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Guiding Principles for Combating Violence and Abuse

Newspaper stories give us a sense of what issues are considered important (at least by the writers and publishers of newspapers) and what people in our communities are talking about. Let's begin thinking about the guiding principles (or **values**) for combating violence and abuse by reading the summaries of three newspaper articles. Think about what all three stories have in common.

Their own voices; SPARC residents at meeting on self-advocacy

written by Dori Meinert, State Journal Register, Springfield, Illinois, September 22, 2005, p. 1

This newspaper article tells about the experiences of two men with developmental disabilities who traveled to Washington, D.C., to attend a national conference on self-advocacy for people with disabilities. The purpose of the conference is to encourage people with disabilities to become their own advocates. Brandon Von Liski, a self-advocate, shared his thoughts about self-advocacy:

I think it's hard for some people to speak up to staff. I think some people get nervous....I guess they're afraid the staff is going to say, "No, you can't do this or you can't do that." I think people should stick up for themselves because nobody else is going to do it for you. (p. 1)

Urging self-advocacy; Challenge daily barriers, expert tells disabled

*written by Dottie Aldrich, The Patriot News,
Harrisburg, Pennsylvania, September 6, 2006, p. W01*

2 Fitzsimons

This newspaper article tells about a meeting held by the **Center for Independent Living** in Central Pennsylvania to talk about programs to help people with disabilities live on their own and break down barriers in their communities. Pat Brockley, an independent living specialist, talked about the rights guaranteed under the **Americans with Disabilities Act** (ADA) of 1990 (PL 101-336). She also talked about the importance of self-advocacy, stating, “We need to teach people [to] be self-advocates. Things are not going to change unless people ask for it. Self-advocacy is what we’re trying to have people understand and how important it is.” (p. W01)

**Crime victim proposes independence;
Woman paralyzed in shooting at age 10 went on to be a leader**
*written by Barbara Ramirez,
Corpus Christi Caller-Times, Corpus Christi, Texas, April 20, 2007, p. B3*

This newspaper article tells the story of Regina Blye, who was paralyzed at the age of 10. She was shot in the neck by a 13-year-old boy who had a crush on her and he said, “If I can’t have you, no one can” (p. B3). Ms. Blye was the keynote speaker at the Fourth Annual Opening Doors Conference: Serving Victims with Disabilities held by Crime Victim Services. Ms. Blye’s message for people with disabilities was “to be independent, take charge of their lives, but not to fear asking for assistance” (p. B3).

Before I explain why these three newspaper stories were selected



Ask Yourself...

What do these three stories have in common?

What is the main point that the person quoted in each of the stories was making?

Unlike many of the other newspaper stories you will read in this book, the first three articles selected are stories of hope and empowerment of people with disabilities. All three stories talk about the importance of people with disabilities speaking up and taking charge of their lives through self-advocacy. The last article is directly related to the topic of this book. Ms. Blye was a crime victim—she became disabled as a result of a shooting. Her message to the audience of people with and without disabilities reflects all of the guiding principles for combating violence and abuse presented in this book. Let’s begin by thinking about the idea of *guiding principles*.

DEFINING GUIDING PRINCIPLES

In order to combat violence and abuse of people with disabilities, you need to

- Understand the problem
- Be aware of the available resources
- Weigh the pros and cons of your options
- Develop a plan and put it into action

All of these areas will be discussed later in the book. A person's mind-set or way of thinking is just as important as what a person knows. You may be asking yourself *why* a person's way of thinking matters; it matters because a person's way of thinking has an effect on how he or she will approach combating violence and abuse of people with disabilities.



Ask Yourself...

What words would I use to describe the right mind-set or way of thinking needed to combat violence and abuse of people with disabilities?

A person's way of thinking is influenced by values. Values refer to the ideals or principles that are very important to a person, such as freedom, independence, equality, and family. In this book the term **guiding principles** is used to refer to the values that need to be put into action to combat violence and abuse. The guiding principles are **empowerment, advocacy/self-advocacy, self-determination, strengths perspective, and collaboration**. Let's look at each of the guiding principles and apply them to combating violence and abuse.

Empowerment

You are probably familiar with the term *empowerment*.



Ask Yourself...

How do I define empowerment?

What does it mean to be empowered?

How can I support the empowerment of people with disabilities?

