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# A Global Perspective on Violence Against Women with Disabilities: Evaluating the Response of Pastoral Care and Religious Organizations

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**Abstract**
Within the vulnerable population of women are distinctive populations of women including Aboriginal women, immigrant women, women in poverty, and women with disabilities, who are uniquely vulnerable with respect to risk. Of the world's population, 10% or 650 million people have a disability, more than half of whom are women. Studying a vulnerable population that exists within a vulnerable population has come to be known as *intersectionality*. This paper will give an account of the intersectionality of the vulnerable statuses of women, and of disability, and the violence these women with disabilities experience as a result of their unique vulnerability. A description of this particular type of gendered violence will be explored and then addressed at the international level drawing on the work of the United Nations, followed by a brief overview at the national level. A synopsis of recommended responses will then be presented, followed by a short evaluation of several pastoral theological contributions as well as the responses of four Christian organizations.

**Key words**
Disability; Women; Violence; Pastoral; Christian

# A Global Perspective on Violence Against Women with Disabilities: Evaluating the Response of Pastoral Care and Religious Organizations

Untitled Poem

I am a proud disabled woman.
My body and mind may challenge me.
I have learned my own special way to meet my needs and to deal with life.
I have dreams and I have goals.
You will see I will achieve.
Give me respect as I deserve.
I will persevere for my rights.
Disabled friends, they understand.
We share fears, joys, and support.
I am female with feelings as you.
Include me. Enable me. Celebrate me.
I am a disabled woman very much alive.
Hear me. Care about me. Treasure me.

- By an unnamed woman with a disability,
read at the UN Headquarters, October 23, 2012,
by Lois A. Herman of the UN Report Network,
during the Panel Discussion on Preventing and Ending Violence against Women with Disabilities.

## Introduction

Of the world's population, from 10% or 650 million (Herman, 2012) to 15% or 1 billion people have a disability (WHO, 2012), more than half of whom are women. While the United Nations' efforts to combat violence against women has been a priority for many years and has made strides, much work remains to be done combatting violence against women in vulnerable populations such as Aboriginal women, immigrant women, women in poverty, and women with disabilities (Brownridge, 2009, p. xv). In the past, scholars avoided studying the issue of violence against women based on such distinguishing characteristics as ethnicity or poverty for fear of perpetuating stereotypes. Now, however, "conducting research on violence in vulnerable populations will contribute to an understanding of these populations' unique vulnerabilities, and so is a way to avoid such stereotypes" (Brownridge, 2009, p. 2).

Studying a vulnerable population that exists within a vulnerable population has come to be known as *intersectionality* (Yuval-Davis, 2006, p. 193). While all women are potential victims of violence, some women are targeted for specific forms of heightened levels of violence because of additional discriminating factors, such as race, ethnicity, sexuality, sexual lifestyle, culture, geographic location, refugee status, disability, and indigenousness (Fried, 2012). Today, "intersectional analysis of social divisions has come to occupy central spaces in both sociological and other analyses of stratification" (Yuval-Davis, 2006, p. 206).

Women with a disability experience violence unique to their intersectionality.[1] I will describe this particular type of gendered violence and how it is addressed internationally, nationally, and by the Christian community.

**Violence against Women with Disabilities**

Historically, gender has often been overlooked as a disability issue as "women's services and movements have tended to ignore disabled women" (Thiara, Hague, Bashall, Ellis, &Mullender, 2012, p. 29). However, the issue of violence against women with disabilities has begun to receive greater consideration (Mays, 2006, p. 155).

Women with a disability are at greater risk of violence than are both men with disabilities and women without disabilities (Mays, 2006, p. 151). They experience higher rates of abuse, greater severity of abuse, and additional types of abuse:

- Half of women with disabilities have experienced physical abuse, compared to one third of non-disabled women (UN Human Rights Council, 2006, p. 47).

[1] Although the terms "persons with disabilities", "persons with activity limitations" and disabled persons" might reflect different realities, those three terms are used interchangeably by Statistics Canada to identify persons with activity limitations (Statistics Canada). In this paper I will use the terms "women with a disability" and "women with disabilities" interchangeably.

- Women with disabilities had more than 4 times the odds of experiencing sexual assault (Martin et al.2006, p. 823).
- Women with disabilities are "twice as likely to experience domestic violence as non-disabled women, and are likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence" (Manjoo, 2012, p. 9).

