Domestic Violence Risk Assessment, Risk Management, and Safety Planning with Rural, Remote, and Northern Populations:

An Annotated Bibliography

The research was supported by the Social Sciences and Humanities Research Council of Canada.

Social Sciences and Humanities Research Council of Canada

Conseil de recherches en sciences humaines du Canada

Canada

An Annotated Bibliography

Produced on behalf of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) (http://www.cdhpi.ca)

Authors: Fairbairn, J., Jeffries, N., Johnson, A., Wuerch, M., Campbell, M., Straatman, A., Dawson, M., & Jaffe, P.

This work is supported by the Social Sciences & Humanities Research Council of Canada.

1. Anderson, K. M., Renner, L. M., & Bloom, T. S. (2014). Rural women's strategic responses to intimate partner violence. Health Care for Women International, 35, 423-441. doi:10.1080/07399332.2013.815757

This article focuses on rural women's strategy use and perceptions of effectiveness in coping with, stopping, or preventing intimate partner violence. The data for this study are drawn from 37 women aged 22 to 64 from a rural Midwestern state in the U.S. who were formerly in an abusive relationship. The core findings are that women: (a) most commonly used resistance strategies (e.g., ending/ trying to end the relationship, leaving home), followed by safety planning (e.g., developing an escape plan, keeping money/ valuables hidden); (b) least commonly used legal strategies (e.g., seeking legal aid, filing/trying to file criminal charges); and (c) perceived safety planning strategies to be most helpful and strategies about seeking formal help for the abuser to be least helpful. Based on their findings regarding helpfulness, the authors recommend that specific strategies be strengthened and that IPV agencies receive greater resources to do so. One factor that may be unique to this population is a lack of formal services, like intimate partner violence shelters, in rural areas.

2. Annan, S. L. (2008). Intimate partner violence in rural environments. Annual Review of Nursing Research, 26, 85.

This article focuses on intimate partner violence among rural populations. Authors reviewed articles from the nursing literature and other disciplines that were published between 1987 and 2007, from such mediums as published articles, government websites, word of mouth articles, and article reference lists. In total, 50 articles were found that met inclusion criteria. The core findings are that among the literature reviewed, several barriers exist for rural IPV survivors attempting to access services, such as lack of awareness regarding services available, transportation issues (e.g., distance, not having access to a car), a desire to stay in the rural community, issues with confidentiality and dual relationships, services being stretched too thin, and the potential normalization and acceptance of abuse. Specific recommendations for risk assessment, risk management, and safety planning include conducting further qualitative studies, in addition to methodologically rigorous studies, to examine the differences and concerns that exist for IPV survivors in rural areas.

3. Averill, J. B., Padilla, A. O., & Clements, P. T. (2007). Frightened in isolation: Unique considerations for research of sexual assault and interpersonal violence in rural areas. Journal of Forensic Nursing, 3(1), 42-46. doi:10.1111/j.1939-3938.2007.tb00091.x

This article focuses on sexual assault and interpersonal violence among rural populations. The authors include discussion of literature within the United States regarding unique risk factors for rural areas, though it is unclear if a systematic review was conducted. The authors mention that definitions of rural/rurality used in research to date are inconsistent. The core findings in relation to unique risk factors within rural communities include issues such as: telephone service not always readily available, lack of public transportation, issues with confidentiality and dual relationships (e.g., family member may be the local police officer), traditional gender-roles/patriarchal values, distrust of the criminal justice system, high levels of poverty, negative stigma associated with being a victim of violence (causing shame), increased isolation at the hands of the abuser, not readily accessible formal services, problems retaining service professionals, and the potential lack of knowledge regarding available services. Specific recommendations include that rurality should be seen on a continuum and that a collaborative approach to research and practice is essential.

4. Balogun, M. O., Owoaje, E. T., & Fawole, O. I. (2012). Intimate partner violence in southwestern Nigeria: Are there rural-urban differences? Women & Health, 52, 627-645. doi:10.1080/03630242.2012.707171

This article focuses on differences in prevalence and risk factors of intimate partner violence in urban and rural areas in southwestern Nigeria. It uses semi-structured interviews with an 84-item questionnaire among 600 women aged 15 to 49. The core findings are that, among the rural women, higher monthly income, having partners who consumed alcohol, having partners who had been involved in physical fights, younger partners, and having been in the relationship for ten or more years were related to different forms of intimate partner violence. The latter two were unique to the rural women. Specific recommendations for risk management are that prevention strategies focus on empowering women and discouraging men's excessive alcohol consumption and interpersonal violence.

