



**Submission in response to the rights and attitudes issues paper,  
Royal Commission into violence, abuse, neglect and  
exploitation of people with disability**

**Submitted by Jane Sherwin**

**Author's credentials:** Masters in Education & Work (Macquarie University); Bachelor Occupational Therapy (Uni Qld); worked in the lives of people with disabilities and older people since 1978; one of two accredited senior trainers in Social Role Valorisation (SRV) in Australia; member of the Australian Social Role Valorisation Association; 30 years experience in studying and applying SRV in a range of contexts both locally and internationally. I was the Director of the respected capacity-building organisation, Community Resource Unit, for seven years and have been mentoring, teaching, evaluating services and writing since 2007 through Sherwin Consulting.

**Key points within the submission**

In order for people with disabilities to claim their Rights and in order for others to respect the rights of people with disabilities, it is necessary to have a practice framework that opens the doors to their Rights. This is not to deny the helpfulness of awareness campaigns and a relevant legal framework.

- i. Social Role Valorisation (SRV) is a theoretical and practice framework that explains that people with disabilities have heightened vulnerabilities to having their rights disregarded and to experiencing violence, abuse, neglect, and exploitation. This submission draws from SRV in answering the Commission's questions.
- ii. The body of knowledge around SRV lays out clear explanations of the dynamic of social devaluation and therefore why people with disabilities are likely to not have their rights respected. SRV also lays out clear strategies for assisting people with disabilities into valued roles that will aid in their experience of a good life that includes having their rights respected.
- iii. Workers and family members have had limited success in asserting the rights of people with disabilities in a society that is so deeply and historically rejecting of certain groups. They need a theoretical and practice framework which helps them influence the perceptions by society of people with disability *and* which enables individuals with a disability to not only claim their rights, but be in valued roles that lead to typical and valued lifestyles and to the good things of life that others take for granted.
- iv. It is recommended that SRV be considered and highlighted as a helpful practice framework for use in the lives of people with disabilities.

This submission answers some of the questions posed by the Royal Commission using insights from Social Role Valorisation. The submission explains why SRV is so helpful for use in the lives of people with disabilities, including in respect of their rights.

## Question 1: Where and when in life do people learn about PERCEPTIONS AND ATTITUDES towards people with disability? How could this be reinforced and/or improved?

While the Commission has asked about learning about the rights of people with a disability, I suggest that there is a step before this. It is the absorption of perceptions and attitudes towards people with disabilities.

Four points are made about the acquisition of perceptions and attitudes.

*i. Perceptions matter.* Perceptions are shaped by the values of a society, the economic conditions, the extent to which the social environment (such as parents and teachers) model acceptance and welcoming of people with a disability, and the experiences that one has with someone who is 'different'. If that experience is positive, then it is more likely that one's perception and attitude will be positive.

*ii. Societal values matter.* We live in a society that values competence, looking a certain way, having a job, contributing in some way, being independent, having money and having an education. Humans can embody these values such as being competent, being employed, being educated; people with these characteristics are likely to be seen as valued citizens and acquire a valued status.

However, many people with disabilities are dependent and therefore seen as the burden; typically they are financially and materially poor, are frequently poorly educated and typically unemployed. They have characteristics which are, sadly, not valued in our society. They are perceived as not only having a lower social status, they are also perceived as not deserving more.

Complementary ideas about 'privilege' reinforce this point made by SRV. For example, those who have privilege barely notice the issues facing those without privilege and in fact might not feel compassion towards those without privilege. It is as if devalued groups and the actions of our society are invisible to them.

If we accept these observations, and if it is not possible to change the values of society, then somehow those with privilege must somehow see the shared humanness of people with disabilities and engage with them with compassion.

*iii. Attitudes are not innate; they develop.* People with disabilities are perceived and judged based on not only their impairment but also on their social conditions. As mentioned before, the values of society and the perceptions of citizens are closely linked. These values are absorbed by children from their parents and from other social groups. Throughout life, the values continue to be absorbed through the media, social media and social groups. The values and perceptions about people with disabilities are reinforced through the actions of services such as when facilities are located on the outskirts of town; children with disabilities are educated in segregated units or in congregated segregated special schools; when the life path expectation is that the graduates of special schools will go to day services or sheltered workshops. Negative perceptions, negative judgements and negative expectations are reinforced and become woven into the fabric of our community when the 'other' places for the 'other' people exist. They are also

reinforced when citizens repeatedly 'see' (even if unconsciously) people with disabilities portrayed in negative roles in real life and in the media, such as being portrayed as 'other', eternal child, sick, burden, less than human, menace and object of pity.