In addition to experiencing increased risk of prevalence and cruelty, women with disabilities are also more likely to be subjected to a wider variety of abuses, such as physical, psychological, sexual or financial abuse, and to neglect, social isolation, entrapment, degradation, detention, denial of health care, forced sterilization, psychiatric treatment, chemical restraint, medical exploitation, institutional abuse, or harassment ((Manjoo, 2012, p. 9; Mays, 2006, p. 150).

**Domestic Violence: Intimate Partner Violence (IPV) and non-Intimate Partner Violence (non-IPV)**

Perpetrators may be intimate or ex-intimate partners, other family members, paid personal assistants or other caregivers. 90% of perpetrators are men who were known to the woman (Thiara et al., 2012, p. 22; Mays, 2006, p. 151). IPV includes violence by a spouse or partner, a family member, or a caretaker of a vulnerable person (Neuger, 2001, p. 105).While there are similar factors at work in both IPV and non-IPV such as issues of power and control, risk factors vary.

*Intimate Partner Violence*

A 2008 study showed that the male partners of women with disabilities shared the common characteristics of, "being 2-3 times more likely to behave in a patriarchal domineering manner, 1-1.5 times more likely to behave in a possessive manner, and 1.5 times more likely to behave in a sexually jealous manner toward their partners (Brownridge, Ristock, and Hiebert-

Murphy, 2008, p. 31). A 2009 study determined that IPV impacts 54% of women with disabilities (Slayter, 2009, p. 193), resulting from, "their potential for reduced community inclusion and a deeper dependence on intimate partners" (Slayter, 2009, p. 183). Common perpetrators included, "women's current and ex-intimate partners" who were "the sole perpetrators among 44% of the women physically assaulted and 48% of those sexually assaulted" (Martin et al, 2006, p. 834).

*Non-Intimate Partner Violence*

Even when the perpetrator is not an intimate partner, specific power and control issues are present. For example, "the vulnerability, isolation and dependence which disabled women often experience are exacerbated when a paid personal assistant or carer is the perpetrator and may have a huge amount of power over the woman they are caring for in isolated, one-to-one situations," for example, during medical appointments or in the home (Thiara et al., 2012, p. 29).

During a medical appointment, a woman with a disability may observe her right to privacy by separating herself from a family member or paid worker. The cost of privacy for women with a disability however, is the increased vulnerability to abuse. Nosek, Foley, Hughes, and Howland note that, "Medical settings are particularly restricting and often remove from…women what defense mechanisms they may have, such as putting their wheelchairs or other mobility devices out of reach" (2001, p. 185). Nosek et al. disclose one woman's report of abuse: "At the clinic my neurologist once made me take all my clothes off and began to fondle me" (2001, p. 185). Another reported, "The orthotist told me he had to put his finger in my vagina to be sure the (artificial) leg fit right" (Nosek et al., 2001, p. 185).

One-to-one situations occur with even greater frequency in the homes of women with disabilities when they are receiving support getting dressed, bathing, or using the washroom.

Compounding this problem is that fact that "due to poor wages for support staff, understaffing, and lack of supervision, residents are not able to receive quality services…and mechanisms exist within the bureaucracy that discourage or actively punish residents or other staff who complain about such conditions" (Nosek et al., 2001, p. 185). Nosek et al., provide further reports of women who suffer abuse at the hands of their providers of care: "My attendant sexually abused me three times"; "My caregiver had an affair with my husband when I got sick"; "She would hold me down in the bed and say horrible things to me" (2001, p. 185). Yet the authors also show that women with disabilities may find it difficult to retain the services of paid care providers, making them "more tolerant of abusive behaviours" (Nosek et al., 2001, p. 185).