Empowerment has many different meanings. It is difficult to write one brief definition that fully explains what the term *empowerment* means. Let's look at some of the different ways we can think about empowerment.

Empowerment is a value or a principle that guides how professionals and family members support and work with people with disabilities (Zimmerman & Warschausky, 1998). An empowerment approach emphasizes *wellness* rather than *illness* and *strengths and competency* rather than *deficits or limitations*. In social work, **empowerment practice** is defined as "the process of helping individuals, families, groups, and communities to increase their personal, interpersonal, socioeconomic, and political strength and develop influence toward improving their circumstances" (Barker, 2003, p. 142). Family members and professionals uphold the principle of empowerment when they collaborate (work together or in partnership) with people with disabilities to help them become as independent as possible, develop skills to break down barriers, and create inclusive communities (see Tip Box 1.1).

Empowerment is also a process of increasing power so that individuals and groups can take action to improve their lives (Gilson, Bricout, & Baskind, 1998; Gordon, 1995; Saleebey, 2000; Zimmerman & Warschausky, 1998). In order for people with disabilities, individually or collectively, to have control over their lives,

Tips for engaging in empowerment practice

- ▶ Listen to and learn from people with disabilities.
- ▶ Try to understand and then respect the choices made by people with disabilities.
- ▶ Focus on strengths rather than limitations.
- ▶ Seek solutions rather than focus on problems.
- ▶ Focus on skill building rather than deficit reduction.
- ▶ Engage in collaborative partnerships rather than using professional control.

Sources: Collins and Valentine (2003), Gilson et al. (1998).

TIP BOX 1.1

they need to be aware of the barriers in their communities that limit equal opportunity. People need the knowledge and skills to make changes in their lives and in their communities. In addition, people need supports and opportunities to practice skills in making change. Through the empowerment process, people begin to feel empowered (Hagner & Marrone, 1995). They begin to believe in their own individual and collective power to take control of their lives and to make the changes needed to create inclusive communities.

Empowerment is also an outcome, meaning the outcome of using an empowerment approach and the empowerment process is to become empowered or achieve power (Saleebey, 2000; Zimmerman & Warschausky, 1998).

Empowerment of people with disabilities began with three movements: the **Independent Living Movement** of people with physical disabilities, the **Self-Help Movement** of mental health consumers, and the **People First Movement** of people with intellectual disabilities (formerly referred to as *mental retardation* and sometimes called *developmental disability*) (Dybwad, 1996; Gordon, 1995; Hagner & Marrone, 1995). In each of these movements, people with disabilities were working to make sure they had the same opportunities and control over their lives as people without disabilities. They were also trying to radically change the service delivery systems to be responsive to their needs. People with disabilities are perhaps the least powerful minority group in our society. Yet, through empowerment, individually and collectively, people with disabilities have been able to obtain greater control over and improvement of their lives (Gordon, 1995). People with disabilities have also made a difference in broader issues that affect their communities, states, and the nation.

It is my belief that empowerment is the most important guiding principle for combating violence and abuse of people with disabilities. People with disabilities will achieve greater empowerment when all of the other principles are practiced. Think back to what Regina Blye said to the people attending the Opening Doors

Conference. Her message for people with disabilities was “to be independent, take charge of their lives, but not to fear asking for assistance” (Ramirez, 2007, April 20, p. B3). I believe she was talking about the need for people with disabilities to become empowered in order to “take charge of their lives” (Ramirez, 2007, April 20, p. B3). As you may already know, many people with disabilities who are being abused are afraid to ask for help. They do not believe that they will actually be helped. However, people with disabilities need “not fear asking for assistance” (Ramirez, 2007, April 20, p. B3) when family members, friends, and professionals uphold the principle of empowerment.

Advocacy and Self-Advocacy

You are probably familiar with the terms *advocate* and *self-advocate*.



Ask Yourself...

What is the difference between an advocate and a self-advocate?

Why are advocacy and self-advocacy guiding principles for combating violence and abuse?

The main difference between advocacy and self-advocacy concerns who is doing the advocating. An advocate speaks and acts on behalf of others. A self-advocate speaks and acts on his or her own behalf. Both advocates and self-advocates are needed to combat violence and abuse of people with disabilities.

