

Chapter 4

Does Location Matter?

The Impact of Family Violence in Rural Areas

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ABSTRACT

Domestic Violence is a societal issue that affects all members of a family where it occurs; children are especially vulnerable even when violence isn't directed towards them. Exposure to family violence has been shown to impact all the developmental stages of childhood; the consequences this exposure to trauma can have lifelong effects. As a result many programs attempt to provide children services to assist with increasing resiliency as well as mitigating the effects caused by exposure to violence. Rural communities face specific barriers unique to their areas – this chapter will explore the impact Domestic Violence has on people living in these underserved regions. While there is limited research on the impact of domestic violence on children living in rural communities this chapter will summarize some of the risks faced by families as well as discuss considerations with assessment and treatment.

INTRODUCTION

Domestic violence (DV) is often seen as a family problem rather than a societal issue. Even with decades of research on the negative consequences and impact it has on childhood development and individuals, in general, there is a denial of the extent to which it exists. There is a culture of secrecy and shame surrounding it, which leads to many incidents of abuse being never reported. Due to DV's long-term health consequences and its potential lethality on those who are being abused—especially the children, who are the most vulnerable—DV can be considered a major public health problem that impacts all levels of society. As a societal problem, DV occurs in both rural and urban areas, and it is impacted by a variety of factors as to its extent within either area. In dealing with DV, rural areas that are considered geographically isolated face different kinds of challenges as compared to those in urban areas. Rural groups have limited access to services and resources. It is essential to identify and assess DV's current situation in rural areas, as this will lead agencies to tailor services to better treat those impacted by DV.

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BACKGROUND

Domestic violence is a pattern of behavior used by individuals to establish power and control over other human beings through the use of fear and intimidation. This pattern occurs within families, and it operates under the basis of the strong victimizing the weak. Other terms often used interchangeably to describe this pattern of behavior include interpersonal partner violence (IPV), battery, family violence, and spousal abuse. IPV encompasses abuse that is physical, emotional, verbal, psychological, sexual, and financial; it influences the persons it is directed against to change their actions as a result of the abuse directed toward them. Not all acts of domestic violence are defined as criminal acts; nevertheless, these are still acts of abuse. Victims may involve law enforcement for physical abuse, but the emotional and psychological aspects of their victimization are left untreated. Consequences experienced by victims of DV may include an increased risk of developing post-traumatic stress disorder (PTSD), depression, anxiety, low self-esteem, substance abuse problems, and suicide attempts. Further psychological effects on those being abused include fear, difficulty with trust and intimacy, problems with memory, difficulty concentrating, health concerns, anger and irritability, and cognitive confusion (Jordan, Nietzel, & Walker, 2004). These psychological effects are significantly affected by the severity and frequency of the abuse (Jordan et al., 2004). Although terminating an abusive relationship may lead victims toward feelings of increased safety, thus decreasing some of those negative effects, there are still secondary stressors that occur as a result of this termination. Such stressors can include potential increase of physical abuse from the offender, financial difficulties, and parenting stressors; often times, the most dangerous time for victims is the period after they leave the offender (Jordan et al., 2004).

IPV, another term under the category of DV, can affect people from all walks of life; anyone can be a survivor regardless of age, gender, race, ethnicity, sexual identity, and socio economic status (Jordan et al., 2004). While the violence can be bidirectional—that is, occurring from male to female and female to male, this does not imply that the type and consequences of this violence is equal between the two. There are different consequences for men and women when violence is committed against them (Dasgupta, 1999). Physically, men tend to be stronger than women and, as a result, there is a higher chance for the female partner to be badly hurt and for her injuries to be more severe when her male abuser aggresses against her than vice versa. Women have higher lifetime rates of IPV: They experience greater frequency of assaults, suffer more severe injuries, and are also more likely to be hospitalized as a result of injuries and to be killed in IPV situations (Tjaden & Thoennes, 2000). Surveys show that rates for IPV can vary depending on how IPV is defined as well as what screening tools are used and questions asked. For example, the National Crime Victimization Survey (NCVS) combines multiple victimizations within a 6-month period, which leads to incidents being undercounted (Jordan et al., 2004). Screening tools that take precautions to protect confidentiality and the safety of the respondents indicate higher incidences of IPV being reported. The National Coalition Against Domestic Violence (NCADW) estimates that 1 out of 3 women and 1 out of 4 men have experienced rape, physical violence, or stalking by an intimate partner. Other statistics report that over 35% of women and up to 28% of men have reported physical assault, rape, and/or stalking by a current or former partner in their lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011). Over 70% of women who are diagnosed with a serious mental illness are involved in a domestically violent situation (Jordan et al., 2004).

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