

BARRIERS TO ADEQUATE SERVICES
FOR RURAL VICTIMS OF DOMESTIC VIOLENCE

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BARRIERS FOR RURAL VICTIMS OF DOMESTIC VIOLENCE

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Abstract

One out of every four women will experience domestic violence during her lifetime and it is the leading cause of injury to women. Even with years of policy change, consciousness-raising groups, and shelters developed as a result of the feminist movement, the daily threat of violence and constant feeling of fear are still an everyday occurrence for too many women. This is an analysis of the available literature regarding the unique barriers to victims of domestic violence who reside in rural communities in receiving adequate services. These barriers, such as difficulties with transportation, lack of emergency shelter availability, and geographic isolation are discussed. Suggestions for intervention methods are given, such as safety planning, and education for parties responding to domestic violence emergency situations.

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Introduction

One out of every four women will experience domestic violence during her lifetime and it is the leading cause of injury to women (Safety Planning, 2010). A woman is beaten every nine seconds in the United States, which averages to 5.3 million women being battered each year (Safety Planning, 2010). Domestic violence, like any other action fueled by desire for power or control for another, is not a cookie cutter concept and can manifest itself in numerous ways. For the purposes of this analysis, domestic violence is defined as including physical (hitting, slapping, kicking) and emotional or mental abuse (name-calling, blaming, threatening), sexual assault, stalking, and harassment.

It is recognized that there are male victims of domestic violence and much needs to be done to reduce the stigma surrounding them reporting and coming forward especially since shelters are often not an option for males. However, 86 percent of adult men who report abuse were physically assaulted by another man (Thoennes & Tjaden, 2000). Therefore, this analysis focuses on the barriers that rural women face with domestic violence, as overall victims of domestic violence are estimated at upwards of 85 percent women (Safety Planning, 2010) and women are by far the most frequent victims of intimate partner violence.

Historically, domestic violence shelters did not even exist before the late 1970s in the United States, and instead, informal networks were formed where women opened their homes to others (Hilbert & Krishnan, 2000). Domestic violence shelters were actually formed as a result of the feminist movement. Also part of this movement in the 1970s was the creation of hundreds of rape crisis centers focused on providing emotional support and assistance to victims (Brownmiller, 1994). In spite of these services being available for over four decades, there is still ongoing critique of the lack of availability of these high-demand services in general, and

especially in rural communities since shelters typically are located in more urban areas (Hilbert & Krishnan, 2000).

Even with years of policy change, consciousness-raising groups, and shelters developed, the daily threat of violence and constant feeling of fear are still an everyday occurrence for too many women. Peek-Asa et al. (2011) found that every day an estimated 5,200 women in the United States are turned away from domestic violence intervention programs because of lack of space or funding.

It is important when analyzing this number to keep in mind that reaching out for services and shelter is almost always a last resort option for women, and is done when they are at their most desperate. Peek-Asa et al. (2011) found in their investigation of intimate partner violence that it occurs at least as often, if not more often, in areas that are considered rural rather than urban.

For example, 61.5% of isolated rural women reported four or more events of physical violence in the past year compared with 39.3% of urban women. More than 30% of isolated rural women reported severe to very severe physical violence compared with 10% of urban women (Peek-Asa et al., 2011, p. 1745)

Iyengar and Sabik (2009) did an analysis of the National Census of Domestic Violence Services wherein they evaluated how many people used services in a twenty-four hour period and how many attempted to but were unable to use services. They discovered that a full ten percent of the nearly fifty thousand requests for help were unmet “because of resource constraints, particularly in rural, economically disadvantaged, and minority communities” (Iyengar and Sabik, 2009, p.1059).

Violence has short and long-term psychological and physical health effects on victims whether it occurs in the middle of a densely populated area, or in a home that does not have a

neighbor for ten miles. However, research suggests that factors such as: the lack of emergency shelter, difficulty with transportation, lack of anonymity, language barriers, and a deficiency in funding for services within rural areas were more prevalent in victims of domestic violence residing in rural communities.