Advocacy Advocacy is “the process of doing something for or speaking on behalf of some person or cause” (Stroman, 2003, p. 46). There are many types of advocacy. **Case advocacy** refers to “actions by professionals on behalf of clients or client groups to obtain needed services, resources, or entitlements or to ensure clients’ rights are upheld” (Ezell, 2001, p. 27). Another type of advocacy is **system advocacy** (sometimes called class or cause advocacy), defined as “actions taken to effect changes in policies and practices affecting all persons in a certain group or class” (Ezell, 2001, p. 27). If you are a family member, friend, or professional, you may engage in case advocacy or system advocacy on behalf of and in collaboration with self-advocates—the people with disabilities whom you know.

Self-Advocacy Self-advocacy is defined as “a process in which an individual or a group of people speak or act on their own behalf to obtain needed services, resources, and entitlements or to ensure their rights are upheld” (Ezell, 2001, p. 27). Self-advocates affiliated with **Self Advocates Becoming Empowered (SABE)** define self-advocacy as

Giv[ing] a person with a disability a chance [to] speak up for themselves and others. By letting individuals tell others how they feel about issues that affect their lives, they can educate the public about persons with disabilities and how they can be included in all aspects of community life. (Levitz, 2005, para. 4)

Self-advocacy is the *action* part of empowerment (Miller & Keys, 1996; Zimmerman & Warschausky, 1998). It is through self-advocacy that the Disability Rights Movement has been able to achieve its goals.

Self-advocacy first gained importance in the early 1960s among people with physical disabilities as part of the Independent Living Movement (Stroman, 2003). In 1982 The National Council on Independent Living was formed as an association of Centers for Independent Living (CILs). There are now CILs serving every community throughout the United States. Self-advocacy for people with intellectual disabilities began in the 1960s in Sweden and by the mid-1970s in the United States grew into the People First Movement (Dybwad, 1996; Stroman, 2003). The first People First Conference was held in Oregon in 1974. The phrase *people first* came from one member of the movement who said, “We are tired of being seen first as handicapped or retarded or disabled. We want to be seen as people first” (Stroman, 2003, p. 47). In 1991, SABE was formed as the national coalition of all state and local self-advocacy organizations for people with intellectual disabilities. There are now more than 500 People First chapters in the United States and 43 in other countries around the world.

What all types of advocacy have in common is a focus on change—in particular change from the status quo (the way things are now). The sources of many of the problems that people with disabilities experience are societal (organizational, community, environmental), requiring system advocacy. Political action, community organizing, and public education campaigns are all strategies used in systems advocacy.

Combating violence and abuse of people with disabilities requires taking action through advocacy and self-advocacy. Family members, friends, and professionals can collaborate with people with disabilities to make and put into practice policies that meet the legal, emotional, and physical needs of people with disabilities who are abused. Family members, friends, and professionals can help people with disabilities learn self-advocacy skills that promote self-determination and result in empowerment. While family members, friends, and professionals are important allies, it is people with disabilities as self-advocates who should be at the center of any effort to combat violence and abuse.

Self-Determination

If you are a person with disabilities or a **care provider** who supports someone with a disability, you know the term *self-determination*. Self-determination has been a goal of the Disability Rights Movement since its beginning in the 1960s. The Center on Self-Determination (n.d.) defines **self-determination** as “the ability for people to control their lives, to reach the goals they have set, and to take part fully in the world around them” (para. 4). Reread the definitions of self-advocacy.



Ask Yourself...

What do I think is the difference between self-advocacy and self-determination?

Why is self-determination included as a guiding principle?

Self-advocacy is about action. It is through self-advocacy that you are able to be self-determining. I see this as the main difference between the two terms—the action part of self-advocacy.

Self-determination is included as a guiding principle more for the family members, friends, and professionals reading this book than it is for people with disabilities. This is because I believe that advocates should put the self-determination of people with disabilities first, not advocate for what they want or for what they think people with disabilities should want. The vast majority of people with disabilities have the ability to make and/or take part in making decisions about their own lives. As a family member, friend, or professional you can support people with disabilities by helping them think through their options and the consequences of selecting each option. Some people with disabilities may have difficulty or be unable to make their own decisions. When you need to make a decision on behalf of another person, it is helpful to learn as much as possible about the person. Remember that negative attitudes, false beliefs, and stereotypes about people with disabilities can cloud your judgment and influence your decisions and the decisions of others (see Tip Box 1.2).