5. Bates, L. M., Schuler, S. R., Islam, F., & Islam, K. (2004). Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. International Family Planning Perspectives, 30, 190-199. doi:10.1363/ifpp.30.139.04

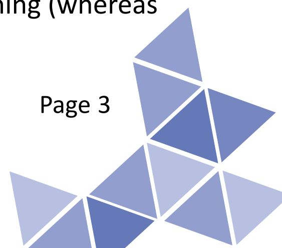
This article focuses on the social and economic risks factors for domestic violence among married women in rural Bangladesh. It uses semi-structured interviews with 76 women, four small group discussions with 5 to 8 women each, and quantitative surveys with 1,212 women. Participants expected women with more income and education to be less likely to experience domestic violence and believed that having a dowry or registered marriage could strengthen women's positions in marriage. However, only education (six or more years) and current membership in a microcredit program reduced the likelihood of experiencing domestic violence. Women with a dowry agreement or an income that contributed more than nominally to the marital household were at increased risk of domestic violence.

6. Beyer, K. M., Layde, P. M., Hamberger, L. K., & Laud, P. W. (2013). Characteristics of the residential neighborhood environment differentiate intimate partner femicide in urban versus rural settings. Journal of Rural Health, 29, 281-293. doi:10.1111/j.1748-0361.2012.00448.x

This article examines the role of neighbourhood-level factors in differentiating urban and rural intimate partner femicide (IPF). It uses Social Disorganization Theory and a social-ecological model to relate social and geographical characteristics to IPF. The data are drawn from Wisconsin Violent Death Reporting System data and Wisconsin Coalition Against Domestic Violence reports. They include 84 IPF cases of women 16 and older in Wisconsin from 2004 to 2008. The core findings are that the highest rate of IPF occurred in the small town category, followed by the metropolitan, rural, and micropolitan categories, and that being married was significantly more common among rural IPF victims than urban ones. Neighbourhood disadvantage and other individual (e.g., education level, pregnancy) and homicide (e.g., weapon type) characteristics were not significantly different between urban and rural IPFs. Residential instability, however, was more likely in urban IPFs. One unique contribution of this study is that it suggests that the common usage of residential instability to indicate disrupted social cohesion and violence risk may not apply to rural settings. Instead, residential stability might indicate social relationships marked by lack of privacy and anonymity—which have previously been noted as problematic for rural women experiencing IPV.

7. Bhandari, S., Bullock, L. F., Richardson, J. W., Kimeto, P., Campbell, J. C., & Sharps, P. W. (2015). Comparison of abuse experiences of rural and urban African American women during perinatal period. Journal of Interpersonal Violence, 30, 2087-2108. doi: 10.1177/0886260514552274

This article focuses on perinatal intimate partner violence among African American women in rural versus urban environments. The data for this study are drawn from interviews at baseline, and 3-, 6-, 12-, and 24 months after delivery among 12 women from an Eastern metropolitan area (n = 6) and a Midwestern rural area (n = 6) in the U.S. Some key factors distinguished abuse among rural and urban women. Compared to urban women, rural women reported: (a) less severe violence during pregnancy; (b) decreased violence after birth; (c) abusers' use of objects such as kitchen knives or pieces of furniture (whereas urban women reported guns); (d) control through requirements for cooking and cleaning (whereas



urban women reported control through demands about physical appearance and pregnancy termination); and (e) abuse occurring inside the home (whereas urban women reported abuse often occurring in public settings). Because rural abuse tends to happen "behind closed doors", the authors suggest that screening by health care providers should ask questions about how anger is managed in the home.

8. Bhandari, S., Bullock, L. F., & Sharps, P. W. (2013). Strategies pregnant rural women employ to deal with intimate partner violence. Journal of Ethnographic & Qualitative Research, 7, 143-154.

This article focuses on the strategies used by rural, low-income women during the perinatal period to stop, avoid, or escape intimate partner violence. It uses interviews based on the categories from the Intimate Partner Violence Strategies Index (Goodman, Dutton, Weinfurt, & Cook, 2003) with 20 women aged 16 to 32 from a Midwestern state in the U.S. One core finding is that women used the entire range of Goodman et al.'s strategies, including: safety planning, resistance, pacifying/placating, and accessing formal and informal networks. The main impetus for stopping, avoiding, or escaping abuse was to protect the fetus. Pregnancy added restrictions to how women responded to IPV, for instance, they often stopped physically fighting back because they feared the unborn fetus would be harmed. Desire to protect the fetus may override concerns that rural women face in seeking certain supports. For example, there was less reluctance in this sample (e.g., due to the resulting increase in personal visibility and familiarity in the community) to access formal support networks than that found in previous research with non-pregnant rural women.