Literature Review

Emergency and Transitional Housing

When rural areas do have the ability to provide shelter services in a community, these services are often short-term or limited in availability. According to Peek-Asa et al., (2011) only in 44 percent of rural areas are there shelter services available. This is compared with more than 75 percent in less rural counties (Peek-Asa et al., 2011). Again, severity is crucial in this situation, as findings have shown that women reach out for emergency and transitional housing once their experiences have become severe and they perceive an imminent threat of extreme violence or death (Hilbert & Krishnan, 2000).

One major issue regarding emergency and transitional housing is the source of funds for this costly service. This is especially relevant since shelters do not seek reimbursement from their clients. Most of the funding for these facilities comes from the federal government. Funding is constantly varying but a recent estimate cited 40 to 50 percent of funding came from the federal government (Galen, 2012).

Several offices facilitate the administration of these funds, such as the Department of Housing and Urban Development, the Office on Violence Against Women, and the Department of Health and Humanity, and each state varies as to how much funding is allotted for this service (Galen, 2012). Although shelter and transitional housing is rare in rural areas, there have been multiple programs within urban areas that could be replicated.

For example, New Horizons Outreach Center in La Crosse, Wisconsin, has an excellent transitional housing program. They offer their apartments to women in the most need (in order to keep availability open for emergency shelter) and are supported by grants. These grants are

written to organizations within the community such as the Women's Fund, rather than depending on ever-changing legislation regarding state-provided funding (Safety Planning, 2010).

New Horizons also seeks funds through the local Coulee Region Transitional Housing Ministry Committee and other organizations such as the VFW Women's Auxiliary (Safety Planning, 2010). Women without a transitional place to live while reintroducing themselves to the community from emergency shelter are much more likely to return to their abusers. Hilbert and Hilbert (1984) studied reasons why women stay or return to their abusers, and among experiencing more severe but less frequent abuse and being unemployed, shorter crisis shelter stays was one of the main reasons cited for their return.

Barriers to seeking out shelter services are vast and go beyond pure availability. For instance, in other cases rural women reported feeling responsible for animals on their land (Miller, Clark, & Herman, 2007). This responsibility was well-founded especially considering that there have been cases reported where abusers will exterminate their own pets or in farming communities, their herd, in an effort to punish the victim or to get them to return to their residence (Miller, Clark, & Herman, 2007).

Tyndall-Lind (1999) performed comprehensive evaluations of shelter populations and indicated that at least 70 percent of battered women seeking shelters have their children with them, and 72 percent of those children have witnessed or been involved with violence in their home. Most frequently, these were children who still needed transportation to and from their schools, which could be too far away to sustain. These children are also then taken out of their regular support system and may have to transfer schools or give up extracurricular activities as a result of their living situation.

Without these services the rates of homeless women and children will continue to increase as homelessness is also common in situations involving familial violence. Research has repeatedly and consistently shown that half of all homeless women are victims of domestic violence and their homelessness is a result of leaving their abusive situation in a poor economic position (Hilbert & Krishnan, 2000). For many women, if given the choice between living in a homeless shelter with their children or going back to an abusive relationship- the abusive relationship may seem a better option for survival.

Transportation

For those living in a community where the population is in the hundreds of thousands of people, where a shopping mall or coffee shop or skyscraper is on every corner, and one of six high schools is a block away, it may be difficult to imagine true isolation. Despite this, there are women and children living in homes that are miles away from the nearest gas station, much less neighbor, town, or domestic violence center. The Office for Victims of Crimes (2005) surveyed individuals and found that when they had called for police intervention, they were frequently waiting twenty to thirty minutes before the police or other emergency services arrived at their rural homes.

Many times these barriers are purposefully chosen by the perpetrator to induce isolation and maintain privacy (Grama, 2000). Miller et al., (2007) reported instances when perpetrators would monitor odometers as a way to assert power and control over their partner. Transportation in rural areas may also be generally difficult due to weather conditions or poor road conditions (Miller, Clark, & Herman, 2007) especially in communities considered as low socioeconomic status.