Applying the principle of self-determination is very important when working with people with disabilities who have been abused. Victims may not always act in ways that professionals and others think is in their best interest. However, as you will discover in Chapter 4, Systemic Barriers, and Chapter 5, Personal Barriers, the barriers for all victims, but especially for victims with disabilities, are powerful obstacles to getting out of abusive relationships and situations. Supporting the self-determination of victims requires recognizing the power of the barriers and clearly explaining available resources and options. It also means discussing the pros and cons of options and to the greatest degree possible supporting individuals to act in what they believe is their own best interest at that moment in time.

Tips for making decisions on behalf of others

Learn about the person's

- Likes and dislikes
- Cultural heritage (history, background)
- Religious beliefs
- Lifestyle preferences
- Life experiences

Learn about the

- Preferences of people in similar situations
- Community norms (the standards or common practices of people in the person's community)

TIP BOX 1.2

Strengths Perspective

Everyone has strengths. Strengths are assets (positive qualities), talents, skills, and abilities. Strengths are what a person is good at doing. Take a moment to think about your strengths.



Ask Yourself...

What am I good at doing?

What are my assets (positive qualities)?

What are my talents?

You will recall that an empowerment approach focuses on strengths, not limitations. The concept of strengths is another one of the guiding principles that is directed more to the family members, friends, and professionals reading this book than it is to people with disabilities. Practicing from a **strengths perspective** means that everything you do will help people with disabilities discover and improve their strengths in order to achieve their goals (Saleebey, 2000). As a family member, friend, or professional, you can support the empowerment of people with disabilities by identifying and building on strengths. Practicing from a strengths perspective means asking what a person can do, rather than dwelling on what a person cannot do (see Tip Box 1.3).

Employing a strengths perspective is very important when working with people with disabilities who have been abused, due to the harmful impact of the abuse on victims. Self-blame, low self-esteem, and learned helplessness are some of the common feelings that can occur as a result of abuse. These feelings and others will be discussed in Chapter 5, Personal Barriers. It is important to remember that even in hard times people have the ability to rise above obstacles and become even

Tips for promoting strengths

- ▶ Every person has strengths.
- ▶ Trauma and abuse may be harmful but may also provide opportunity for growth.
- ▶ Be aware of negative attitudes, beliefs, and stereotypes that you have about people with disabilities.
- ▶ Have high expectations. Every person has the ability to grow and change.
- ▶ Take each person's goals and wishes seriously.
- ▶ Collaborate, rather than dictate (give orders or tell people what to do).

Source: Saleebey (2000).

TIP BOX 1.3

stronger (Saleebey, 2000). The very fact that a victim has survived abuse is proof of individual strength. **Survivor's pride** is a term used to refer to the growth and dignity (self-respect or pride) that can come from overcoming obstacles (Saleebey, 2000). Using a strengths perspective can help individuals move from being a victim to becoming a survivor. Using a strengths perspective can help people with disabilities discover or rediscover their strengths and become empowered.

Collaboration

The last guiding principle is **collaboration**, which means working together or working in partnership.



Ask Yourself...

Have I ever been a part of a collaboration where people with and without disabilities worked together as equal partners?

If I have been part of a collaboration with people with and without disabilities, what words would I use to describe the collaboration?

Earlier in this chapter you learned about system advocacy—actions taken to change policies and practices that affect all people in a certain group. As you read this book you will learn about many problems with the systems that are supposed to offer support and services to people with disabilities who have been abused. Changing systems to meet the needs of people with disabilities requires collective (group) action. This is why collaboration is one of the guiding principles. A collaborative approach—bringing together people with all types of disabilities, their family members and friends, and professionals from disability services; victim assistance; the vulnerable adult advocacy and protection system; and the criminal justice system—is a powerful approach to combating violence and abuse.