9. Bloom, T. L., Glass, N. E., Case, J., Wright, C., Nolte, K., & Parsons, L. (2014). Feasibility of an online safety planning intervention for rural and urban pregnant abused women. Nursing Research, 63, 243-251. doi:10.1097/nnr.0000000000000036

This article evaluates the feasibility (i.e., usability, safety, acceptability, and practicality) of Internet-based safety planning for rural and urban abused pregnant women. The tool elicits demographic and other information used to build an individualized safety plan, including assessment of women's safety behaviours, a priority-setting activity, and risk assessment. The data for this study are drawn from 46 pregnant women aged 18 to 35 who experienced intimate partner violence within the past six months. The core findings are that, compared to urban women, rural women had higher Danger Assessment scores, took longer to complete the baseline session, more often accessed the tool from home, and were able to identify fewer safe emergency contacts. Craigslist was the most effective recruitment site (even for rural women) and there was a high rate of mobile device usage connected with the study. Retention at each session was high (about 75%) and no adverse events related to the study were reported. The authors suggest that increased access to safety planning is needed for pregnant rural women given their higher risk and that developing mobile-friendly platforms may help decrease accessibility barriers.

10. Boka, W. (2005). Domestic violence in farming communities: Overcoming the unique problems posed by the rural setting. Drake Journal of Agricultural Law, 9, 389-414.

This article examines the unique problems in relation to domestic violence among rural populations. Authors review research articles and suggest that there are several issues in relation to rural communities and domestic violence, including dangers associated with leaving the abusive partner (e.g., coercive behaviour, fear of retribution), lack of knowledge regarding domestic violence as unacceptable, denial regarding abusive behaviour, pressure to keep family unit together, isolation at the hands of the abuser or due to geographic location (e.g., no car available, lack of transportation options), lack of resources (e.g., domestic violence shelters, employment options, affordable housing, health care), and dual relationships with law enforcement personnel (e.g., police officer may be friend of abuser). Specific recommendations for risk management include finding creative ways to increase domestic violence education to aid in understanding the problem, such as the "CUT IT OUT" program, having health care professionals educate individuals during routine check-ups, training clergy members and criminal justice personnel to respond appropriately to domestic violence concerns, and encouraging society to understand that domestic violence is unacceptable and how to recognize abuse and help those in need through active or passive education methods.

11. Bosch, K., & Bergen, M. B. (2006). The influence of supportive and nonsupportive persons in helping rural women in abusive partner relationships become free from abuse. Journal of Family Violence, 21(5), 311-320. doi:10.1007/s10896-006-9027-1

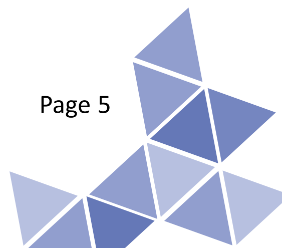
This article focuses on partner abuse and supportive relationships within rural populations. Authors conducted face-to-face interviews with 56 women recruited from 10 of the most rural Kansas towns (i.e. 2,500 or less population and not adjacent to a metro area). Response bias (extremely isolated women potentially excluded from the study) may have impacted study findings. In terms of abuse, participants experienced forced isolation (97%), economic abuse (89%), and manipulation through children (91%). Women who participated in the study lived an average of 5.5 miles from town, 11.7 miles from mental health services, and 77.9 miles from shelter services. 43 percent of participants reported that they had access to a dependable car with gas. Problems with seeking informal and formal support included fear that people within the community would find out (lack of anonymity and confidentiality) and that lack of emotional support hindered women's access to resources. 66 percent of women indicated that they had non-supportive individuals (e.g., blamed women for the abuse, prevented women from accessing further resources) who knew about the experienced abuse. Findings suggest that supportive individuals need to provide information regarding available services, as well as encourage women to access the necessary resources.

12. Bosch, K., & Schumm W. R. (2004). Accessibility to resources: Helping rural women in abusive partner relationships become free from abuse. Journal of Sex & Marital Therapy, 30, 357-370. doi:10.1080/00926230490465118

This article focuses on rural women's access to resources and how supportive and non-supportive persons helped or hindered their access to resources and reduced abuse. The data for this study are drawn from interviews with 56 women aged 22 to 63 from 10 rural Kansas counties who had experienced a previous abusive relationship. The study found that half of participants had changed communities at least once during their abusive relationship, which further compounded their isolation. Financial resources were important for reducing abuse and having supportive persons predicted declines in long-term abuse when that support helped women access resources. In contrast, non-supportive persons hindered women's access to resources and were a factor in keeping them bound in abusive relationships. Women with limited outside contact (e.g., did not have a telephone, phone usage was monitored/restricted, were not able to visit others) said that it would have been helpful had their networks been more persistent in trying to maintain communication.

