

DISABILITY JUSTICE

Disability rights and justice work have a long, deep history that predates the 1990 passage of the landmark policy known as the Americans with Disabilities Act (ADA). For decades, advocates – many of whom are disabled themselves – have worked to build this movement from localized, community-focused change into a national movement. The term “disability justice” emerged in 2005 and was a deliberate shift away from describing this work as “disability rights” to better encompass the deep intersectionality of oppression between race, gender, sexual orientation, disability, and more. This document will help you build your understanding of the disability rights and justice movements and can be used to brief your staff, volunteers, donors, legislators, and other community members.

Note: Members and activists from the disability community have begun to adopt identity-first language (i.e. disabled people) in place of person-first language (i.e. people with disabilities), as they view disability as a core component of identity. However, some members of the community still prefer person-first over identity-first language. In this fact sheet, the terms are used interchangeably.

Disability in the United States

- The Centers for Disease Control and Prevention (CDC) defines the wide range of issues encompassed in the term “disability” as “any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).”¹
- Disability status is often thought of in narrow terms, without regard to how it intersects with race, ethnicity, gender, sexuality, and gender identity to compound the experiences of stigma and oppression that individuals experience. Examination of available data reveals that one’s disability status often intersects with other marginalized identities.
- Demographic data on people with disabilities continues to be somewhat limited, and data that looks at the intersections of disability and race, ethnicity, sexual orientation, and other factors is even more so.
 - » This is due to a range of factors, including the historic and continued absence of disability in government data collections and academic research and clinical trials, over and undercounts of certain disabilities to the exclusion of others, and additional factors.



- » This is slowly changing. Following the passage of the Affordable Care Act, agencies were directed to incorporate six disability demographic questions in data collected by government agencies such as the CDC and the Department of Health and Human Services.
- » Where possible, this fact sheet examines available data with an intersectional lens, and we urge continued action and education on disability inclusion in data collection.

BIPOC and LGBTQ+ Disability Disparities

Disability affects people of all races, ethnicities, ages, genders, sexual orientations, and gender identities. However, there are significant differences in the rate of disability among various identity groups, as well as disparities in health, economic barriers, and difficulties in accessing care.

- One in four adults in the United States (an estimated 61.4 million people) has a disability.ⁱⁱ
- Although women are slightly more likely to have a disability, the rate difference between men and women is minimal.ⁱⁱⁱ
- Among racial and ethnic groups, the disability prevalence is highest among American Indian/Alaska Native (21%) and Black (16%) individuals,^{iv} and these prevalence differences are even more significant within certain age groups. For instance, in 2019, among middle-aged and older adults: 50% of American Indian and Alaska Native (AI/AN), 36% of Black and Hispanic/Latinx, and 41% of multiracial individuals reported a disability, compared to 26% of white individuals and 16% of Asian individuals.^v
- The prevalence of disabilities is also high in the LGBTQ+ community, particularly among transgender adults. In an analysis of the 2020 Behavioral Risk Factor Surveillance System (BRFSS), HRC Foundation found that one in three (36%) LGBTQ+ adults self-reported having a disability compared to one in four (24%) non-LGBTQ+ (cisgender and heterosexual) adults. In addition, more than a third (35%) of cisgender LGBTQ+ adults and more than half (52%) of transgender adults (including both LGBTQ+ and straight transgender adults) reported a disability.^{vi}

From Disability Rights to Disability Justice

The Disability Rights Movement of the 1960s and 1970s was one of the most impactful civil rights campaigns in American history, helping to establish civil rights for people with disabilities and opening opportunities for them to more fully participate in society. Today, acknowledging that the movement fell short in examining how intersecting racial, gender, class, sexual, and class identities could play a role in the lives of people with disabilities, many leaders in the disability community have moved beyond what was known as the disability rights movement to a new framework, known as the Disability Justice Movement.

- Despite the fact that ableism^{vii} and racism go hand-in-hand, the landmark Civil Rights Act of 1964 did not include people with disabilities. It was not until 1973 that the Rehabilitation Act – the first federal legislation to prohibit discrimination on the basis of disability related to federal programs, services, and employment – was passed.^{viii}

- The next major legislative advancement to address disabilities was the Americans with Disabilities Act of 1990 (ADA). The ADA greatly expanded protections to include matters of physical accessibility, transportation, employment, government services, and other areas to provide access for and prevent discrimination against people with disabilities.^{ix} While the ADA is widely viewed as landmark legislation, it should be considered the floor, rather than the ceiling, in terms of protecting the rights of disabled people and ensuring equity.
 - » Implementation and compliance with ADA standards remains inadequate, particularly for certain communities. For example, low-income people with disabilities face difficulty finding housing that can meet their needs because low-income housing often offers too few options, particularly for people with mobility disabilities.^x
- The Disability Justice Movement framework builds on the work of the Disability Rights Movement and was developed primarily by queer women of color, including Patty Berne, Mia Mingus, and Stacey Milberne. It is guided by the following 10 principles, which differentiate it from the earlier framework of disability rights:^{xi}

1. Intersectionality

2. Leadership of the most impacted – leadership, power, and opportunities are centered on people most negatively impacted by the full spectrum of ableism.