Interdisciplinary Collaboration *Interdisciplinary* refers to two or more disciplines (or professions such as education, nursing, social work, and psychology). **Interdisciplinary collaboration** refers to people who are from different professional disciplines working together as a team to create a plan for and deliver services that meet the needs of client systems (individuals, agencies, and communities) in order to achieve agreed-upon goals. Professionals from different disciplines have benefited from interdisciplinary collaboration in a number of areas, including

- Training in child protection services (Glaser & Williams, 1995)
- Services to students with special needs (Associated Colleges of Central Kansas, 2000)
- Early intervention with children with disabilities (Roberts-DeGennaro, 1996)
- Services for women with disabilities (Milberger et al., 2003)
- Domestic violence services for people with intellectual disabilities (Carlson, 1998)
- Health care for female victims of domestic violence (Shields, Baer, Leininger, Marlow, & DeKeyser, 1998)

Participants in interdisciplinary collaboration have reported a better understanding of the various roles of other disciplines. Interdisciplinary collaboration also results in improved **teamwork** and collaboration in the delivery of services and in positive outcomes for service recipients. One major limitation is the lack of involvement of people with disabilities in the interdisciplinary collaboration. Let's look at a few projects that *have* successfully included people with disabilities in the collaboration.

Collaboration with People with Disabilities People with disabilities have been included in collaborative projects as learners, educators, counselors, and partners. The following are three examples of projects that have included people with disabilities as equal partners. In Chapter 8 you will learn about a fourth project: the Advocacy and Empowerment Project.

- People with disabilities and their families were part of a coalition-building project on aging and developmental disabilities (Keys & Factor, 2001). The project was undertaken to deal with the deficits in the service delivery system for people with developmental disabilities at middle age and beyond. Coalitions made up of people with disabilities, families, professionals who work in elder services and disability services were formed. One of the goals of the project was to empower people with disabilities and their families through their participation as coalition members.
- Partners in Policymaking started in 1987 to teach people with disabilities and their families the knowledge and skills they needed to be involved in policy making at the local, state, and national levels. One evaluation of Partners in Policymaking found that people with disabilities who participated in the training reported an increased sense of empowerment and an increased view of themselves as self-determining individuals (Cunconan-Lahr & Brotherson, 1996). Partners in Policymaking has been implemented throughout the United States and internationally with more than 15,000 Partners having graduated from the program (Minnesota Governor's Council on Developmental Disabilities, 2007).
- A peer counseling training program for women with disabilities offered in a self-help organization was effective in meeting the needs of women with disabilities seeking supports (Saxton, 1981). The peer counselors developed marketable skills and gained greater self-confidence and a more positive self-concept as a result of helping others. As a result of their interaction with the peer counselors, the women with disabilities reported no longer feeling alone. Both the peer counselors and the service recipients gained a greater acceptance of themselves as women with disabilities.

In all of these projects, people with disabilities collaborated as equal partners or participants with professionals. A collaborative approach is the logical choice when your goal is to uphold the principles of empowerment, advocacy/self-advocacy, self-determination, and strengths as you undertake your efforts to combat violence and abuse of people with disabilities.

FINAL THOUGHTS

I hope that you see that *you* are part of the solution. You are beginning to have some ideas about what you can do in collaboration with others to combat violence and abuse. You know that whatever actions are taken should promote the empowerment, self-advocacy, self-determination, and strengths of people with disabilities. If you are a person with a disability, your voice and your involvement are crucial to any change effort. If you are a family member, friend, or professional, you know that you must listen to and learn from people with disabilities and work as partners to change systems. By the time you finish this book, you will have the information and take-action mind-set to combat violence and abuse of people with disabilities in your own life and in your community.

RESOURCES

Web Sites

Center on Self-Determination, Oregon Health Sciences University, <http://www.ohsu.edu/oidd/CSD/>
National Empowerment Center, <http://www.power2u.org>
Partners in Policymaking, The Minnesota Governor's Council on Developmental Disabilities, <http://www.partnersinpolicymaking.com>
Self Advocates Becoming Empowered, <http://www.sabeusa.org>
The Disability Rights and Independent Living Movement, University of California at Berkeley, <http://bancroft.berkeley.edu/collections/drilm/index.html>
The National Council on Independent Living, <http://www.ncil.org>
The National Mental Health Consumers' Self-Help Clearinghouse, <http://www.mhselfhelp.org>

DVD/Video/Training Tools

Advocacy Empowerment Wheel, available on the National Center on Domestic and Sexual Violence web site, <http://www.ncdsv.org/images/AdvocacyEmpowermentwheelNOSHADIN-NCDSV.pdf>
Declaration of Independence (DVD), Blue Tower Training, 1-866-258-8266, <http://bluetowertraining.com>
My Choice, Your Decision (Video with handbook), Blue Tower Training, 1-866-258-8266, <http://bluetowertraining.com>