Women in rural areas may also have their transportation services controlled by their abuser and limited to no access to public transportation or have been prevented from driving (Grama, 2000). Some women may have been prevented from being able to learn how to drive. Hilbert and Krishnan (2000) found that formal helping services were often as far as hundreds of miles away from those in rural communities.

In addition to being isolated due to geography, some families in rural areas may also struggle when in crisis due to a lack of communication access, such as a telephone, or the distance to their closest neighbor (Feyen, 1989). Feyen (1989) found that even if a neighbor were approachable as a source of help, rural social norms and the prospect of economic powerlessness contributes to keeping rural women in abusive relationships.

Rural communities have not experienced the same economic growth that many urban areas have in the past ten years (The Office for Victims of Crimes, 2005). This has led to higher rates of unemployment which could contribute to the economic barriers for women who are unable to survive without their abusive partner's income.

Lack of Anonymity

Rural areas face two very different issues simultaneously depending on the specifics of the community and where in it one resides. Many people in rural communities live miles away from their nearest neighbor, which greatly increases isolation. Others are afflicted with the opposite problem- a community with no escape from a nosy neighbor or way to ask for help with any assured level of anonymity.

A study by Lichtenstein and Johnson (2009) focused on older African American women who lived in Southern states. Although these women reported having the barriers of gender

roles, age, distrust for law enforcement, and rural location to consider, their biggest concern regarding reporting abuse was being stigmatized by their church and community.

Another study by Few (2005) reported similar findings and attributed the perceived stigmatization to the church promoting that marriages were to last forever, and that the churches these women attended viewed marital problems with the potential for divorce as almost sacrilegious. In spite of this, the support of a church community and spiritual resources can provide free community support and hope (Miller, Clark, & Herman, 2007).

This has also been a very real issue reported for Native American and Mexican American women, as when they have reached out for help in the emergency room or hospital, it was not uncommon for the abuser and other friends and family members to accompany the victim (Hilbert & Krishnan, 2000). Although this situation is indicative of a controlling abuser and so it is probably very common cross-culturally, it seems to be a bigger problem within certain cultural groups with less focus on individuality (Hilbert & Krishnan, 2000).

The lack of privacy in receiving services is also relevant in communities where those who respond to domestic violence emergency calls are often known by or even related to either the victim or the abuser (Safety Planning, 2010). This can prevent the victims from calling at all for fear that their family will find out about the abuse, or because they know of a relationship between the responder and the abuser that will prevent anything from being done about the abuse.

A study of domestic violence in an urban Wisconsin county found that some law enforcement admitted they felt reluctance in protecting women from abusive partners (Feyen, 1989). Even if providers are respectful of a victim's anonymity, there may still be risks in being

recognized by other patients or workers that likely know the perpetrator or could mention the encounter without knowing the potential consequences (Miller, Clark, & Herman, 2007).

It is understandably difficult to maintain concealment of shelter locations in rural areas, but it remains incredibly important. When perpetrators are able to locate shelter locations, they are increasingly likely to threaten their victims or even intimidate shelter workers (Miller, Clark, & Herman, 2007).

Language

There are numerous women living in rural areas facing issues of culture and language as barriers of receiving help in addition to the already difficult barriers of geographic location and social stigmatization. Hilbert and Krishnan (2000) researched battered women in New Mexico and established that it was difficult for them to discuss abuse even if they wanted to as the medical staff they were exposed to only spoke English.

Many immigrant victims resist seeking help due to cultural barriers involving racism, language barriers, and a distrust for the criminal justice system and may choose to stay in an abusive relationship rather than struggle against these (Office for Victims of Crime, 2005). The Office for Victims of Crime (2005) found that many courts had reportedly paid for a translator for non-English speaking defendants, but not necessarily for non-English speaking victims.

Unfortunately, it is common in these situations for children to be asked to translate to police officers or medical staff. This can result in victims resisting reporting the intensity of their abuse in an effort to protect their children from additional trauma. It can have detrimental effects on children that are already experiencing feelings of powerlessness and vulnerability as common characteristics in children from violent families (Tyndall-Lind, 1999).