13. Brassard, R., Montminy, L., Bergeron, A.-S., & Sosa-Sanchez, I. A. (2015). Application of intersectional analysis to data on domestic violence against Aboriginal women living in remote communities in the province of Quebec. Aboriginal Policy Studies, 4(1), 3-23. doi:10.5663/aps.v4i1.20894

The study uses an intersectionality approach to examine domestic violence among Aboriginal Peoples in remote regions of Quebec, Canada. Six focus groups were conducted with two groups of stakeholders, the first consisting of Aboriginal residents, and the second consisting of service providers with experience working with Aboriginal Peoples affected by domestic violence. Recommendations include encouraging discussion of domestic violence within remote communities through violence awareness and prevention campaigns. Participants indicated that Aboriginal women are often reluctant to seek support for fear of losing custody of their children, so education around this may be important to consider during safety planning. Using the intersectionality approach, the authors explain that domestic violence is rooted in specific historical, political, and socioeconomic contexts, which places Aboriginal Peoples at increased vulnerability. These include a normalization and reproduction of violence, leading to a culture of violence, stemming from the history of residential schools and the abusive and violent conditions Aboriginal Peoples were subjected to. Further unique factors included a law of silence around discussing domestic violence, in order to preserve family and community cohesion. Economic dependency, poverty, parental responsibilities, lack of formal education, and geographic isolation, in combination with local, global, and historical structures, increases domestic violence vulnerability for Aboriginal Peoples living in remote regions.



14. Choo, E. K., Newgard, C. D., Lowe, R. A., Hall, M. K., & McConnell, K. J. (2011). Rural-urban disparities in emergency department intimate partner violence resources. Western Journal of Emergency Medicine, 12, 178-183.

This article assesses differences in availability of resources for IPV screening and management between rural and urban emergency departments (EDs). The data for this study are drawn from hospital-level variables and telephone surveys with physician directors and nurse managers from 55 EDs in Oregon (34 rural, 21 urban). The core finding is that rural EDs reported fewer resources. Specifically: (a) a significantly smaller proportion of rural EDs reported official IPV screening policies, standardized screening instruments, regular clinician education, and on-site IPV advocates; (b) fewer rural EDs had four or more of the studied resources (24% vs. 65%) and more had none or one (27% vs. 0%); and (c) small, remote rural hospitals had fewer of the studied resources than larger, less remote rural hospitals or urban hospitals. Results also suggest that small size and remoteness, not need, determine resource availability.

15. Cook-Craig, P. G., Lane, K. G., & Siebold, W. L. (2010). Building the capacity of states to ensure inclusion of rural communities in state and local primary violence prevention planning. Journal of Family Social Work, 13, 326-342. doi:10.1080/10522158.2010.492498

This article focuses on the challenges and solutions to including rural, frontier, and geographically isolated communities in planning sexual and intimate partner violence prevention efforts. It uses social network theory to help explain why inclusiveness in rural communities can be difficult. The authors conduct a case study using documents created as part of two groups' participation in prevention planning work in Kentucky and Montana. Challenges that the groups experienced in creating an inclusive process included: (a) rurality creating distance between partners; therefore, additional work, time, and money were needed to ensure meaningful participation; (b) challenges securing funding since some funding mechanisms are based on population; (c) difficulty accessing evidence-based research (especially about rural populations). Solutions included: (a) understanding challenges that rural partners face to guide decisions about face-to-face meetings; (b) paying costs to cover increased expenses that rural partners incur to participate; (c) using web and information technology to promote inclusion (e.g., web-based conference calls, making needed resources available online).

16. Cox, H., Cash, P., Hanna, B., D'Arcy-Tehan, F., & Adams, C. (2001). Risky business: Stories from the field of rural community nurses work in domestic violence. Australian Journal of Rural Health, 9(6), 280-285. doi:10.1046/j.1038-5282.2001.00377.x

This article focuses on the experiences of 24 nurses in relation to working with individuals experiencing violence within rural Australia. Focus groups conducted with these nurses indicated that challenges of family violence within rural regions include: living in an isolated area, having limited means of transportation (i.e. to escape or access support), and (depending on the community), the lack of discussion regarding violence within the home. In relation to risk assessment, key themes the nurses identify are (a) picking up verbal and nonverbal cues, and assessing physical injuries that may indicate possible violence, (b) receiving proper training and education for assessing possible indicators of family violence, (c) the potential of putting themselves at risk when going to isolated places where the violence is occurring, and (d) the importance of establishing clear boundaries regarding their roles as health professionals while helping support individuals experiencing family violence. For instance, findings suggest that nurses may contribute to the concealment of important information when working with patients, such as by fabricating or creating phantom files, as a means to further support and protect victims of violence. However, this may create more risk for the nurses and victims involved.

17. Coy, M., Kelly, L., Foord, J., & Bowstead, J. (2011). Roads to nowhere? Mapping violence against women services. Violence Against Women, 17(3), 404-425. doi:10.1177/1077801211398637

This article provides findings from a research study that utilized Geographic Information Systems (GIS). GIS was used to map specialized support services for women experiencing violence, which included the length and direction women fleeing violence needed to travel. Generic victim support and counselling services were not included because they did not meet inclusion criteria as being specialized. For the second portion of this research study, researchers examined the distance of travel that women had to endure in order to access specialized support services (shelters). Women found to be the least well served were those living in English nonmetropolitan areas or on the edge of urban development, where there were no specialized services at all. Findings also suggest that women in rural areas travel an average of

59 miles to seek refuge, with the longest journey being 202 miles. Researchers indicate that this may reflect service availability and access to transport, rather than a choice of how far to travel. Recommendations for safety planning included helping women seeking refuge to not feel isolated, as well as enhancing their journeys using a collective and supportive approach.