**Social Dynamics which Contribute to the Vulnerability of Women with Disabilities**

Social attitudes maintain the vulnerability of women with disabilities. They may not be taken seriously, considered unfit for mothering or believed unlikely to be partners in intimate, sexual relationships. Alternatively, women with an intellectual disability may be considered promiscuous (Mays, 2006, p. 151). Women with disabilities are hindered when seeking help, "as a result of physical or communication-related inaccessibility (e.g., lack of interpreters, etc.) of police stations, courthouses, or other IPV-related service locations" (Slayter, 2009, p. 183). A United Nations preface to a 2012 panel discussion reports:

> Significant barriers exist to escaping violence, reporting such crimes, and in accessing justice and services. These include fear of losing independence or fear of retaliation, lack of access to communications, barriers to mobility and lack of transportation to police stations or other services that could provide assistance, lack of accessible information or education regarding violence, and reliance upon a perpetrator for assistance with essential life activities. Prevention, care and recovery programs for women who have experienced violence often lack a disability-perspective (UN Human Rights Council, Oct 23 2012, p. 1).

**Global Engagement of Violence Against Women with Disabilities**

The United Nations' Human Rights Council, on June 17, 2011, adopted resolution 17/11, "Accelerating efforts to eliminate all forms of violence against women" (UN Human Rights Council, June 17 2011, p. 7), in which it requested that the Office of the High Commissioner for Human Rights prepare a "Thematic Analytical Study on the Issue of Violence Against Women and Girls and Disability" (UN Office of the High Commissioner for Human Rights, Mar 30 2012, p. 3). The findings of the study confirmed that globally, the violence experienced by women with disabilities remains largely invisible. Women with disabilities continue to be subject to unique forms of abuses such as, "withholding of medication and assistive devices, refusal of caregivers to assist in daily functioning, psychological manipulation and harming or threatening to harm…they are also particularly vulnerable to forced sterilization and other medical interventions carried out without their consent" (UN Office of the High Commissioner for Human Rights, Mar 30 2012, pp. 7-8). Current legislative, administrative and policy efforts may not suitably link gender and disability. The data collected on violence against women with disabilities may be inconsistent, incomplete and poorly managed (UN Office of the High Commissioner for Human Rights, July 11 2012).

**National Engagement of Violence Against Women with Disabilities**

Despite the UN Conventions on the Rights of Persons with Disabilities (CRPD), and the Elimination of All Forms of Discrimination Against Women (CEDAW), and the ratifications of these Conventions by UN member nations, it remains difficult to "determine whether there has been effective implementation of these obligations with regard to preventing, remedying and responding to violence against women with disabilities" (Ortoleva & Lewis, 2012, p. 15).

Several nations which have ratified both CEDAW and CRPD find persistent obstacles which hinder efforts regarding violence against women with disabilities.

For example, in 1983 Australia ratified CEDAW, and then CRDP in 2008. In February 2011 the Parliament of Victoria received the results of the, "Inquiry into Access to and Interaction with the Justice System by People with an Intellectual Disability and Their Families and Carers" (Parliament of Victoria, Nov 20 2012). The report noted that many family violence services were not equipped to meet the needs of women with disabilities. Emergency and crisis accommodation services often lacked funding to make the locations physically accessible, and the staff often lacked the expertise necessary when working with women with disabilities. Further, such crisis housing was communal, requiring women to share their bed with their children, and to share the other living quarters with several other families, resulting in living arrangements that were unaccommodating for women with a disability (Ortoleva & Lewis, 2012, p. 69).

While Jamaica ratified CEDAW in 1980 and was the first nation to sign and ratify CRDP on March 30 2007, there is little in the way of national or enforceable legislation to protect women from violence in general and no laws against sexual harassment, rendering the violence experienced by women with disabilities virtually invisible. Further inhibiting progress in this area may be the Jamaican superstition which views disability as the result of an ancestor's sin (Ortoleva & Lewis, 2012, p. 77-78).

Despite Uganda's ratification of CEDAW in 1985 and CRPD in 2008, "the reality on the ground in Uganda is quite different from the stated goals and the rhetoric of politicians" (Ortoleva and Lewis, 2012, p. 91). Human Rights Watch reports that many women with disabilities have been turned away from reporting incidents by a corrupt police force, more than

1/3 have experienced sexual abuse, and NGOs are their main source of help as local governments have been ineffective (Ortoleva and Lewis, 2012, p. 91).