A complicating dynamic is that perceptions and attitudes typically operate in the unconscious. The phrase 'unconscious bias' is used today.

**iv. That services now mostly operate in a market paradigm does not help.**

There has been a tenuous perception of individuals with a disability as fellow citizens by services, but at least the goal of 'participating citizen' has been present since the Disability Services Act (1986). In those more progressive services, the role of the service was to support individuals to be citizens and therefore in the range of valued roles of a citizen, such as homemaker, neighbour, shopper, commuter, employee, club member, student, friend, family member and voter.

This has shifted substantially as services have become more like businesses and individuals with a disability have moved into a 'customer' role. Thus the relationship has become more transactional; the focus has moved to costs; and the vision of control over one's life has been reduced to choosing from a business menu of product options. This has done little to emphasise 'rights' other than a superficial 'right to choose'.

### **Question 5: How do attitudes contribute to violence, abuse, neglect and exploitation against people with disability?**

The key point to be made in the following text is that any perceptions and actions that deplete the humanness of individuals with a disability can increase the vulnerabilities to violence, abuse, neglect and exploitation.

The dynamics described in Question 1 are named as '**social devaluation**' in SRV teaching and literature. Devaluation includes the low recognition of the humanity of individuals with a disability. Further, even when individuals with a disability try to live life as ordinary citizens do, there are rejecting actions by society, that is for them to be 'in a service' where 'special' staff look after the 'special' people. This results in people with a disability having a service lifestyle, not a typical community lifestyle. Being away from a community gaze also increases their vulnerabilities to abuse, neglect, exploitation and violence.

Violent actions towards people with disability are examples on a devaluation continuum, as seen in the following table.

*Table 1. Some of the many pre-violent and violent actions done to people with disabilities, identified through SRV literature and teaching.*

Pre-violent and violent actions ('wounds'*)	Description/examples
Loss of their authentic individual identity	Such as being equated with one's impairment and also being treated in negatively valued roles, eg child, burden, sick, dangerous, less than human, object of pity, object of charity and better-off-dead. Losing control over one's life also creates a dynamic where it is others who shape the expectations of life. Further, it could be the physical environment, such as the cages found in special schools/units, that craft students into the role of 'menace' and 'animal'.
Having less social worth and seen as less deserving of the things that other citizens can take for granted	Such as a fruitful education, a decent job and career, a friends network that is not based on disability, and a real home.
Low expectations	Missing out on typical life experiences as one grows up and also as one lives life as an adult. For example missing out on having to do homework, going to school camps and going to the school formal, not being asked what are you going to do when you leave school or whether you might have children. Not having real school work-experience or holiday jobs. Not having a career and not being in a job such that a superannuation nest-egg can be grown. Not house-sharing and learning about how to live out of home independently. One of the most serious consequences of low expectations and missing out on ordinary life experiences is that the person's life might be wasted, such as the man who went to special school, was rejected by a sheltered workshop as being unproductive, until finally doors were opened and he obtained two degrees and worked in a highly innovative area (reference available).
Rejection, which starts as a feeling towards an individual but is often then enacted	Commonly referred to as non-acceptance and exclusion. Can be done by a range of people like family, support workers and friends but also including those who don't even know the individual such as school principals, employers, neighbours and strangers in the street. Can also be at a service and system level, such as when an individual is rejected by a service for having 'challenging behaviour'. Segregation is a form of rejection. Violence is an act of rejection.
Being congregated with others	Such that the only commonality between people in the group is having an impairment. Segregation (being physically and socially distanced from citizens without a disability) typically accompanies congregation.
Being financially poor	Such that hard decisions like whether to buy medication or food have to be made. Being materially poor is also a common negative life experience, such as having far fewer possessions than someone of a similar age, gender and culture.
Life shortening ('being made dead'**)	Such as through outright violence, neglect, misuse of drugs, denial of treatment and extremely poor support by services or family.

