Intimate Partner Violence and Rural America

How the Complexities of Rural Communities Impact Intimate Partner Violence

By Jennifer Rogerson Cook and Bradley J. Cook

Intimate Partner Violence (IPV) is a devastating and prevalent problem negatively impacting millions of individuals and families in the United States. Lawmakers, educators, and health care providers face unique challenges as they work to implement prevention programs and to provide support for survivors and families of victims. While there is no doubt urban communities face similar challenges while dealing with IVP, rural communities have additional complexities and obstacles.

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In the United States, 19.3% of the population live in an area classified as rural. These communities often have few options for higher education and employment. Residents of rural communities also often have limited medical care and usually need to travel long distances for specialized or hospital care. Social services such as mental health services, unemployment offices, homeless or domestic violence crisis centers and shelters are scarce. Individuals in rural contexts can often feel very physically and emotionally isolated. Each of these challenges found in rural places can contribute to an increased risk and severity of Intimate Partner Violence.

The Centers for Disease Control (CDC) and Prevention defines Intimate Partner Violence (IPV) as "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse." The CDC's National Intimate Partner and Sexual Violence Survey found that 25% of women and 10% of men have experienced sexual or physical violence and/or stalking by an intimate partner. In addition, over 43 million women and 38 million men have experienced psychological aggression by an intimate partner (CDC, 2021).

The consequences of IPV can be devastating wherever it is found. One in five homicide victims in the United States are killed by an intimate partner. For female homicide victims, the statistics are even more alarming as over half of female murders are committed by a current or former intimate partner. Of those who survive IPV, 35% of females and 11% of males reported having experienced serious physical injury inflicted by their abuser (CDC, 2021). All survivors are at heightened risk for various chronic physical health and mental health conditions such as depression and Post Traumatic Stress Disorder.

In comparison to urban communities, rural communities are unique in social structure and resource availability, heightening the vulnerability of victims and contributing to the increase in incidents and severity of IPV. Rural communities have higher rates of unemployment, poverty, substance abuse, and family problems but have fewer resources to address these issues, all of which are identifiable risk factors for IPV.

Rural communities are at a further disadvantage since in times of economic prosperity, the positive effects felt in urban communities do not always reach those in rural regions. While all U.S. communities saw an increase in job creation in 2018, rural counties added jobs at less than half the rate of urban counties. During 2018-19, Americans saw 0.6% growth in rural counties compared with 1.4% growth in urban counties. Rural poverty rates dropped from 18.45 in 2013 to 16.1% in 2018, but are still well above the urban rate of 12.6% (Cromartie et al., 2020).

Rural residents also tend to be older on average than urban populations. More than 23% of rural adults have underlying health conditions compared to 3% of individuals living in urban regions. This may be attributed to the greater distance to medical facilities that provide advanced care and the fact that 20.2% of adults living in rural areas do not have health insurance compared to 10.5% of urban residents who are uninsured (Cromartie et al., 2020). Rural

individuals may also wait longer to seek health care due to the lack of convenient medical facilities and the higher out-of-pocket costs resulting in health conditions becoming more serious due to lack of treatment.

The deterioration of physical and mental health occurs at higher rates due to higher poverty and limited access to quality, affordable medical care. There is a general resignation and/or lack of knowledge for many rural residents when it comes to health and human services. A culture of independence and "toughness" or a "survivalist" mentality is not uncommon.

As a result of this cycle of stagnation with community members remaining in their own "echo chambers," it is difficult for rural communities to keep up with the needs of their members which are growing increasingly more complicated. Many community leaders who propose new ideas or implement more progressive practices within rural communities are met with strong opposition and resistance to change. Being the minority, these leaders often become frustrated and give up.

This culture, supported by individuals who are often highly conservative and male dominant, continues to persevere. As a result, it is difficult to appropriately and sufficiently address the growing problem of IPV in rural America which tends to be a sensitive and controversial subject in this context. Amnesty International (2005) describes this complicated issue by explaining that in rural communities "women experience 'double jeopardy' as they are over-represented in the private sphere as victims and under-represented in the public sphere as decision-makers. They are more likely injured and less likely to receive justice, compared to other victims."

The Utah Statewide Domestic Violence Needs Assessment 2016-2017, lists several challenges to providing support to victims in rural communities including "small town stigma," which means that "incidents of domestic violence often become public. Additionally, perpetrators may have personal relationships with law enforcement officials in these rural communities, complicating survivors' mindsets toward seeking assistance from law enforcement and affecting the response of law enforcement (Gezinski, 2017). Law enforcement is often viewed as out of reach, supportive of the abusers, or may, in fact, be the abusers themselves.

K. Edwards (2015) observes that "IPV perpetrators in rural locales, compared with those in urban locales, may perpetrate more chronic and severe IPV, which could be due to the higher rates of substance abuse and unemployment documented among rural perpetrators." We know that the combination of food and housing insecurity, mental and physical health challenges, substance abuse, chronic stress, male dominant culture, and small town stigma are all interrelated and create the perfect storm for IPV to develop and persist. Each risk factor contributes to and in some cases exacerbates the others and the vicious cycle continues. When we consider the lack of IPV education and prevention in rural communities in combination with the lack of appropriate emergency response, community support, and treatment resources, it becomes clear why IPV is so prevalent in rural communities.

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We have identified many consistent risk factors that contribute to higher levels of IPV and all of these factors must be considered as we look toward solutions. Addressing these issues only in part will not sufficiently solve the devastating problem of IPV in rural communities.

We might begin by increasing access to mental health services for those living in rural areas while taking into consideration the "unique barriers to receiving behavioral health services like a lack of privacy and the desire to avoid being the subject of local gossip or feeling ostracized for seeking behavioral health services locally" (Roach-Moore, 2020).

Telehealth services could be a good start in helping to provide confidential, expert care to those in need of mental health services while protecting the client's privacy.

Increasing poverty rates in rural communities must also be addressed since we know there is an association between socioeconomic status and rates of IPV. This is a complicated issue and may require a multi-agency, long term approach. In the short term however, local strategies that address food and housing insecurity in rural communities can help to bring relief to heads of household. In turn, substance abuse and domestic violence incidents within chronically stressed families may decrease.

Education with a focus on prevention could provide solutions to many of the problems that contribute to IPV in rural communities. An awareness and understanding of the devastating consequences of IPV leads to a drop in incidents, greater support for community education and support services. If the goal is a significant overall cultural shift, it will only come with persistent education and awareness. The damaging effects of gender inequality must be brought to light. Education and prevention programs are critical while at the same time increasing support for survivors and families of victims.

In conclusion, the issue of IPV in rural communities is a complicated one. Solving the problems that directly or indirectly increase risk factors for IPV by addressing the most basic needs of rural communities including food, housing, and mental and physical health care is critical. Increasing services for those who are most vulnerable including those dealing with substance abuse or domestic violence is an immediate need. And lastly, we must increase awareness of the causes and consequences of Intimate Partner Violence by implementing education and prevention programs so that communities can create a cultural shift toward equity and safety for all rural individuals. ❊

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