Canada ratified CEDAW in 1981 and CRPD in 2010; however, a recent court case suggests that discriminatory attitudes remain in the Canadian justice system towards women with disabilities and the violence perpetrated against them. On 10 Feb. 2012, the Supreme Court of Canada released its decision involving a sexual assault complaint of a woman (K.B.) with a mental disability. K.B. complained to a teacher that her stepfather had touched her breasts, buttocks and genital area while playing the 'hugging game'. When testing her competence to testify, K.B. was able to demonstrate that she knew that telling the truth was 'good' and a lie was 'bad'. The judge then challenged her competence by asking abstract questions, "What do you think of the truth?" and "If you don't tell the truth do you go to jail?" K.B.'s answer did not satisfy the judge who determined that she was unable to understand what the duty to tell the truth meant. Neither her story (her testimony), her complaints to a teacher, nor a statement made to police were allowed as evidence. Subsequently her stepfather was acquitted. However, the Supreme Court of Canada disagreed with the decision, concluding that the judge's expectation of K.B. was too high and what the law requires from adult witnesses with mental disabilities is simply the ability to communicate evidence and promise to tell the truth (Ontario Women's Justice Network, Mar 2012).

These brief national synopses of Australia, Jamaica, Uganda, and Canada, of some of the issues that women with disabilities who have experienced violence continue to face, support the findings of the United Nations Human Right's Commission's study that these hindrances continue to persist in countries post-ratification of CEDAW and CRPD.

**Violence Against Women with Disabilities: Recommendations**

Three 2012 United Nations reports recommend changes including greater focus of effort in such areas as the social perception that exists towards women with disabilities, UN modelling of integration of women with disabilities, national legislation and justice systems, and crisis response, and media images. The three reports relied upon heavily for the following recommendations in this section include: Ortoleva and Lewis, "Forgotten Sisters: Report of NGOs," (Aug 21 2012); Rashida Manjoo, UN Human Rights Council, "Report of the Special Rapporteur on violence against women, its causes and consequences," (Aug 3, 2012); and, UN Office of the High Commissioner for Human Rights, "Thematic Study on the Issue of Violence Against Women and Girls with Disabilities," (March 30 2012). The reports suggest that efforts towards the empowerment of women and gender equality from the UN, nations, NGOs, or others, should invite the unique contributions of women with disabilities to encourage dialogue, strategy, programs, policy development, and public visibility of women with disabilities in leadership.

The reports also recommend that Governments revoke any laws discriminating against women with disabilities, while creating laws that prohibit forced sterilization and protect a woman's right to free and informed consent. Nations must also amend legislation in such a way that issues of gender and disability will be interlinked in significant ways. Also, nations should improve and expand their data collection and management strategies that will disseminate the statistical data according to gender, age, disability, etc. National reforms are required to ensure that women with disabilities are not unnecessarily imprisoned due to the lack of appropriate health care facilities, and that healthcare services and facilities are equipped to adequately meet the need of women with disabilities. Women with disabilities should be included in justice

system reforms, including the production of training materials on the prevention and response to violence against women with disabilities so that reports of abuse will be met with appropriate responses from all levels of the justice system, such as police, the courts, and legal aid.

Finally, the reports recommend crisis response services that are mandated to protect women from violence, social supports, and community centres that are accessible to women with disabilities. Shelters, for example, need to be properly equipped and professionally trained staff. Free counselling and programs should be available and ready to accommodate women with disabilities who have experienced violence, and should promote autonomy, independence, and dignity.

## The Response of the Church to the Crisis of Violence Experienced by Women with Disabilities

When Jesus came to set the oppressed free (Luke 4:18), he modelled for his followers how to love their neighbours as themselves (Mark 12:31). As such, the Christian community is expected to lead the way in challenging the ethical, moral, and social disgraces of society. How have theologians and the church met Jesus' challenge in response to women with disabilities? A brief survey of the following will provide a response: the contributions of three disability theologians, four literary works of pastoral care, and four religious organizations.

### *Disability Theology as a Response: Swinton, Reynolds, and Eiesland*

Over the years John Swinton has addressed wide-ranging issues facing people with disabilities. Swinton acknowledges that people with disabilities are susceptible to poverty, exclusion, lack of opportunity, an eroded "sense of self-worth and personhood" (2000, p. 89),

and overprotective types of care which they may be, "forced to accept" (2000, p. 117). Swinton also acknowledges the intersectionality of gender and disability: "Women are the oppressed of the oppressed…They carry the double burden of low class and low gender status" (Bennet, 2012, p. 453). For Swinton, however, it is not the disability which inhibits a person, rather disabilities, "exist only where social structures prevent a person from fully interacting" (Bennet, 2012, p. 433). The primary loss of people with profound intellectual disabilities is not loss of intellect, "but the loss of value placed on them by society whose systems of valuing render them worthless and frightening" (2012, p. 517-518). Swinton proposes that society become receptive and welcoming in a way, "that allows them to flourish" (2012, p. 532). In combating disability-selective abortions and infanticide, Swinton suggests that the social acceptability of prenatal testing which has led to the accelerated rate of abortions due to disabilities sends a message to those people with disabilities already living that: "since you're here, we're going to care for you as best we can…but everyone would be better off if you were not here at all" (2007, p. 191-192).