\* term used within Social Role Valorisation to describe the impacts of social devaluation

\*\* term used to describe the ways in which people die as a consequence of social devaluation

Of equal concern is that not only have individuals with a disability systematically experienced these 'wounds' across age groups and settings throughout Australia and internationally, they live with a heightened vulnerability that they will experience wounds in the future. This is our society and our service system, and such is the dearth of actions to increase the perception of the humanity and potential of people with disabilities.

### **Question 6: How do attitudes affect responses to violence, abuse, neglect and exploitation of people with disability?**

There are three broad considerations from SRV that are relevant when planning responses to violence, abuse, neglect and exploitation.

***i. Perceptions and attitudes are intertwined and both impact on behaviour.***

A complex problem exists. The issue lies within the perception of people as not fully human. It lies in the lack of connection and identification between perpetrator and person with a disability. It lies with societal attitudes that echo the historical and often unconscious deviancy roles (stereotypes) that people with disabilities are put into.

More rules, more regulations, more spot checks, and more enforced training on the rules do little to tackle what is a perception/attitude problem and a lack of a decent practice framework to help make people's lives better.

***ii. Complex multi-strand responses are necessary for a complex problem.***

Any responses to the devaluation of people with disabilities (Including to violence, abuse, neglect and expectation) must take account of ways of engaging with the mindsets of citizens (including family members and workers), engage in building interpersonal identification and compassion between the parties and also layout a practice framework which clearly improves the circumstances of people with disabilities. A set of strategies is necessary that helps citizens naturally accord rights to people with disabilities; this is more likely when people with disabilities are in valued roles that other citizens can relate to and respect.

***iii. Connections to ordinary citizens matter.*** The more isolated people are, the more they are vulnerable to acts of abuse and violence. The more that individuals only have service workers in their lives, away from the gaze of citizens, then the more vulnerable they are. Poor cultures towards individuals within services and heightened unconsciousness of devaluing attitudes can be 'called out' by ordinary citizens who make the statement, 'If that was me, that would not be acceptable'.

### **Question 8: What can be done to improve attitudes towards people with disability? Please consider policy, laws and other approaches. What good practice examples should we know about?**

Please see the response to the question, 'Is there anything else we should know?'.

**Question 9: What should the role of media and social media be in helping to improve rights awareness and attitudes towards people with disability? How can they support or drive changes in policy and laws? What good practice examples should we know about?**

***Avoid reinforcing negative stereotypes.*** While there is much that the media and social media can do to improve Rights Awareness, the focus of this submission is on the improvement of attitudes. In the first instance it is imperative that the media and social media not reinforce any of the pre-existing negative roles (stereotypes) that exists around people with disabilities. Note that some services also rely on reinforcing negative roles as a means of raising charity funds. This should not be acceptable.

Instead, messages about the potential of people with disabilities and the valued roles that many people with disabilities can and do acquire should be presented and reinforced. These are the means by which to counter stereotypes and prejudices and which promote messages of capacity and contribution.

**Question 10: How can improvements in rights awareness and attitudes towards people with disability support a more inclusive society?**

Rights awareness informed by SRV involves influencing perceptions and therefore challenging the preconceived ideas of citizens, especially workers and family members.

***Influence how citizens perceive someone with a disability.*** Social Role Valorisation posits that pre-existing ideas about people with disabilities are more likely to change when a citizen perceives someone with a disability in a valued role. One man with Down syndrome referred to this as 'popping people out'. He explained that when people saw him and his Down syndrome features they had the stereotypical expectations of someone with Down syndrome. Then, he said, when they heard that he was another family member, musician, an artist, remember this local church, choir member, a best friend of someone who doesn't have a disability and who is a fellow band member, that they were 'popped out' of their preconceived ideas. Learning about his roles brings the potential that citizens would interact with him in these roles and accord him the rights within these roles rather than interact with him through a 'disability low-expectations' lens.

It is suggested to the Commission that values cannot be 'trained'. What can be done is raising the consciousness of one's own values, perceptions and attitudes and engaging people with more positive perceptions and responses to the needs and aspirations of people with disabilities. Social Role Valorisation can help with this.