3. Anti-capitalist politics – individuals’ worth is not dependent on their ability to produce.

4. Cross-movement solidarity – because disability occurs across demographics, people with disabilities will not be liberated without the success of other movements seeking liberation, such as racial justice, environmental justice, gender justice, etc.

5. Recognizing wholeness – disabled people are whole people who are not made “less than” because of their disability.

6. Sustainability – the movement is built to prevent individual burnout and is dependent on the community; cannot be pushed forward by individuals alone.

7. Commitment to cross-disability solidarity – all disabled people are part of the movement, including those who are typically left out of conversations about disability.

8. Interdependence – while the Disability Rights Movement focused on promoting the independence of individuals with disabilities, the disability justice framework acknowledges the importance of support and community.

9. Collective Access – method of doing things outside of nondisabled, neurotypical norms. Access needs are welcomed, acknowledged, and respected.

10. Collective Liberation – People with disabilities move together as people with “mixed abilities, multiracial, multi-gendered, mixed class, across the sexual spectrum, with a vision that leaves no one behind.”



Justice System Involvement

Physical and mental/behavioral health disabilities increase the risk of justice system involvement, including criminalization, overpolicing, incarceration, and police violence. These issues are common among individuals in both the adult and juvenile justice systems, where BIPOC individuals are vastly overrepresented.

- Individuals with disabilities are vastly overrepresented in the U.S. jail and prison system. State and federally imprisoned individuals are nearly 3x as likely, and those held in jails are more than 4x as likely, to report a disability than the general population. ^{xii}
- Fifty percent of women in jail have a disability. ^{xiii}
- Disabled individuals are also more likely to be the victims of police violence. Estimates indicate that people with disabilities comprise 33% to 50% of individuals killed by law enforcement.
- People of color with disabilities are more likely to be criminalized for behaviors such as walking in the street ^{xiv} due to long-standing infrastructure neglect in communities of color and a higher percentage of Black, Native American/Alaska Native, and Pacific Islander people who have mobility difficulties. ^{xv}
- Black students with disabilities are 343% more likely than all other students with disabilities to be placed in a correctional facility. ^{xvi}
- Implicit and explicit racial bias often prevents Black and Hispanic/Latinx defendants from qualifying for diversion programs that could keep them out of jail or permit them to receive mental health treatment in jail. ^{xvii}
- Inmates of color with mental health disabilities are disproportionately punished and placed in solitary confinement, compared to white individuals, who are often sent to mental health units. Solitary confinement has been shown to exacerbate mental illness and many individuals experience their first psychotic episode in these conditions. ^{xviii}
- Incarcerated individuals with mental health disabilities of all races suffer mistreatment and medical neglect and have high rates of suicide and self-harm. But people of color with mental health disabilities are less likely than white individuals to receive the necessary mental health services. ^{xix}

Gender-Based Violence

Individuals with disabilities are more likely to experience domestic and sexual violence and the intersection of race and disability makes disabled women of color particularly vulnerable to this violence.

- Rates of violent victimization, including rape and sexual assault, are at least three times higher among people with disabilities; however, rates of violence victimization are highest among disabled Hispanic/Latinx individuals (55.3 per 1,000) and Asian, Native Hawaiian, Pacific Islander, American Indian, and Alaska Natives, as well as disabled individuals of two or more races (56.5 per 1,000). ^{xx}
- The rate of rape/sexual assault against individuals with disabilities is more than 4 times that of the rate against individuals without disabilities, ^{xxi} and of women who report rape, approximately 2 in 5 have a disability at the time of their assault. ^{xxii}
- Sixty-nine percent of rapes/sexual assaults against persons with disabilities are committed against those with multiple disabilities. ^{xxiii}

- Compared to women without disabilities, women with disabilities are 4.5 times as likely to experience rape, three times as likely to experience sexual violence other than rape more than twice as likely to experience physical violence, almost three times as likely to experience stalking, 1.8 times as likely to experience psychological aggression, and twice as likely to experience reproductive or sexual health control at the hands of an intimate partners. ^{xxiv}

Factors such as ableism, objectification, myths about disability and sexuality, and others often prevent disabled victims and survivors of domestic and sexual violence from accessing the treatment, care, and support they need to heal; these services and supports are even more inaccessible for disabled survivors of color.