Swinton seeks a change in society rather than seeking a cure in people with disabilities. However, by focusing on changing communities so that they exist in such a way as to engender the 'flourishing' of people with disabilities without addressing the high rates of intimate violence, he disregards the violence perpetrated against people with disabilities, or the greater violence perpetrated against women with disabilities, which renders all community efforts to enable flourishing ineffectual.

Tom Reynolds, in his book *Vulnerable Communion: A Theology of Disability and Hospitality*, likewise advocates changing societal attitudes towards people with disabilities rather than changing people with disabilities to conform to society. He seeks, "Fresh criteria . . . to measure the moral character of society and its way of mediating 'welcome.'" (Reynolds, 2008, p.

69). Such a welcoming community necessitates a justice that, "names, resists, and seeks to dislodge oppression and dehumanizing violence…in love...Yet in the end, tempered by justice, love must hold the right of refusal to those powers and principalities that neglect or abuse the vulnerability of persons...For people with disabilities have been the recipients of deep injustice" (Reynolds, 2008, p. 130). With Swinton, Reynolds speaks of the societal or communal wrongs committed against people with disabilities, and the right responses to them, without addressing the dehumanizing violence suffered by the individual behind closed doors and the care required for that abused individual.

In her work, *The Disabled God: Toward a Liberatory Theology of Disability,* Nancy L. Eiesland emphasizes, "in the experiences of women with disabilities ordinary themes that are meaningful for many people with disabilities" (Eiesland, 1994, p. 29). In allowing women with disabilities to speak for themselves, Eiesland challenges the societal structures and beliefs which perpetuate their oppression stating: "The perception that disability is a private physical and emotional tragedy to be managed by psychological adjustment, rather than a stigmatized social condition to be redressed through attitudinal changes and social commitment to equality of opportunity for people with disabilities is persistent" (Eiesland, 1994, p. 66). Acknowledging the perceived inferiority of people with disabilities, Eiesland makes the significant point that, "women with disabilities tend to be viewed more negatively by both men and women than comparably disabled men" (Eiesland, 1994, p. 65). However, that is as far as she takes the issue of intersectionality. Eiesland also limits her discussion of oppression to the various forms of social stigmatization, exclusion, and discrimination.

An obvious thread running through the works of Swinton, Reynolds, and Eiesland, are their social or communal approaches, which are much needed in the theology of disability

discussion. Yet they fail to address the high rates of violence. While society may one day change in the way these authors advocate, as long as violence continues to be perpetrated behind closed doors the victims will never achieve the acceptance, inclusion, value, equality, and the opportunity to flourish for which these authors hope. Also missing from their discussion is the vital component of gender. Until the discussions of violence and gender are brought into dialogue with disability in a meaningful way, theological conversations of change will remain largely hypothetical.

*Pastoral Theological Responses: Stevenson-Moessner, Neuger, and Poling*

Women with disabilities are more likely to experience abuse than non-disabled women, as mentioned above, yet one study has shown that they are also more likely to report the abuse. Brownridge states, "Victims with disabilities consistently had higher odds of confiding in a family member, a friend or neighbour, a physician or nurse, and/or a religious advisor about the violence" (2009, p. 247). For these professionals, which include pastors, Brownridge advises that "special training in issues of violence in general, and violence against women with disabilities in particular, is warranted" (2009, p. 256), thus emphasizing the need for pastoral theological literature that addresses the care for women with disabilities who have experienced violence.

However, pastoral theology literature for women who have experienced violence demonstrates the scarcity of information on this topic, shedding further light on the disconnect between feminist advocates and feminist considerations for women with disabilities. The impact of this oversight on women with disabilities is made evident through the following brief survey of four valuable pastoral theological contributions written to guide pastors in their care for women who have experienced violence.

