Moving to a New Way of Thinking about ‘Disability’, ‘Vulnerability’, ‘Abuse & Neglect’ and Comprehensive Prevention

Minnesota Olmstead Specialty Committee
“Abuse and Neglect” Prevention Plan

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PART 1

• UNDERSTANDING ‘DISABILITY’
Defining ‘Disability’

- Complex – No one definition
- One of the many aspects of human diversity
- Single largest minority group in the United States
- Born and acquired – We are all temporarily ‘able’.
- Diversity within ‘disability’
- Varied categories or groupings
  - Physical/Mobility
  - Deaf, Late Deaf, hearing impaired
  - Visually impaired - Blind and low vision
  - Developmental
  - Mental health
  - Cognitive
  - Health-related
- Legal, Medical, Educational, Government Services/Benefits definitions
‘Disability’ and Language (Mackelprang & Salsgiver, 2009, p. 19 & 20)

Disability Identity Language
- Disability advocates and activists challenge “do-gooder” language, such as differently-abled.
- Disability first language contributes to seeing ‘disabled’ people as inherently pathological, rather than another characteristic of diversity.

People First Language
- Place the person first, rather than defining people by their disabilities.
- Characteristics that lead to ‘disability’ labels are part of the individual, but do not define the person.
- Labels should only be passports to services (Snow, 2013)
The ‘Individual-is-the-Problem’ Ways of Thinking about Disability (Mackelprang & Salsgiver, 2009)

- **Moral**
  - Divine-Disfavor Model
  - Links disability with sin & evil
  - Suffering as punishment for their sins or those of family.

- **Triumphant**
  - Resiliency Model
  - Links disability with tragedy
  - People seen as heroic for their achievements “in spite of their disabilities”

- **Medical**
  - Rehabilitation Model
  - Links disability with deviance from the ‘norm’
  - People seen as sick, damaged, broken
  - Person is cause of ‘problem’ & need fixing
  - Professionals know best
  - Goal is to eliminate or reduce the ‘impairment’

**Ableism:** Discrimination against people with disabilities. People with disabilities are viewed as *inferior* because they don't fit what is considered the ‘norm’.

**Prejudicial Beliefs & Attitudes**

- Always a child
- Someone to feel sorry for - pitied
- A threat to society
- Sick and suffering
- A burden to society
- Ugly, unattractive, asexual
- Incompetent
- Freaks or oddities

Ableism perpetuates oppression.

- The devaluation of people with disabilities results in discrimination, segregation, social isolation, and social and economic policies that limit opportunities for full participation and membership in our society.
  - Exclusion, not Inclusion.

Source: http://www.advocations.org/working-definition-disability/
The Social Model of Disability based on Human Rights & Empowerment (Mackelprang & Salsgiver, 2009: Thomas, 2002)

- Civil Rights Model
- Disability Rights Movement.
- The disadvantage of ‘disability’ is not rooted in differences in how the brain or body works. Rather, it is societal barriers, whether physical, programmatic, policy, or attitudinal, that are most debilitating for people with disabilities.

Source: http://www.advocations.org/working-definition-disability/
OSSIE STUART (Disability consultant): I always felt being a disabled person was a problem.
Project Implicit is the product of a team of scientists whose research produced new ways of understanding attitudes, stereotypes and other hidden biases that influence perception, judgment, and action.

https://www.projectimplicit.net/index.html
The Medical and Social Models of Disability

The Medical Model: The individual has a problem.

The Social Model: It is society that disables people.
‘VULNERABILITY’ TO ‘ABUSE & NEGLECT’
The ‘Individual-is-the-Problem’ Way of Thinking About Disability: Understanding ‘Vulnerability’

(Fitzsimons, 2009, 2016; Fineman, 2008; Sobsey, 1994)

Assumption:
‘Disability’ = ‘Vulnerability’

Vulnerability is associated with personal attributes. Personal attributes are the result of individual impairment in how the brain and/or body works.

Examples of Personal Attributes

- Needs help with daily activities
- Less able assess risk
- Less able physically defend self
- ‘Impaired’ communication
- Thinking & learning ‘deficits’

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Re-Framing Vulnerability to ‘Abuse & Neglect’: (Socio-)Ecological Model of Risk

Re-Framing ‘Personal Attribute Vulnerability’ to ‘Abuse & Neglect’

(Fitzsimons, 2009; Hollomotz, 2009, 2011; Sobsey, 1994)

- Learned Helplessness
- Learned Compliance
- Desire to please others
- Poorly developed personal boundaries

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Risk Reduction: Creating a Ring of Safer


Diagram:
- **RELATIONSHIPS**
  - Privacy
  - Boundaries
  - Consent
  - Intimacy
- **PERSONAL SAFETY**
  - Self-Defense
  - Body Image
  - Sexual & other Interpersonal violence
  - Knowing Rights
- **Choice/Self-Determination Supported Decision-Making**
  - Communication skills
  - Assertiveness
  - Social Awareness to minimize risk
- **SEX EDUCATION**
  - Recognize Unsafe Feelings
  - Problem-solving
  - Handling unwanted advances
Risk Reduction: Creating a Ring of Safer
The Power of Knowing Words