18. Daly, J. M., Hartz, A. J., Stromquist, A. M., Peek-Asa, C., & Jogerst, G. J. (2007). Self-reported elder domestic partner violence in one rural Iowa county. Journal of Emotional Abuse, 7, 115-134. doi:10.1300/J135v7n04_06

This article examines the factors associated with rural elder emotional domestic partner violence. The data for this study are drawn from cohort interviews using the Conflict Tactics Scale (Straus, 1979) among 362 (198 male, 164 female) Caucasian participants ages 65 to 87 from one rural Iowa county. The core findings are that: (a) alcohol misuse, depressive symptoms, and anti-social personality were significantly associated with reported and inflicted emotional abuse; and (b) residing in town (compared to a farm or rural non-farm area) was significantly associated with experiencing emotional abuse. The authors suggest that those residing in towns may still experience social isolation and that this might be related to experiences of abuse. No significant differences were found between age, education, religion, gender, household ownership or size, and income with reported or inflicted emotional abuse. Similarly, no associations were found between sleep disturbances, suicidal thoughts/plans, memory recall, major life events, or having seen a physician/specialist in the previous year and reported or inflicted emotional abuse.

19. Davis, K., & Di Furniss, B. T. (2001). Narrative accounts of tracking the rural domestic violence survivors' journey: A feminist approach. Health Care for Women International, 22(4), 333-347. doi:10.1080/07399330119209

This article focuses on the experiences of nine participants in heterosexual relationships where domestic violence was present. Core findings include that women experienced isolation due to living in a rural area (i.e. physical, geographical, social, cultural, and emotional), imposed by the perpetrator or victim herself due to feelings of shame, as well as poverty. All women interviewed or her male partner grew up in a family context of domestic violence. Women sought support when their safety was compromised (e.g., unable to protect themselves) or when there was a breakdown in the private/public domains (e.g., abuse occurring in public areas). In terms of leaving the abusive relationship, women indicated that this occurred following a deterioration in the relationship plus an increase in violence, social isolation, and/or if children were used as hostages. All women indicated that increasing the understanding of the cycle of violence for survivors, as well as members of the community, is vital. Skilled domestic violence workers to support survivors when seeking refuge, telephone support lines to assess risk and aid in safety planning, mobile crisis support, and secure safe houses were also recommended to better support survivors of domestic violence.

20. Davis, K. T., B. (2002). Voices from the margins part 1: Narrative accounts of Indigenous family violence. Contemporary Nurse, 14(1), 66-75. doi:10.5172/conu.14.1.66

Three supporters of Indigenous survivors of family violence told stories about their experiences with providing support. Problems experienced with Indigenous/rural communities included intergenerational violence, lack of formal services (e.g., domestic violence shelters in rural regions), limited knowledge of available resources and services, and experiences of shame when realizing abuse is a problem. In terms of recommendations for risk management, one participant suggested that more focus needs to be placed on the violent behaviour as unacceptable, as opposed to the person. This provides perpetrators of violence with the opportunity to change their behaviour and to heal. Helping women to safety plan by teaching strategies (e.g., packing a bag, having an escape avenue), providing education (e.g., discussion of the cycle of violence), focusing on empowerment, funding perpetrator intervention programs, and placing more emphasis on healing the individual and the community were also mentioned as important to prevent further abuse.

21. Davis, K. T., B. (2002). Voices from the margins part 2: Narrative accounts of the support needs of Indigenous families experiencing violence. Contemporary Nurse, 14(1), 76-85. doi:10.5172/conu.14.1.76

Eleven women who supported women survivors of domestic violence were interviewed; however, this article includes information from three participants who told stories about Indigenous family violence. They revealed the devastating effects of colonisation and how this impacted social roles and human rights. Findings

suggest that a misunderstanding of Aboriginal culture may impact whether or not appropriate services are received, because contrary to popular belief, family violence among Aboriginal Peoples is not a cultural issue. All three participants mentioned that in addition to experiencing abuse from an intimate partner, problems ensue when dealing with systems of government, health care professionals, service providers, and the community, who may perpetuate the cycle of violence. Within rural communities, alcohol and drug problems, as well as lack of education and training among social service providers was also reported as problematic. One participant described that the absence of prompt delivery among services or intervention strategies may be impacted by the belief that violence is a cultural practice among Indigenous Peoples.