In *Women in Travail & Transition: A New Pastoral Care,* edited by Maxine Glaz and Jeanne Stevenson-Moessner, Miller-McLemore critiques culture's devaluation of women. She states, "Maximum productivity and the bottom line remain the chief criteria for measuring worth and success. In a culture with such values…'family women' do not count" (1991, p. 67). If her assessment is accurate, and society does measure one's worth based on one's ability for quantitative production and accumulation and 'family women' do not count, then how much less does society value 'family women with disabilities', a consideration Miller-McLemore overlooks (1991, p. 67)? In the following chapter, "Woman's Body: Spiritual Needs and Theological Presence," Dean and Cullen bring women's health issues forward in order to help pastors "understand the integration of gynecological experiences as a part of our humanness, a part of the whole and not an ultimate definition or an irrelevance to be ignored" (Dean & Cullen, 1991, p. 87). This chapter could have addressed disability under the topic of embodiment, as it is not addressed elsewhere.

Neuger's practical suggestions for pastoral support are not applicable to many women with disabilities. A most important aspect of care is helping a woman develop an escape plan that is both, "detailed and realistic enough to get her out of the house in an emergency" (2001, p. 119). Neuger suggests that an escape plan should include drawing a floor plan and mapping out the escape routes from the rooms where the violence occurs. Items such as important documents, money, car keys, etc., should be readily accessible. If there are children involved, the plan needs to detail how they will get out safely (Neuger, 2001, p. 119). Women who may be visually impaired, depend on a wheelchair or walker, are unable to drive, or even lack the ability to draw a basic floor plan, may find these suggestions of very little use.

James Newton Poling, while addressing the intersections of economic vulnerability and family violence, lists language, religion, nationality, gender, race, class, sexuality, and disability as social variables impacting economic oppression (2002, p. 214). Yet, in advising pastors to be sensitive when evaluating a person's economic state, Poling lists diagnostic data that includes age, gender, race, culture, marital status, family, occupation, and religion (2002, p. 224). Poling does not include disability as a factor influencing one's economic status. However, as his study has borne out a link between a family's economic status and violence (2002, p. 2), it is vital that women's intersection with disability also be included as a diagnostic question in Poling's work, as having a disability often adds tremendous financial pressures, which in turn, according to Poling, also "exacerbate experiences of family violence" (2002, p. 2).

In Jeanne Stevenson-Moessner's *Women and Developmental Issues in Pastoral Care,* Neuger summarizes pastoral care paradigms of response. She suggests that pastors should have a basic crisis approach, a thorough knowledge of the dynamics of battering, the ability to assist in developing a safety plan, quick access to a list of women's shelters and legal resources, and an approach to care that focuses on the woman's strengths and resources rather than assessing deficits and causes (2000, p. 83). Stevenson-Moessner also includes a chapter in which Buford describes what it is like for an adult woman to have her life disrupted by an acquired or hidden disability (2000, p. 335). This chapter is valuable in giving pastors insight into what women who acquire a disability cope with from the onset to revising long-term goals and vocations. In the former chapter there are no considerations given to women with disabilities in advising pastors in their knowledge of providing care, lists of shelters that are wheelchair accessible, or legal resources that specialize in disability issues. But the latter chapter neglects the experience of women with congenital disabilities and provides little in the way of guiding pastors in providing

care to women with disabilities, acquired or congenital. While there is a chapter on pastoral care for women experiencing violence, and a chapter on women with acquired disabilities, the book lacks a much needed chapter that addresses pastoral care for women with chronic disabilities.

While the pastoral theological literature seeks to educate pastors about the specialities of providing care to women who have experienced violence, there seems to be an unawareness that these same pastors also require a further specialized understanding and knowledge when it comes to providing care when disabilities are involved. Much work remains to be done in providing pastors with the literature that will enable them to provide care for women with disabilities who have experienced violence.