“A young woman attempted to report sexual [assault] by saying she had a stomach ache. She had no language for her genitalia. [T]he body part closest to her genitals that she could name was her stomach. She attempted to tell for a year that she had been hurt. On her first introduction to the word ‘vagina’, she was able to clarify what she had meant and clearly report what had happened to her” (Hingsburger, 1994, p. 73).
Risk Reduction: Creating a Ring of Safer

The Right and Ability to Non-comply

THE RIGHT TO REFUSE

“Saying ‘no!’ conveys to the perpetrator that the person knows the rules. A person who understands the rules can report when the rules have been broken. This is a person [less likely] to be trifled with” (Hingsburger, 1994, p. 75).
Relationship-Based Vulnerability
Caregiver of People with Disabilities
Power & Control Wheel
Developed by: Wisconsin Coalition Against Domestic Violence
Based on the original Power and Control Model created by the Domestic Violence Intervention Project, Duluth, MN.

Power and Control

- Coercion and threats
- Intimidation
- Emotional Abuse
- Isolation
- Economic Abuse
- Withhold, misuse or delay needed support
- Minimize, justify and blame

Relationships

- Caregiver privilege

Environment

- Culture, norms, laws and the media
- Where people learn, work and play

Society

- Individual Knowledge and Skills

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Primary Prevention Relationship-Based Vulnerability Caregiver of People with Disabilities Equality Wheel

Developed by: Wisconsin Coalition Against Domestic Violence
Based on the original Power and Control Model created by the Domestic Violence Intervention Project, Duluth, MN.

Equality

- Negotiation and Fairness
- Non-threatening
- Dignity and Respect
- Involvement
- Honesty and Accountability
- Responsible Provision of Services
- Economic Equality
- Choice and Partnership
- Dignity and Respect

Equal rights and opportunities for individuals with disabilities to participate in society and lead fulfilling lives without barriers. The Equality Wheel illustrates the importance of non-threatening, dignifying, and respectful involvement.

Equality is achieved through economic, educational, and social equality. It is supported by the principles of communication, participatory leadership, and accountability.

Individual knowledge and skills are the foundation for equal economic opportunities, and involvement with community and workplace participation is essential. The diagram visualizes the interconnectedness of individual, environmental, and societal factors in achieving equality.

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Environmental-Based Vulnerability (Fitzsimons, 2009, 2016; Hollomotz, 2009, 2011; Sobsey, 1994)

Where people are segregated or separated from mainstream helping environments, where disempowering practice can flourish, & where discovery is less likely to occur.

Emphasize control and power ‘over’, teach and reinforce compliance, & group together people with high support needs.

Justify controlling, dehumanizing, and harmful practice by calling it ‘treatment’ or ‘behavioral intervention’.

Closed ‘groupthink’ culture.
Understanding Environments

Power Over vs. Power With

(TLC-PCP 2012 www.learningcommunity.us)

Power Over

- Toxic
  - Causes significant aggression or depression
  - Results in power over as we try and control the aggression and withdrawal

- Tolerated
  - People are depressed, have given up
  - We see “learned helplessness
  - There is no (or very little) growth

Power With

- Supportive
  - There is growth
  - People have been moved from toxic or tolerated “blossom”
  - There is power with

- Healing
  - Needed for some people wounded by toxic or tolerated settings
  - Focus is on restoration and wellness

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Sexual & physical violence and other victimization perpetrated against people with disabilities, generally classified as crimes, are viewed as ‘abuses’ better responded to within regulatory and/or protective systems.

Lack of funding and enforcement of federal and state civil rights/human rights laws, including the Americans with Disabilities Act.

Laws, policies, and practices that favor and support institutional & segregated systems of education, work, housing, and services AND track people into ‘special’, rather than mainstream services and system.

Laws, policies, and practice that disempower people with disabilities, such as restrictive guardianship practices.
Individual-level factors, created, enhanced, reinforced & perpetuated by people in environments & within systems collectively contribute to increased vulnerability.
PART 3

• COMPREHENSIVE PREVENTION
Working from the Public Health Approach to Prevention

This model helps us understand the complex connections between individual, relationship, community, and societal factors that contribute to interpersonal violence.
The Model helps us think about **Who is the Focus** of Prevention (CDC, 2004)

**Indicated:**
Approaches aimed at those who have already been victimized or perpetrated.

**Selected:**
Approaches that are targeted at those who are believed to be at heightened risk (for victimization or perpetration).

**Universal:**
Approaches that are aimed at all members of a group or the general population regardless of individual risk (for victimization or perpetration).
The Model helps us think about the *When* of Prevention (CDC, 2004)

**Primary Prevention:** Focus on removing the root cause *before* the problem occurs. Strategies are aimed at changing behaviors, attitudes, cultural norms that reinforce and perpetuate interpersonal violence.

**Secondary Prevention:** Focus on the immediate response *after* the problem has occurred. Aim to prevent re-victimization and treat immediate needs. Victims and stop perpetrators re-offending; early identification & intervention.