22. Denham, A. C., Frasier, P. Y., Hooten, E. G., Belton, L., Newton, W., Gonzalez, P., . . . Campbell, M. K. (2007). Intimate partner violence among Latinas in Eastern North Carolina. Violence Against Women, 13, 123-140. doi:10.1177/1077801206296983

This article focuses on the correlates of intimate partner violence (IPV) among rural Latina immigrants. The data for this study are drawn from surveys completed by 1,212 Latina, African American, and White women aged 18 and older from 12 blue-collar work sites in rural North Carolina. The core findings are that, compared to non-Latinas who experienced IPV, Latinas who experienced IPV were significantly younger, had lower levels of formal education, were more likely to report fair or poor health, were less likely to have health insurance, were more likely to have children at home, and were more likely to lack social support. Further, compared to Latinas who did not experience IPV and non-Latinas who experienced IPV, Latinas who experienced IPV were more likely to lack social support and to have children in the home. The authors suggest that agencies must make Spanish-language services available, understand the unique cultural and legal issues of Latina clients, and offer childcare. This study expands on previous research that has mostly examined correlates of IPV among Latinas in urban areas and areas of the U.S. where a large Latino population has been well established.

23. Doherty, D. (2006). Domestic homicide in New Brunswick: An overview of some contributing factors. Atlantis, 30(3), 4-14.

This study focuses on examining factors associated with higher homicide risk for women and reviews criminal justice system responses to domestic homicide in New Brunswick. The data for this study are drawn from 19 female homicides and 9 murder-suicides of New Brunswick women over the age of 15 between 1984 and 2005. The core findings of this study are a history of family violence, coupled with rural residence, the presence of firearms, use of alcohol or drugs by the accused, and the accused's criminal record were associated with a significant risk of lethality in New Brunswick. Recommendations for risk management include enhanced measures to ensure revocation of firearms in family violence cases is required. Additionally, appropriate legislation, policies, programs, and risk assessment tools that enable early intervention and prevention should be developed.

24. Doherty, D. & Hornosty, J. (2004). Abuse in a rural and farm context. In M. L. Stirling, Cameron, C. A., Nason-Clark, N., Miedema, B. (Eds.), Understanding abuse: Partnering for change (pp. 55-82). Toronto, ON: University of Toronto Press.

This article focuses on women living in rural and farming areas of New Brunswick and their experiences of family violence. Researchers utilized a feminist framework and conducted in-depth interviews with 50 women. As all farm women are rural women, but not all rural women are farm women, authors present two narratives for each population. Recommendations for risk management and safety planning include increasing awareness that abuse is wrong, developing programs from a rural and farm perspective, as opposed to adapted an urban model to a rural area, and also ensuring that privacy among individuals participating in programs is maintained. Factors identified as unique to this population included, but are not limited to, limited access to services, geographic isolation, privacy concerns, patriarchal views, private nature of family life, financial dependency, and a lack of knowledge about available services.

25. Dudgeon, A., & Evanson, T. A. (2014). Intimate partner violence in rural U.S. areas: What every nurse should know. American Journal of Nursing, 114, 26-35.

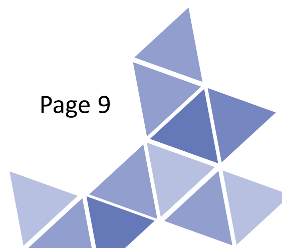
This article reviews unique aspects of intimate partner violence (IPV) in rural populations and describes one screening tool (Abuse Assessment Screen) and one assessment tool (Danger Assessment). Factors and challenges associated with rural IPV include: (a) social and geographic isolation (e.g., limited number of services, greater distance to services); (b) traditional gender roles and patriarchal attitudes; (c) religious factors; (d) fewer police and longer response times; (e) weapons being common in rural households and increasing risk of violent and lethal assault; (e) lack of privacy and anonymity (e.g., she or her abuser may know police or nurses); (f) barriers to obtaining protective orders and decreased efficacy and enforcement of protective orders; (g) employment and economic factors (e.g., women who live on a farm risk losing both their home and business if they leave, lack of affordable housing); (h) lack of public transportation. In addition to regular risk assessment, the authors recommend assessing other aspects specific to rural populations (e.g., distance from closest neighbor, access to a telephone and transportation, access to social support, awareness of nearby services). In safety planning, nurses should help women identify which formal and informal supports they might use. The self-assessment tool called "One Love MyPlan App" is also discussed, which allows individuals to determine whether or not they are in an unsafe relationship, and also connects them with a peer advocate through an online chat program to help with safety planning. Recommendations for safety planning included helping survivors of abuse plan an escape route and arrange for a safe place to stay in advance, as well as ensuring that they have important numbers hidden in discrete places(e.g., lipstick case).