- According to the Bureau of Justice Systems, only 19% of rapes or sexual assaults against people with disabilities are reported to the police, compared to 36% of assaults against people without disabilities. ^{xv}
- When crimes are reported or medical care is sought, misconceptions about disability and a lack of adequate training for medical providers regarding treating people with disabilities means that these survivors are unable to get the help that they need. ^{xxvi}
- In addition to fears of racism, ableism, and a host of other harmful prejudices, disabled survivors of color face unique issues in access treatment and care: ^{xxvii}

- » Double oppression
- » Lack of culturally appropriate accessible services
- » Isolation and shame
- » Lack of knowledge of services
- » Lack of trust in the system
- » Multiple cultural identities
- » Double communication barriers
- » Cultural differences toward disabilities



Sexual violence can also contribute to the development of disabilities, particularly trauma-induced mental illness.

- Conditions like Post-Traumatic Stress Disorder (PTSD), depression, and drug and alcohol use at high rates, leading to addiction, often meet the criteria for disability defined by the ADA, ^{xxviii} and it is common for survivors of domestic and sexual violence to develop these conditions.
- A meta-analysis of 22 studies on sexual assault and mental health found that 81% of survivors showed significant symptoms of PTSD one week after their assault, 75% met the criteria for PTSD one-month after their assault, and 41% were still managing PTSD one year later. ^{xxix}

COVID-19 and Accessibility

People with disabilities continue to be disproportionately impacted by the COVID-19 pandemic, and some groups of individuals with disabilities—including people of color and women—have been particularly hard hit.

- A greater COVID-19 incidence rate is significantly associated with a higher percentage of people with disabilities who are Black, Asian, Hispanic/Latinx, Native American/Alaska Native, below the poverty level, under age 18, and female. ^{xxx}
- Adults with physical disabilities, including Black disabled adults, Hispanic disabled adults, older adults, and disabled residents of homeless shelters, were overrepresented among U.S. COVID-19 patients who required hospitalization. ^{xxxi}
- People with intellectual and developmental disabilities, as well as those who were medically fragile or dependent on technology, were at risk of being triaged out of COVID-19 treatment and other care when informal and formal Crisis Standards of Care documents targeted people with certain disabilities for denial of care. ^{xxxii}
- People with disabilities who were at particularly high risk of infection with, or severe consequences from, COVID-19 were not recognized as a priority population for vaccination by many states when emergency use authorization plans were rolled out due to longstanding failures to collect detailed disability data in health care. ^{xxxiii}
- In a study of individuals with mobility impairments, access to family and friends, access to food and groceries, transportation, employment, and caring for others were all negatively impacted by COVID-19. ^{xxxiv}
- The growing shortage of direct care workers that existed prior to the pandemic worsened through the pandemic. Many of these workers (50.3% of nursing assistants, 45.7% of personal care aides, and 40% of early childcare workers) are women of color ^{xxxv} who earn less than a living wage and lack health benefits. These women, faced with the choice of placing themselves and their families at risk of contracting COVID-19 at jobs with no sick leave ^{xxxvi} left their roles, which left people with disabilities and their caregivers without aid and placed disabled individuals at greater risk of losing their independence or being institutionalized. ^{xxxvii}
- The lifting of masking policies across the country has increased health risks for people with disabilities when it comes to safe access to important public works, such as transportation systems, schools, and other public venues, like grocery stores. ^{xxxviii} The removal of mask mandates has sparked action among disability advocates, including the increasing number of lawsuits filed against states that force schools to choose between a mask mandate to protect kids with disabilities related to the immune system and critical state funding. ^{xxxix}

People with disabilities have long been underrepresented in the nation's workforce and the pandemic initially worsened this long-standing disparity. However, the COVID-19 pandemic has also pushed employers towards greater flexibilities, which have, in turn, helped increase inclusivity and employment rates for some people with disabilities.

- Prior to the pandemic, only approximately one-third of working age people with disabilities were in the workforce, compared to nearly three quarters of working age people without disabilities. ^{xl}

- The start of the COVID-19 pandemic caused a massive increase in unemployment, which had a disproportionate initial impact on people with disabilities. By the end of April 2020, nearly 1 million people with disabilities had lost their jobs, representing 20% of working people with disabilities, compared to 14% of their nondisabled peers.
- In 2022, employment rates of people with disabilities finally increased—particularly for women—due to employer accommodations such as the ability to work remotely. ^{xli}
- Unfortunately, not all telework requests were granted. Research indicates women, and particularly women of color, with disabilities have been hit particularly hard by employers’ refusal to grant telework. These women often had “high-risk” disabilities and were refused accommodation or insufficiently accommodated and had greater caregiving responsibilities. ^{xlii}

Disability and Health Disparities

Data shows that people with disabilities experience more physical and mental health conditions than their counterparts without disabilities. In fact, the Department of Health and Human Services—through the Healthy People 2030 initiative—has designated people with disabilities as a health disparity population. These inequities are even greater for disabled individuals of color, those who are women, and those who are part of the LGBTQ+ community.

