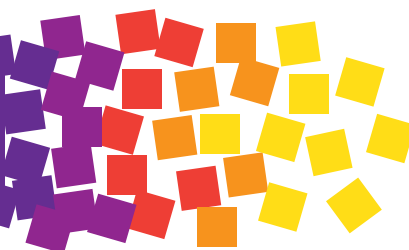


Breaking Barriers



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Lasting Response to Painful Touch

by Ann Ballard

Mayer Community Church, Mayer AZ

The word *molestation* speaks volumes to those who have experienced it. Why did the person do it to me? What did I do for this to happen to me? Where was God when this was happening?

I grew up in a middle-class home, the oldest of three children. I lived a relatively sheltered life. If my parents told me to do or not do something, it never occurred to me to disobey them. Socially, I was behind my peers because I am also hard of hearing and visually impaired. I did not get hearing aids until I was almost 5 years old and so didn't start speaking until after receiving these aids. I asked few questions and was very trusting.

The molestation began when I was 13. I would be allowed periodically to spend the night in the home of a trusted family member, and the molestation took place after the other person went to bed and I had gone to sleep for the night. Because I don't hear anything with my aids out and have night blindness, I never saw the



Ann Ballard

molestation, but I definitely felt it. It went on for three years and I was confused. It didn't feel right to me, but since the perpetrator was a family member I thought it must be OK. It never occurred to me to discuss it with my parents or the other person staying in the home because I trusted all of them. It also never occurred to me that they had no idea this was taking place. And so the molestation continued.

I was extremely shy, had almost no friends, and never shared what was happening to me. Because I blocked out this tumultuous period, I have very spotty memories of those three years in high school.

I grew up, got married, had two children, and did OK—except in the area of touch. If someone touched me unexpectedly, it absolutely terrified me. My hypersensitive response to touch affected my marriage, but I couldn't figure out why. When I finally took time to look at the period I had blocked out of my memory, things started falling into place. Due to our financial situation and my husband's crazy work hours to support us, we did not go for professional counseling but tried to resolve this on our own; we were only partially successful.

When I went for counseling following my husband's death, I finally learned that the person who molested me did not have any right to do this to me. Still, I wondered where God was in all of this. I had become a Christian at 17 and struggled to understand why a sovereign God would allow molestation to occur.

When I remarried in 2011, I chose to have a marriage as healthy as possible. I am still hypersensitive to touch, but when these situations occur I try not to blow it out of proportion. We may not comprehend why horrible events occur, but we can trust that our sovereign God never releases us from his control. ■

Themes

Winter 2016—Abuse and disability. More people with disabilities experience physical, sexual, and emotional abuse than the general population. We hope that this issue will help readers begin to understand the experience of abuse and to respond appropriately.

Spring 2016—Adjusting to acquired disability. Some people have lived with disability since birth or early childhood, but others acquire a disability later in life. For some, the disability comes gradually, such as hearing loss, dementia, or a genetic anomaly. For others, it comes suddenly as the result of an accident or illness. If you or a loved one has an acquired disability, and you are willing to share your story, please send us a note describing your experience by **February 8**.

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The ‘Silent Epidemic’ of Abuse

by Elizabeth E. Schultz

Faith CRC, Holland MI

As a person who lives with cerebral palsy, my life has been affected by the “silent epidemic” of abuse. For much of my childhood, members of my family sexually abused me. Sadly, I’m not alone. Abuse of people with disabilities is so common that if you know someone with a disability, chances are that person has been abused. According to the 2012 survey on “Abuse of People with Disabilities,” more than 70 percent of the people who took the survey reported they had been victims of abuse.



Elizabeth Schultz

We ignore this epidemic because it’s a silent one. Among people with disabilities who reported they had been victims of abuse, only 37 percent said they had reported it to authorities according to the same survey. Even when authorities were alerted, arrests were made only 10 percent of the time.

In my case, the abuse was severe and continued until I went college. I did not report it for several reasons. I feared that no one would believe me. I was not sure where to report it. My abusers viewed me as powerless. I was so dependent on my family members for my care that I feared alerting someone to the abuse would put that care in jeopardy.

While I loved college and the freedom it offered, the abuse I had endured had a terrible grip on me. I tried to seek reconciliation with my family, but none of them would listen to me. Rejected and feeling alone, I reached a point that I no longer wanted to live.

I didn’t give up, though. I went for counseling for several years. Toward the end of my counseling my therapist shared that my story was one of the most horrific he has worked with. Then he went on to say that I had come farther than he ever thought possible.

An important part of my healing has come through forgiveness. Early on, I didn’t want to hear about the topic. I always figured those who made it an issue

Some More Vulnerable to Abuse

Just 37 percent of people with disabilities who experienced abuse reported it to authorities, according to the 2012 survey “Abuse of People with Disabilities” (disability-abuse.com/survey/survey-report.pdf).

A sidebar in the survey suggests why women with disabilities are more vulnerable to abuse victimization—and provides hints to why abuse survivors are so hesitant to report abuse. (Most of these could apply to children and men with disabilities as well.)

1. Increased dependency on others for long-term care.
2. Denial of human rights that results in the perception of powerlessness.
3. Less risk of discovery as perceived by the perpetrator.
4. The difficulty some survivors have in being believed.
5. Less education about appropriate and inappropriate sexuality.
6. Social isolation and increased risk of manipulation.
7. Physical helplessness and vulnerability in public places.
8. Values and attitudes within the field of disability toward mainstreaming and integration without consideration for each individual’s capacity for self-protection. (www.ilru.org)

The survey lists numerous recommendations to reduce the incidence of abuse and increase safety for people with disabilities, starting with the most important: “The first step in risk reduction is acknowledging that abuse does occur to children and adults with disabilities. If you have a disability, admit that someone may try to take advantage of you or hurt you—emotionally, physically, sexually, or financially.”

had no comprehension of the pain and shame that I felt. Reading *The Shack* by William P. Young helped me understand forgiveness, and over time I forgave my abusers.