26. Eastman, B. J., Bunch, S. G., Williams, A. H., & Carawan, L. W. (2007). Exploring the Perceptions of Domestic Violence Service Providers in Rural Localities. Violence Against Women, 13(7), 700-716. doi:10.1177/1077801207302047

This article focuses on investigating domestic violence service providers in rural regions of North Carolina and Virginia. It uses an ecological perspective to investigate individual and community level factors that affect the occurrence of domestic violence. The data are drawn from surveys administered to 51 service providers and 38 clients and a focus group with 7 domestic violence administrators in rural North Carolina. The core findings of the study are that a victim's personal belief system, feelings of support from family, and cultural norms affect a victim's decision to seek assistance, and that often the general public blamed the victim and did not see domestic violence as a social issue. Service providers report that they experience further difficulties meeting their clients' needs than urban providers and experience difficulties in obtaining training specific to rural victims. Recommendations for risk management include providing community education and awareness about the dynamics of domestic violence as well as the benefits of intervention and prevention and coordinated community responses between service agencies that includes training and team building to decrease some of the existing barriers to service provisions. The lack of confidentiality and anonymity because of close kinship and community linkages represent a primary concern for rural victims of domestic violence.

27. Edwards, K. M., Mattingly, M. J., Dixon, K. J., & Banyard, V. L. (2014). Community matters: Intimate partner violence among rural young adults. American Journal of Community Psychology, 53(1-2), 198-207. doi:10.1007/s10464-014-9633-7

This article focuses on the extent to which community-level poverty rates and collective efficacy/social cohesion are related to intimate partner violence (IPV) perpetration, victimization, and bystander intervention among rural young adults. The data for this study are drawn from online surveys completed by 178 young adults ages 18 to 24 from 16 rural counties across the eastern U.S. Generally, the study finds support for social disorganization theory. The core findings are that: (a) community-level poverty was positively associated with IPV victimization and perpetration for both men and women; (b) collective efficacy was negatively associated with IPV victimization and perpetration for men but was unrelated to IPV victimization and perpetration for women; (c) collective efficacy was positively associated with bystander intervention for both men and women; (d) community-level poverty was unrelated to bystander intervention, but individual-level income was negatively associated with bystander intervention for both men and women. This study expands on previous research that primarily has examined individual and relation correlates of IPV by examining the role of the community context. It also extends the little research that has examined community context by focusing on rural communities.



28. Edwards, K. M. (2014). Intimate partner violence and the rural-urban-suburban divide: Myth or reality? A critical review of the literature. Trauma, Violence, & Abuse, 16, 359-373. doi:10.1177/1524838014557289

This article systematically reviews the empirical literature on similarities and differences in intimate partner violence (IPV) between rural and urban/suburban environments. The data are drawn from 63 U.S. studies published between 1982 and 2013 that compared any aspect of IPV between rural and/or suburban environments. The core findings are that: (a) rates of IPV are generally similar across environments, though some groups of rural women (e.g., multiracial, separated/divorced) may be at increased risk compared to similar groups of urban women; (b) rates of intimate partner homicide may be higher in rural environments; (c) IPV perpetrator and victim characteristics in rural and urban/suburban environments are generally similar; (d) rural IPV perpetrators may perpetrate more chronic and severe IPV, which could be due to the higher rates of substance abuse and unemployment; and (e) rural IPV victims may have worse psychosocial and physical health outcomes due to the lack of availability, accessibility, and quality of IPV services. The author explains that some other factors (e.g., geographic and social isolation, lack of anonymity, lack of public transportation) have been identified in rural communities but have not been empirically compared in other environments.

29. Evanson, T. A. (2006). Intimate partner violence and rural public health nursing practice: Challenges and opportunities. Online Journal of Rural Nursing and Health Care, 6, 7-20.

This article examines the experiences of rural home-visiting public health nurses (PHNs) when working with families where intimate partner violence (IPV) was occurring. The data for this study are drawn from semi-structured interviews with seven female rural PHNs aged 28 to 51 from a Midwestern state in the U.S. Compared to the experiences of non-rural PHNs found in the author's larger study, rural PHNs encountered unique opportunities including increased: (a) opportunities to build relationships with clients and to assess IPV (e.g., because they often encountered clients in multiple settings), and (b) opportunities to advocate for victims with other community providers whom they knew personally. Unique challenges included barriers to: (a) disclosure of IPV (e.g. knowing clients personally), (b) maintaining confidentiality and privacy (e.g. having mutual networks with clients, the PHN's car being known), (c) helping victims access resources like shelters (thus requiring creative solutions for safety planning), (d) establishing and maintaining professional-personal boundaries, and (e) seeking support for themselves. This study is one of only a few that have examined the role of PHNs who visit homes where IPV is occurring, and is the first to do so among rural PHNs.

30. Faver, C. A., & Strand, E. B. (2003). To leave or to stay? Battered women's concern for vulnerable pets. Journal of Interpersonal Violence, 18, 1367-1377. doi:10.1177/0886260503258028

This article examines rural and urban women's experiences of pet abuse and its role in decisions to leave or stay with an abusive partner. The data for this study are drawn from self-administered questionnaires with 41 women aged 19 to 72 whom were receiving services in two rural and four urban battered women's shelters in a southeastern state in the U.S. and who had pets during the previous 12 months. The core findings are that close to half of the women reported that their partner had threatened or harmed their pets and about one quarter reported that that concern for the welfare of their pets had affected their decision to leave or stay. Women whose partners had threatened or harmed/killed their pets were about 7 and 8 times more likely to report that concern for their pets had affected their decision to leave/stay, respectively. There were no significant differences between rural and urban women. The authors recommend that arrangements for pets be included in safety planning for women attempting to leave an abusive partner and that "safe haven" programs be developed for women with no other options for their pets.