- Thirty-one percent of people with disabilities report fair or poor health compared to only 6% of people without disabilities who report the same. ^{xliii} Among individuals with disabilities, 55.2% of Hispanic/Latinx and 46.6% of Black adults report fair or poor health, compared to 36.9% of white adults.
- Disabled adults are more likely to experience chronic conditions like cardiac disease, diabetes, higher weight, and asthma. ^{xliv}
- Women with disabilities are more likely than women without disabilities to have chronic health conditions and to report fair or poor health. ^{xlv} Compared to women without disabilities, women with disabilities are less likely to receive breast or cervical cancer screening, more likely to have cancer and to receive diagnoses at a late stage, and more likely to experience mental health or substance use problems. ^{xlvi}
- Black and Hispanic/Latinx adults with intellectual and developmental disabilities are more likely to report fair or poor physical and mental health compared to their white peers. ^{xlvii}
- Adults of color with mobility limitations are more likely to report that their health is worse than a year ago, more likely to experience depression, and more likely to have diabetes, hypertension, and vision impairments than white individuals with mobility limitations. ^{xlviii}
- Disabled LGBTQ+ individuals are more likely to report poor physical and mental health than their nondisabled peers. ^{xlix}

People with disabilities often have more difficulty accessing affordable and adequate health care than their peers without disabilities.

- Adults with disabilities are less likely to have health insurance than adults without disabilities and are more likely to be covered by Medicare or Medicaid. However, they are still more than twice as likely to have difficulty paying their medical bills—thirty three percent of Black and Hispanic/Latinx adults with disabilities reported difficulties paying medical bills in the last 12 months. ^{li}

- Adults with disabilities are three times more likely to forego medical care in the last 12 months because of cost than individuals without disabilities (16% compared to 5%). Among racial and ethnic groups, Black disabled individuals are the most likely to face cost barriers (17%).^{lii}

Eugenics

Eugenics is an ableist and white supremacist pseudo-science developed in the 19th century that asserts there are people who are “fit” and deemed to be “genetically superior”, and people who are not, and therefore are deemed to be “genetically inferior”. Many of the most vocal and earliest proponents of eugenics were Americans in positions of power who targeted people of color, people with disabilities, and LGBTQ+ people in particular for forced sterilization, institutionalization, and other violence. Despite the lack of any scientific evidence to back up this theory, the impact of the eugenics movement continues to cause harm.

- The application of eugenics aims to diminish the populations of those deemed by the state to be “genetically inferior” via state controls over bodily autonomy. This includes forced sterilization and institutionalization by the state, and the restriction of basic civil rights, including the right to move freely in society or to have children.^{liii}
- In 1927, the U.S. Supreme Court case known as Buck v. Bell codified the theory of eugenics by allowing states sovereignty to control the bodily autonomy of persons deemed “unfit”, paving a clear policy pathway leading to tens of thousands of forced sterilizations.^{liv}

Eugenics as a practice may not be the trendy science of today, but it was used in practice well into the 21st century to target people of color and people with disabilities and its impacts continue to cause harm.

- Although these laws look much different today than they did in the 20th century—when at least 65,000 women were sterilized without consent—laws allowing the forced sterilization of some communities still exist in thirty-one states and the District of Columbia.^{lv}
- People of color, women, LGBTQ+ people, poor people, Indigenous people, and people with disabilities have been and continue to be disproportionately impacted by the intentional targeting of marginalized communities.^{lvi}
- Forced hysterectomies and other sterilization methods were a common practice for much of the 20th century. According to the sparse data that exists, it is estimated that between 1950 and 1966, Black women were three times more likely to be sterilized compared to white women, and 12 times more likely when compared to white men.^{lvii}

Disabled women of color – particularly those with a cognitive disability – are more likely to be sterilized.

- Research has found that, compared to women without cognitive disabilities, women with an intellectual disability are more likely to be sterilized.^{lviii}
- Black women with a disability are nearly twice as likely to be sterilized compared to white women.^{lix}
- Between 1970 and 1976, researchers estimate that approximately 25% of Indigenous women of “child-bearing age” in the United States were forcefully sterilized.^{lx}

There is much more to consider around the intersections of gender, race, and disability. You can learn more via the Disability Justice Initiative at the Center for American Progress, The Arc, the Century Foundation, and many more.

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