exclusion. Instead of addressing and relieving structural barriers to healing, non-coercive, community-centered health care, healthism enforces systems that blame and harm the individual for experiencing illness and distress.

**Mad Maps:** Wellness documents that we create for ourselves to promote wellness through reminders of our goals, what is important to us, our personal signs of struggle, and our strategies for self-determined well-being.

**Mandatory Reporting**: The legal requirement for professionals to report crimes, abuse or self-harm to legal authorities.

**Medicalize**: To treat a justice issue as a medical problem.

**Medical Industrial Complex**: The network of corporations which supply health care services and products for a profit and at the expense of promoting care and wellness.

**Prison Industrial Complex**: The overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems.

**Neurodivergent**: Having a brain or mental processing that functions in ways that diverge significantly from the dominant societal standards of “normal.” It is based on the assumption that there are naturally occurring diversities in how brains function that do not require a “cure.”

**Pathologize**: To treat something or someone as unhealthy or abnormal and in need of being “cured.”

**Pod Map**: A document used to describe the creation of relationships between people who would turn to each other for support around violent, harmful and abusive experiences.

**Punitive:** Addressing harm or conflict through punishment.

**Safety Plan:** A document that supports and guides someone when they are experiencing abuse, crisis, or harm.

**Sanism:** The oppression of and stigma against people who are perceived to be Neurodivergent, and the cultural drive to be seen as sane/rational/mentally normal.

**Transformative Justice:** A framework for addressing harm that 1) creates new systems of governance and social relations that reduce harm in the first place and 2) relies on processes for addressing harm that attempt to transform the social conditions that gave rise to that harm.

**Resources:**

[Alternatives To Calling Police During Mental Health Crises](#)

[Fireweed Collective](#)

[TransformHarm.org](#)

[#AcceptUs #NotKillUs](#)

[Crip Justice: Police Violence Against Peoples with Disabilities](#)

[Everyday Abolition's interview with Leroy Moore](#)

[Where Is Hope - The Art of Murder, Police Brutality Against People With Disabilities](#)

[HEARD - Helping Educate to Advance the Rights of Deaf Communities](#)

[We Can't Breathe: The Deaf & Disabled Margin of Police Brutality Project](#)

[Harriet Tubman Collective](#)

[Mad Queer Organizing Strategies](#)

[Mirror Memoirs](#)

[Sins Invalid](#)

[Project LETS](#)

[Krip-Hop Nation](#)

[CAT-911](#)

[RESOURCES](#) from LiatBenMoshe.com

**Books:**

[Disability Incarcerated](#)

[Decarcerating Disability](#)

[Prison by Any Other Name](#)

[Beyond Survival: Strategies and Stories from the Transformative Justice Movement](#)

**Articles/Thought Pieces/Blogs**

[Disability Justice and Abolition](#)

[Disability Solidarity: Completing the Vision for Black Lives](#)

## **Data/Research**

[Child Abuse, Neglect kills Hundreds in view of Authorities](#)

[Violence against adults and children with disabilities](#)

[The Florida Organization That's Tracking People With Mental Illnesses](#)

[Disability is a hidden side of the police violence epidemic](#)

## **Media**

[Disability Justice and Abolition](#)

[Disability Justice and Transformative Justice](#)

[Where is Hope? The Art of Murder](#)

[Krip Hop Album on Police Violence and Race/Disability](#)

[Disability Liberated](#)