Statement on Gun Violence Prevention Policy and Mental Health Disabilities by the Coalition for Smart Safety

The recent mass shootings in our country have prompted proposed legislative solutions to prevent further mass gun violence. We appreciate and agree that protecting public safety is and should be paramount to such efforts. However, scapegoating people with mental health disabilities as the cause of this country’s gun violence problem misses the real causes of gun violence, and further harms our communities.

Our nation’s elected officials must not suggest that people with mental health disabilities should be the primary target of gun violence prevention efforts. The rhetoric from some that people with mental health disabilities, including those with perceived mental health disabilities, are inherently dangerous, and that targeting them will solve our country’s gun violence problem, is wrong.¹

Studies have shown that people with disabilities, including mental health disabilities, are far more likely to be victims of violence than perpetrators.² Mental health disabilities are

² See Abrams, Lindsay, The Atlantic, “Study: People with Mental Illness Are Five Times More Likely to Be Murdered,” available at https://www.theatlantic.com/health/archive/2013/03/study-people-with-mental-illness-are-five-times-more-likely-to-be-murdered/273740/; Linda A. Teplin, et al., Crime Victimization in Adults with Severe Mental Illness, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005) (“Over one quarter of the SMI sample had been victims of a violent crime (attempted or completed) in the past year, 11.8 times higher than the [general population] rates . . . ”); and Heather Stuart, Violence and Mental
not accurate predictors of violence—a fact recognized by the American Psychological Association, among others—and should not be treated as such. In fact, there is very little evidence indicating that individuals diagnosed with mental illness are more likely than anyone else to commit gun crimes. While individuals with mental health disabilities should receive healthcare and other support services, legislation that targets people with mental health disabilities will not be effective in reducing gun violence. Falsely blaming people with mental health disabilities for violence will stigmatize these individuals, violate their right to privacy, and will likely dissuade some people from seeking help at all.

We understand that federal legislation may include incentives for states to enact extreme risk protection orders (ERPOs), which may be issued by courts to temporarily prevent a person in crisis from accessing firearms. Congress must only support those ERPOs that are based on an individual’s conduct, not on whether that person has a mental health disability or mental health diagnosis. Basing a protection order on disability status or diagnosis, and not conduct or behavior, violates a person’s civil rights—and, as stated above, will not lead to real change.

Statements, talking points, and legislation relying on incorrect assumptions linking mental health to gun violence are counterproductive and only serve to further stigmatize people with mental health disabilities and the disability community as a whole. For example, proposals aimed at identifying children and youth with disabilities—some as young as five or six years old—as potential threats to their schools and communities only serve to further isolate and stigmatize students. This is neither helpful nor effective in increasing safety or reducing gun violence and will ultimately harm children and youth with mental health disabilities.

The simple fact is that other countries around the world have just as many people with mental health disabilities, but they do not experience gun violence at the same magnitude as the United States. This problem is only exacerbated by systemic racism and hatred. Our country is faced with a rise in hate crimes targeting marginalized communities and an increase in racially motivated mass shootings in recent years. Hate and racism are not mental health disabilities, nor should they be treated as such.

Indeed, communities of color experience the disproportionate impacts of gun violence. For instance, Black people experience gun violence disproportionately in the U.S., in that they experience 10 times the gun homicides, 18 times the gun assault injuries, and nearly three times the fatal shootings by police of white people. These disparities in experienced violence can lead to mental health disabilities, such as PTSD, anxiety, and depression. Black adults are more likely than white adults to report symptoms of

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Illness: An Overview, 2 Journal of World Psychiatry 121, 123 (June 2003) (“It is far more likely that people with a serious mental illness will be the victim of violence,” rather than its perpetrator.).


emotional distress—but only one in three who need mental health care actually receive it.\(^5\) People in other racial groups experience similar disparities with mental health care,\(^6\) and it is tremendously important to consider much-needed mental health supports when thinking about gun violence legislation. Communities of color must be consulted in any sweeping legislation that impacts them, so that Congress can avoid perpetuating the impacts of white supremacy.

It is an act of prejudice to use people with disabilities as scapegoats for the increased incidences of mass shootings and acts of mass violence in this country. Ultimately, this will do nothing to curb the epidemic of gun violence in our nation. We will not accept or support any legislation that sacrifices the civil rights of people with disabilities in exchange for the appearance of action on gun violence. Effective reform can and should be accomplished without compromising the civil rights of people with disabilities. We call upon all of our legislators to condemn dangerous and discriminatory rhetoric and refute any related legislative proposals that will ignore what it will really take to end this country’s gun violence epidemic and put the lives and freedoms of Americans with disabilities at risk. Please contact Cyrus Huncharek (Cyrus.Huncharek@ndrn.org), Lewis Bossing (lewisb@bazelon.org), or Monica Porter (monicap@bazelon.org) should you have any questions.

Signed in Solidarity,

American Association of People with Disabilities
Autism National Committee
Autism Society of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Center for Learner Equity
Connecticut Legal Rights Project, Inc.
Council of Parent Attorneys and Advocates
Disability Rights Education & Defense Fund
National Association of Councils on Developmental Disabilities
National Association of Rights Protection & Advocacy (NARPA)
National Association of School Psychologists
National Center for Learning Disabilities
National Disability Rights Network (NDRN)
New York Association of Psychiatric Rehabilitation Services
The Arc of the United States
The Coelho Center
The Honorable Tony Coelho

CC: Senate Health, Education, Labor and Pensions Committee

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The Coalition for Smart Safety includes disability rights, civil rights, education, and privacy organizations working together to stop the false association of gun violence with mental health disability.