*Christian Organizations: Friendship, Christian Horizons, Christian Reformed, Pentecostal Assemblies of Canada*

Isolation causes women with disabilities to be more vulnerable to violence, which is one reasons why, on March 31, 2009, Ontario celebrated the closing of its last large scale institution, seeing more than 6000 people move into communities across the province (Community Living Ontario). While the quality of life possible in a community group home vastly exceeds that of institutionalization, underfunding results in low staffing which fosters isolation, and therefore the vulnerability of group home residents. Jenny Uechi of the *Vancouver Observer* reported on the closure of group homes by the BC government due to spending cuts (Uechi, 2011). The options for these adults forced to move out of their homes are either, to move in with their parents who will then become caregivers, or the foster care model which means living with a family who is paid to take them in. While living with their parents would be ideal, it is often not possible due to the high costs, the full time jobs the parents have, or, due to the age of the parents, they are in

need of caregiver assistance themselves. On the other hand the foster care model can no more prevent the isolating situations that increase vulnerability than can group homes (Uechi, 2011). Other models of support, such as the independent living model, can cause women with developmental disabilities to be equally at risk to abuse by those in the community who would take advantage of their vulnerability.

While there are different religious approaches of support for people with disabilities, such as the Muslim community organizations Smile and the Canadian Association of Muslims with Disabilities (Toronto Muslims 2013), or the Jewish organization Reena (Reena 2013), the brevity of this paper does not allow for a cross sectional review of religious supports for people with disabilities, although such a study could be of tremendous value for the sharing of best practices in subverting vulnerabilities. However, as this paper is reviewing Christian religious practices of support, the following is an overview of some of the current efforts of four Christian organizations to address the vulnerability of people with disabilities, which are not being put forward as a panacea, but only as representative of some of the current Christian approaches.

Among the religious organizations addressing the isolation of women with disabilities is Friendship Ministries. This 30 year-old international and inter-denominational organization's mission is to "share God's love with people who have intellectual disabilities and to enable them to become an active part of God's family" ("Mission"), and "to nurture spiritual growth…in the context of personal and meaningful relationships" ("What is a Friendship Group"), as people with disabilities are often not afforded the same communal equality of participation as their non-disabled peers. One factor lying behind the religious marginalization is the pervasiveness of the consumer culture which attributes worth to people based on their bodily appearances. Reynolds explains: "Led by advertisement and entertainment media, we crave the ideal bodily form and

function - the fashionable outfit, the sculpted body, heightened athletic ability, sexual potency, and the like. Only the ideal becomes depicted as normal, represented as commonplace" (2008, 96). Heiss adds: "Those who do not fit within constructions of the ideal body are subordinated others, and considered less than inferior to the ideal…this oppression influence(s) individuals' abilities to access resources and participate in society (2011). One of countercultural effects of Friendship Ministries is the undoing of the isolation that increases the vulnerability of women with disabilities through the concepts of "family," "personal and meaningful relationships," "love, justice, respect," and "friendships." For women with disabilities, especially intellectual disabilities, such personal connections are vital to minimizing the vulnerability that comes with the isolating effects of disability. Being limited in intimate human relationships to care providers, who may be paid staff or medical professionals, family, or a spouse, inherently increases the risk of violence. While Friendship Ministries does not address violence against women as one of its mandates, this religious organization might provide an invaluable service to women with intellectual disabilities through increasing relationships, thereby decreasing their isolation and subsequently, their vulnerability to violence.

The faith based agency Christian Horizons (CH) is Ontario's largest service provider for people with "exceptional needs" ("About CH"). With 3000 staff ("FAQ") working in 200 homes ("About CH") across the province, CH maintains a significant influence in the lives of women with disabilities. After CH staff pass the hiring process of multiple interviews, police checks and character references, there are several trainings that educate and equip staff with abuse prevention strategies. *Reducing the Risk I* trains staff on recognizing abuse, responding to abuse that is suspected or witnessed, and reporting abuse. *Reducing the Risk II* is more focused on reducing vulnerability to abuse through identifying factors that contribute to and mitigate a