**Tertiary Prevention:** Focus on long-term response to problem, *after* occurred deal with lasting consequences, promoting healing & wellness & prevent re-offending via treatment, incarceration, monitoring & containment, & address policies and practices that contribute to corrupt caregiving cultures.

Need effective, victim-centered, trauma-informed response systems that focus on victim's needs & safety.
The Model Distinguishes between **Primary Prevention**, **Risk Reduction**, and **Public Outreach**  
(Developed by Morgan, J. Curtis, LMSW; Taken from Curtis & Love, 2009, p. 12.)

<table>
<thead>
<tr>
<th></th>
<th>Primary Prevention</th>
<th>Risk Reduction</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Changing /addressing the underlying causes of violence.</td>
<td>Teaching individuals skills to reduce their risk of being victimized.</td>
<td>Telling the community about violence and where to access services for victims/survivors.</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Aims to change risk factors for the individual and for the community at-large; strategies are population-based and focus on victimization, perpetration, and bystander engagement.</td>
<td>Aims to change individual behaviors that increase risk for victimization.</td>
<td>Aimed at the general public so that they can better respond to victims or help victims to know where to go for help.</td>
</tr>
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<td><strong>Goal</strong></td>
<td>Eliminating and reducing factors that perpetrate sexual violence to keep it from happening in the first place; creating healthy norms and healthy communities.</td>
<td>Thwarting an attack that is in process, avoiding imminent attacks, avoiding high-risk situations.</td>
<td>Tell the community that sexual violence exists, reaching out to victims/survivors so that they will seek services.</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>A campus-based program that engages students, faculty and staff to be active bystanders, to engage in behaviors and take actions that intervene in high-risk situations, promote safety and communicate an intolerance for violence. Ex: Green Dot</td>
<td>Self-defense classes. Good Touch/Bad Touch. Watch Your Drink campaigns</td>
<td>A one-shot training that covers the dynamics of sexual violence, misconceptions, and services from the local crisis center.</td>
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The **Spectrum of Prevention** helps us to ensure our primary prevention efforts target change at every system level  
(CDC, 2004; Cohen & Swift, 1999)

- **Level 6: Influencing Policy and Legislation.** Enacting laws and policies that support healthy community norms and a violence-free society.

- **Level 5: Changing Organizational Practices.** Adopting regulations and shaping norms to prevent violence and improve safety.

- **Level 4: Fostering Coalitions and Networks.** Bringing together groups and individuals, including collaborating as partners with people with disABILITIES, to impact change within communities and advocate for policy changes that prevent violence, improve safety and create a violence-free society.

- **Level 3 Educating Providers.** Informing providers, including disABILITY, victim, criminal justice services, mental health, and adult protection services, and a wide array of other providers who will transmit skills and knowledge to others and model positive norms.

- **Level 2: Promoting community education.** Reaching groups of people within the community with information and resources to prevent violence, to promote safety and broaden the spectrum of allies of people with disabilities within the community.

- **Level 1: Strengthening Individual knowledge and skills.** Enhancing an individual’s capability of preventing violence and promoting safety.
Making the Case for **Primary Prevention**

No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the individual.

Dr. George Albee
“*The Argument for Primary Prevention*”
• FRAMING OUR WORK TOGETHER…
The ‘individual-is-the-problem’ way of thinking about disability AND vulnerability is part of the problem. Thinking about vulnerability from the Social Model of Disability and the (Socio-)Ecological Model of Risk will help us move away from disempowering practices and narrowly focused ‘protective’ solutions.
Comprehensive prevention includes ....

✓ Primary prevention to change the conditions that contribute to discrimination, disempowerment, & ‘abuse and neglect’.

✓ Public outreach & education.

✓ Empowering people with disabilities to maximize abilities & learn risk reduction strategies to be there own first line of defense.

✓ Create effective response systems that ensure equal justice under the law, are victim-centered, trauma-informed, & ensure the needs and safety of victims.

✓ Hold perpetrators, and organizations that contribute to corrupt caregiving cultures, accountable.

✓ Identify and promote system changes that contribute to or perpetuate the problem.
Guiding Principles for Our Work

- **Inclusion** and **Empowerment** of people with disabilities
- Thinking from the **Social Model of disability**
- Promotes **Person-Centered** practices
- Recognizes **Diversity of disability & Intersectionality**
- Careful consideration of **Language** and the Meaning of Words
- Thinking of ‘**vulnerability**’ from the **socio-Ecological Model of risk**
- Full range of **prevention, risk reduction & public education**
- **Trauma-informed & victim-centered**
- Connect ‘**abuse**’ and crime victimization
- Assess current **system capacity** – strengths, challenges, gaps
- System change **adopt/adapt strategies, ideas, resources, models** from other places to work in Minnesota
- **Collaborative** and **Capacity Building** – **breaking down silos**
- **Data** and **research evidence** driven (to the extent possible)
Acknowledging the problems and responding to its occurrences is simply insufficient. Joining the Committee is an opportunity for us to ask, “What are WE going to do to end ‘abuse and neglect’ of people with disabilities?”

Thank you for your time, interest and for what you are already doing with and on behalf of people with disabilities in Minnesota.