Forgiveness has set me free, but in my case it has not included restoration because relationships with these people are toxic. I’ve learned that no matter how bad a situation, or dark a place, in God’s timing he makes all things beautiful.

Now I speak and write about abuse, and work with the CRC’s Safe Church ministry. I also work as an instructor, teaching county employees to work with people with disabilities in a loving and gentle manner. ■



Abuse at the Hand of Caregivers

by **Elly Van Alten**
 Classis Northern Alberta (CRC)

The rate of abuse of persons with disabilities is higher than in the general population. In fact, the rate may be much higher than reported, because many persons with disabilities may not recognize that they are being abused. They may not be physically able to report it, or they may be afraid of repercussions should they report that they are being abused. The abuse may be physical, financial, sexual, emotional/psychological, or a failure to meet basic needs.

After working 23 years in long-term care, predominantly with persons who have psychogeriatric illnesses and various forms of dementia, I have seen many cases of abuse, unfortunately. Much abuse, especially physical and emotional, occurs at the hands of caregivers who are stressed, overwhelmed, and frustrated with providing care.

Caregivers can include spouses, family members, or paid caregivers. When the person with disabilities is unable (or sometimes unwilling) to “perform” or follow instructions, the caregiver may become frustrated and angry and strike back physically or with unkind words that undermine self-esteem. Often this knee-jerk reaction comes from someone who is either short on patience or at risk of burning out.

The caregiver may also withhold basic necessities (such as food or dry clothes) in a futile attempt to get the person’s cooperation. A huge contributor to caregiver abuse is lack of education on how the person’s disability affects the person, or his/her ability to do self-care or to cooperate.

Sexual abuse usually comes at the hands of paid

caregivers. In the course of providing care they find ways to touch their client or perform sexual acts on them for their own personal gratification. Sexual abuse is most commonly experienced by persons who are unable to report what has been done to them, or who do not understand the inappropriateness and significance of the behavior.

In my experience, financial abuse is done either by family members or at times by paid caregivers. They may have volunteered to help the person with the disability manage their financial affairs, or may be



Elly Van Alten

legally appointed to the trusteeship position. In either case, they may help themselves to the person’s money or “pad” the bills and take the excess for themselves.

Education can and does change abusive behavior, and this is absolutely essential in relation to persons with disabilities. They are precious in the sight of our Lord and made in his image, just like everyone else. They deserve to be treated with the same respect, dignity, and understanding that we all expect. ■



■ Editor's Note

Risk Reduction Essential

As editors, we did not expect to be flooded with articles when we announced an “abuse and disability” theme two issues ago. When the posted deadline came and went with no response, we contacted disability advocates and others who might know of victims of abuse. Although individual cases of abused individuals with disabilities were known, several were reluctant to go public.



It's not that abuse doesn't exist; alarmingly, just the opposite is true. A 2012 survey on “Abuse of People with Disabilities” concluded that more than 70 percent of people with disabilities who took the survey reported they had been victims of abuse, and 63 percent of parents and immediate family members reported that their loved one with a disability had experienced abuse.

But nearly half of victims with disabilities did not report abuse to authorities, mostly because they thought it would be futile to do so. For those who did report abuse, 54 percent said nothing happened as a result, and in fewer than 10 percent of reported cases was the perpetrator arrested.

“Abuse is more likely to happen when three factors are present: power (of one person over another), vulnerability, and isolation,” says Jim Stream in the survey introduction. “A second form of victimization [is] the mishandling of abuse once it comes to light.”

Whether you are a person with a disability, a family member, a church, or a service provider, having a plan for reducing the risk of abuse is essential. Any plan begins with an awareness that abuse happens, understanding how it occurs, and knowing who likely perpetrators might be. Sadly, a person with a disability is more likely to be abused by a family member or someone in their daily routine than they are by a complete stranger.

A link to the Disability and Abuse Project and its complete survey with suggested resources on risk reduction is available at www.crcna.org/disability and www.rca.org/disability.

—Terry A. DeYoung

Recovery Filled with Grace

by Joy M. Sheley
Ocheyedan CRC, Ocheyedan IA

I have been attending Ocheyedan CRC for approximately two years, and it's been is one of the most exciting and grace-filled times of my life. It feels like the first time someone is helping me form a personal relationship with Jesus Christ.



Joy and Larry

Pastor Bill Van Der Heide begins worship by saying that all are welcome, and he invites us to consider ourselves members of the church community even if we aren't official members. He means what he says, and the people of the church live it out. They reached out to support me when I was still a new person to them, and they took me in like I had been part of their church family my entire life.

I thank God for this loving support because I have had my struggles. I have experienced more than one kind of abuse. Approximately fifteen years ago I was diagnosed with post-traumatic stress disorder, and that challenge has impacted me to the point of being disabled. Currently I am working my way back into the world around me. I have struggled with chemical dependency as well and am grateful to say that I am in recovery from my addiction. This is all God's story and I am just living it.

My boyfriend Larry is a member of Ocheyedan CRC too. As we continue to build a life, we want to be on the same page spiritually, and the church in Ocheyedan has supported both of us. Larry has a story that is just as important as mine.

In my former career of addiction counseling, I learned that with God's grace anything is possible. I am seeing this now in my own life, and I'm sharing a little of my story as a way to give back. So many people within the Christian Reformed Church have supported me that I wonder how blessed can one person be! ■