person's vulnerability, and establishing protocols to follow when providing personal care. Encouraging and supporting personal choice and family involvement is also emphasized. The *Person-Centered Support* training, while not directly addressing issues of abuse, focuses on the value of relationships and how to assist others in developing and maintaining relationships which, as noted earlier, responds to the isolation that contributes to vulnerability. Training is also provided to staff equipping them for the circumstances that follow an allegation of abuse. *Responding to Reports* training takes the staff through the logistical, legal, and policy specifics of investigation, explaining the responsibilities that staff and supervisors have through the process, none of which mentions a counselling aspect. Another training regime that is beneficial to a victim's well-being, post abuse, is *Grief Matters*. Here staff are made aware that grief is the intensely personal experience of loss. While the focus is the onset of grief due to a death, there are helpful strategies that apply to grief due to a variety of losses, less so however for losses such as dignity, self-worth, trust, and other losses that are experienced by a person who has been abused. While the CH prevention and response trainings for staff around abuse are thorough, they lack the gendered perspective necessary to mitigate the greater vulnerability and violence experienced by women with disabilities. Also lacking from staff training are the gender-specific and religion-specific counselling and resources necessary to better help a person begin to work through the healing process within their specific intersectional context, following their experience of violence.

Serving a much broader population the Christian Reformed Church (CRC) addresses issues of abuse using *Safe Church Ministry* as a resource. Through *Safe Church Ministry* the CRC creates abuse awareness and develops prevention and response strategies which seek to, "protect children, youth, and the most vulnerable" ("Safe Church Ministry"). This resource

encourages training for church leaders that includes responsibility to maintain clear and healthy boundaries, education regarding the power authority figures have, and the necessity of accessing emergency services when required ("Safe Church Ministry"). From a care perspective for those who have been abused, the victimized must be given a voice, empowerment, the opportunity to choose how to move forward, the opportunities to be heard, the time to grieve and rediscover self, and in their own time establish trust in relationships ("Safe Church Ministry"). To its credit, *Safe Church Ministry* also acknowledges that, "gender is a factor that has a positive correlation to abuse. Recognizing the subtle (and not-so-subtle) ways that women are devalued and disrespected in our culture, the church must work to affirm the infinite value and dignity of women, and of all people in our churches" ("Safe Church Ministry"). Recognizing the relationship between culture and the devaluing of women in the church is an invaluable first step. Other steps that should be included, however, are not only the links between culture and the greater vulnerability of women with disabilities in the church, but also prevention and care strategies specific to women, and women with disabilities.

Canada's largest Pentecostal denomination with more than 1100 churches ("About Us"), the Pentecostal Assemblies of Canada (PAOC), seeks to combat abuse using the literature *Plan to Protect* ("Mission Canada"), by Winning Kids Inc., a publication used in more than 5000 Canadian churches ("Our Clients"). *Plan to Protect* guides a church in its recruiting process, training for adults and youth, procedures for protection, and reporting and responding to allegations. This valuable and widely-used tool created for the protection of children and youth contains strategies that when followed, may also provide protection for people with disabilities. The PAOC's efforts to combat abuse in the church, while intentionally addressing the

vulnerability of children, lacks not only a gender focus but also a disability focus, ignoring the vulnerability of people with disabilities in general and women with disabilities in particular.

This overview of four Christian organizations is but a brief representation of some of the attempts to curtail vulnerability, and is not intended in any way to paint a comprehensive picture of all existing religious, and non-religious, efforts to combat violence against women with disabilities. Certainly further exploration of the current best practices of other organizations to ensure the safety of the most vulnerable in their midst, would be of tremendous value.

**Conclusion**

While the services provided by both disability organizations, Friendship Ministries and CH, make significant contributions in addressing abuse against adults with disabilities, both lack a gender focus which underlines a failure to consider gender as a contributing factor of abuse. Once this fact is recognized, the next step must include making gender specific counselling available to help men and women with disabilities heal from their uniquely gendered experiences of violence.

Similarities are also found in the CRC and PAOC denominations which combat abuse in the church through the implementation of *Safe Church* and *Plan to Protect* respectively. In both cases the focus is a non-gendered approach of abuse prevention for children, largely ignoring the vulnerability of adults with disabilities and the greater vulnerability of women with disabilities. This is concerning given the following statistics. Of the 12% of Canadian women who reported having a disability, or about 1.7 million women (Crompton, 2009), 40 to 60% or approximately 680,000 to 1 million women with disabilities experience violence annually (DAWN Canada, "Women with Disabilities and Violence: Fact Sheet," 2010). These statistics point to the greater

vulnerability and prevalence of violence against women with disabilities and to its invisibility in Western society, in the works of disability theology, in feminist pastoral care literature, and to the erroneously imbalanced response of religious organizations to gender and disability issues as they relate to violence experienced by women, not only in Canada, but across the globe.

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