Hilbert and Krishnan (2000) suggest remedying these language barriers through having bilingual community volunteers 'on call' to assist when clients or patients present that do not speak English. They also suggest having volunteers available to transport women to the safety of shelters (Hilbert & Krishnan, 2000). Promoting bilingual education in communities has many more benefits than just those to non-English speaking members, and can actually create more opportunities and eventually higher salaries for individuals.

Waldman (1994) found that within certain careers such as administrative support, workers were paid upwards of 30 percent more than their co-workers for being bilingual. A community that is dedicated to breaking down these language barriers, as well as educating the students of their community, could show their support by being willing to tax themselves in an effort to raise money to fund bilingual, or even trilingual education.

This education could be started in elementary education for children, or could be started with adults through after-hours programs or through the local church. Any community willing to attempt this could serve as a "pilot" community and one that other places would model themselves after. The hope is that this would in turn draw in a more diverse population.

Job seekers are often deterred from seeking employment in rural areas due to limitations related to resources for recruiting and retaining staff which results in reduced availability of effective services for battered women (Hilbert & Krishnan, 2000). For a growing community, building bilingual services could be part of the solution for preventing rural areas from dying.

Funding

The Office for Victims of Crime (2005) report that rural areas with domestic violence services have budget limitations and the funds they are allotted go toward salaries and general

operating expenses but do not allow for specialized services such as: investigator services, DNA testing, child support enforcement, or interpreters.

Organizations that contribute to domestic violence programs must be encouraged to disperse funds to rural communities. The lack of funds given to rural domestic violence programs results in those who work in the field to dismiss rural areas as potential job markets, which then creates a reduction in available care providers. The Violence Against Women Act of 1994 was put into place because domestic violence is an issue of human rights.

Reducing the number of children exposed to domestic violence, or the number of women suffering from it is not only emotionally and physically advantageous, it is economically advantageous. Without taking into account the money spent for medical care for victims, Iyengar and Sabik (2009) determined that those who had been exposed to domestic violence were more highly associated with risky health behavior, such as unprotected sex, drug and alcohol abuse, and obesity. Tyndall-Lind (1999) found that adults who witnessed parental violence as children were more likely to engage in severe marital violence as adults. Therefore it can be logically deduced that a fight against domestic violence will result in less money the government will need to spend in the future on campaigns fighting these other risky behaviors.

Tying into the issue of limited funds is the expectation that fewer rural staff members or advocates will provide services with less time and less resources. Due to these time constraints and many of these offices depending on grant funds, many rural agencies may not have the time or staff trained in grant-writing in order to receive necessary funding (Office for Victim of Crimes, 2005).

Some states have addressed limited staffing concerns with programs involving volunteer advocates. For example, the Ohio Victim Witness Association has a traveling victim advocate

program to provide state-wide services for those in need (Office for Victims of Crimes, 2005).

These programs could be emulated and instituted throughout rural communities nationwide.

Discussion

Domestic violence in this country is costing an approximated sixty-seven billion dollars a year (Safety Planning, 2010). Sixty-seven billion dollars. Imagine if one fraction of that money were spent exclusively on developing successful prevention methods how much lower the overall number needed would be within five to ten years. The investment would be worthwhile. Any single factor discussed is difficult to overcome, but the layering that occurs in these situations is staggering.

Women are being physically abused, feel isolated and alone, have no transportation to a safe place, are not given access to their finances, have no reliable day care if they need to attend court or press charges against their abuser---and the list continues. All of the previous techniques have been lessons in intervention; however the solution to this issue may lie in prevention.

There is a disproportionate amount of research available regarding preventative methods when compared to methods of intervention. This is especially true when considering that issues of intervention are specifically focused on doing just that- intervening once abuse has already occurred or has increased in severity. However, it seems that the continued research and practice of effective prevention methods are necessary to facilitate a social movement that will create long-lasting change.