## Is there anything else we should know?

The corollary of the above understanding is that key societal segments (that is, family members and workers) should use a framework that includes visions of typical and valued lifestyles, high expectations and goals and strategies for valued roles. SRV is recommended as an appropriate framework and is explained briefly below.

The Australian SRV Association conducted research into the application of SRV (Sherwin, 2019). Many positive outcomes in the lives of people with a disability (and other conditions) were found, including educational, social and economic participation; reduced vulnerabilities; valued roles and enhanced status.

All interviewees, all of whom had experience in learning and applying SRV, demonstrated a high level of awareness of the vulnerabilities of people with disabilities. A strong theme from the interviewees was that being exposed to SRV ideas raised their consciousness about societal dynamics and human service practices. One related comment from an interviewee was, 'Once you see it, you can't un-see it', referring to the structural and systemic inequalities that embed devaluation and privilege. The research also found that SRV was used as a lens through which to understand devaluation and vulnerabilities to abuse, neglect and violence.

The benefit of a solid theoretical and practice framework cannot be underestimated. In the absence of a framework, workers and family members are left with 'common sense' (which is often not common) and being socialised into the negative attitudes that commonly exist around people with disabilities. As one interviewee said 'SRV gave a framework for what we were thinking and doing, but we hadn't had anything to hang it on ... SRV made it solid for us.' A good framework gives people a language to use, along with heightened consciousness.

Another finding in the research was that the more nuanced work of the interviewees not only begins with appreciating the vulnerabilities and needs of people, but that the interviewees also held a deep sense that life could be better.

The theory of Social Role Valorisation consists of multi-strand and interrelated themes, all of which are relevant to the intentions of the Royal Commission. For example, in the theme of 'mindsets', strategies are given for influencing mindsets and expectations. The theme of 'imagery' shows how perception can be influenced to be more helpful to people with disabilities. The theme of 'interpersonal identification' explains what it takes for people to connect to each other, human to human. The theme of 'competency development' addresses those whose competencies mean that it is difficult for them to claim their rights, underpinned by an expectation that there can be work done with people to help them step into their rights.

## Conclusion

Although most people would accept that people with disability have the same rights as other citizens, the practice does not bear this out. Most of what we say and do comes from unconscious perceptions and judgements. SRV assists people who want to do better to bring these attitudes and perceptions to consciousness, and to

develop practices that manages them and reduces their impact. SRV also provides many principles and strategies to improve the life circumstances of people with disabilities, working for and with them.

### **Recommendation**

There is no single easy solution for such a complex problem. Some would recommend more money, more rules and more monitoring. Advocacy and other safeguards clearly have a place.

This submission recommends regular exposure to training in SRV for service leaders, workers and family members, along with the provision of assistance to apply SRV principles. Such engagement will bring a greater awareness of why people with a disability are violated, abused, neglected and exploited, and what key segments can do in their practice to not only avoid this happening but also work so that people with disabilities can rightly assume their range of human and citizen roles and therefore their rights.

### **References**

Kendrick, M. (2009). Some lessons concerning agency transformation towards personalised services. *International Journal of Leadership in Public Services*, 5(1), 47-54.

Kendrick, M. (2010). Historical contributors towards increasing respect for the voices of people with disabilities in western societies. *International Journal of Disability, Community and Rehabilitation*, 9(1).

Lemay, R. A. (1999). Roles, identities, and expectancies: Positive contributions to normalization and Social Role Valorization. *A quarter-century of normalization and Social Role Valorization: Evolution and impact*, 219-240.

Sherwin, J. (2014). Journeying into the everyday: Fostering the application of Social Role Valorisation. *The SRV Journal*, 8(2), 30-37.

Sherwin, J. (2019) *SRV really expands my radar': lessons from people experienced in applying SRV*. Brisbane: Australian Social Role Valorisation Association

Wolfensberger, W. (2000). A Brief Overview of Social Role Valorization. *Mental retardation*, 38(2), 105-123.

Wolfensberger, W. (2011). An "if this, then that" formulation of decisions related to *Social Role Valorization* as a better way of interpreting it to people. *Intellectual and Developmental Disabilities*, 49(6), 456-462.