There is a scholarly tendency to analyze a situation, come up with reasons why it occurs and try to intellectualize a problem. This tendency needs to be geared towards a more collaborative effort towards prevention of social issues. As discussed, all existing protocol for domestic violence is geared towards intervention methods, but there does not seem to be any real successful method for prevention of a public health issue that has infiltrated our society.

Feminist theory is not just about bringing awareness to victims of domestic violence, but also about facilitating the prevention of abuse to women and that is what any of these ideas are aiming to do.

The Office for Victims of Crimes (2005) reports the need for educating communities to bring awareness to rural individuals as a special population and to jumpstart preventative methods. They suggested educational programs being implemented in schools, hospitals, churches, faith organizations, police departments, and other public agencies (Office for Victims of Crimes, 2005).

Another innovative idea that could be implemented would be a community vehicle or even camper wherein a group of volunteers would rotate duty for response to emergency calls. The Office for Victims of Crimes (2005) suggest similar programs that could be implemented through the police station and that may even provide officers to accompany volunteers to the home of the victim to ensure safety. If a camper was utilized, this would alleviate issues of both transportation and even temporary shelter. Those interested in implementing such a program could contact a local used car dealership after researching any type of charitable tax benefit they may receive as a business.

The Office for Victims of Crimes (2005) offers an online guide to assisting rural victims of domestic violence and suggests creating connections with local merchants. These connections can then be used to purchase discounted gas cards for traveling expenses to shelters or court dates, as well as discounted motel stays as alternatives when shelters are full or too distant (Office for Victims of Crimes, 2005). Miller et al., (2007) also suggest that new providers or clinicians obtain a local map to make themselves familiar with the town layout and also to find potential private buildings for confidential care.

Continued encouragement and efforts toward addressing the barriers of lack of shelter, transportation, anonymity, language, and funding are necessary (The Office for Victims of Crimes, 2005). It is up to the dedication of advocates and mental health professionals to continue to develop prevention strategies for domestic violence and help to heal those who have experienced it.

References

- Few, A. L. (2005). The voices of black and white rural battered women in domestic violence shelters. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 54(4), 488-500.
- Feyen, C. (1989). Battered rural women: An exploratory study of domestic violence in a Wisconsin county. *Wisconsin Sociologist*, 26(1), 17-32.
- Galen, E. (2012). US budget cuts devastate shelters for victims of domestic violence. *World Socialist*.
- Grama, J. (2000). Women forgotten: Difficulties faced by rural victims of domestic violence. *American Journal of Family Law*, 14(3), 173.
- Hilbert, J.C., & Hilbert, H.C. (1984). Battered women leaving shelter: Which way did they go? *Journal of Applied Social Sciences*, 8, 291-297.
- Hilbert, J.C., & Krishnan, S. (2000). Addressing barriers to community care of battered women in rural environments: Creating a policy of social inclusion. *Journal of Health & Social Policy*, 12(1), 41-52.
- Iyengar, R., & Sabik, L. (2009). The dangerous shortage of domestic violence services. *Health Affairs*, 28, 1052-1065.
- Lichtenstein, B., & Johnson, I.M. (2009). Older African American women and barriers to reporting domestic violence to law enforcement in the rural deep south. *Women & Criminal Justice*, 19(4), 286-305.
- Miller, G., Clark, C., & Herman, J. (2007). Domestic violence in a rural setting. *Journal of Rural Mental Health*, 31(4), 28-42.
- New Horizons Shelter and Outreach Center. (2010). Safety Planning [Brochure].

Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health, 20*(11), 1743-1749.

Thoennes, N., & Tjaden, P. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*; Findings from the National Violence Against Women Survey. National Institute of Justice and Centers for Disease Control and Prevention.

Tyndall-Lind, A. (1999). Revictimization of children from violent families: Child-centered theoretical formulation and play therapy treatment implications. *International Journal of Play Therapy, 8*(1), 9-25.

Waldman, Lila. (1994) Bilingual administrative support personnel in United States corporations, *The Modern Language Journal, 78*.