31. Fitzsimons, N. M., Hagemeister, A. K., & Braun, E. J. (2011). Interpersonal violence against people with disabilities: Understanding the problem from a rural context. Journal of Social Work & Disability Rehabilitation, 10, 166-188. doi:10.1080/153671 0x.2011.596437

This article reviews the rural-focused literatures on domestic violence, sexual violence, and elder abuse to identify themes that might be relevant to people with disabilities. The data for this study are drawn from 38 publications from Australia, Canada, and the United States published between 1993 and 2009. Common themes across the three bodies of literature include: (a) physical and social isolation (e.g. limited access to resources, phone and internet, and transportation); (b) greater

adherence to traditional cultural values and norms; (c) lack of awareness, availability, accessibility, affordability, and cultural acceptability of services; (d) lack of anonymity or confidentiality concerns decreasing the likelihood of reporting violence; and (e) poor response of the criminal justice, adult protection, and other systems (e.g. due to dual relationships/conflicts of interest). The article also explores how disability and rural status might intersect. For example, geographic isolation and lack of (accessible) public transportation, traditional norms, and self-blame can be particularly pronounced and/or problematic for people with disabilities. The authors suggest that these systemic barriers to reducing risk must be considered in practice.

32. Gadomski, A. M., Tripp, M., Wolff, D. A., Lewis, C., & Jenkins, P. (2001). Impact of a rural domestic violence prevention campaign. Journal of Rural Health, 17, 266-277. doi:10.1111/j.1748-0361.2001.tb00964.x

This article measures change in societal attitudes and behavioural intention in response to a seven-month domestic violence (DV) public health education campaign in a rural county in central New York conducted between 1998 and 1999. The intervention included mainly radio and print advertisements focusing on recognition and effects of DV and actions to take against DV. The data for this study are drawn from random-digit-dialing telephone surveys among 240 baseline and 433 post-campaign respondents aged 18 to 50 from the intervention county and 138 baseline and 200 post-campaign respondents aged 18 to 50 from a nearby comparison rural county. The core findings are that (a) slogan and advertising recognition significantly increased in the intervention county, particularly among men; (b) the percentage of respondents who thought that most people would talk to the victim, consult with friends, or talk to a doctor if they witnessed DV by a neighbour increased significantly in the intervention county, particularly among men; and (c) DV agency hotline calls doubled in the intervention county following the campaign (which may reflect increased recognition, awareness, or help-seeking).

33. Gallup-Black, A. (2005). Twenty years of rural and urban trends in family and intimate partner homicide: Does place matter? Homicide Studies, 9(2), 149-173. doi:10.1177/1088767904274158

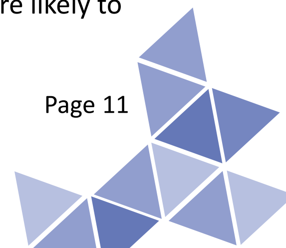
The focus on this study is on determining whether the rates of family and intimate partner homicide differ by place, and if so, how they differ and whether any differences fluctuate or remain constant over time. The data for this study are drawn from FBI Supplementary Homicide public use data between 1980 and 1999 downloaded from the University of Michigan. The core findings of the study are that rural residents are more likely to be victims of an intimate partner or family murder than those living in counties of central cities. Living close to a metropolitan county decreased one's risk of intimate partner or family homicide. Metropolitan county residents are at a greater risk of being murdered by someone other than an intimate partner or family member. The study identifies the greater traditionalist view of women and children as unique to rural communities.

34. Grama, J. l. (2000). Women forgotten: difficulties faced by rural victims of domestic violence. American Journal of Family Law, 14(3), 173.

This article focuses on examining issues unique to rural victims of domestic violence as well as offering a framework for thinking about how these needs can best be met. The data for this study are drawn from previous literature on domestic violence in rural American. The core findings of this study are that geographic isolation, lack of anonymity, lack of transportation, and lack of shelters and domestic violence programs hinder women's ability to seek help. Failure of the justice system to confront and address rural domestic violence and religious influence can also affect whether a woman seeks help. Recommendations for risk management include: using volunteers to transport victims to domestic violence service providers, providing more education to law enforcement officers, lawyers, judges, and court officials on how to combat domestic violence, and creating a network of trained advocates who can provide confidentiality and security to domestic violence victims. The lack of shelters and social service organizations in rural areas has been identified as unique to rural communities.

35. Grossman, S. F., Hinkley, S., Kawalski, A., & Margrave, C. (2005). Rural versus urban victims of violence: The interplay of race and region. Journal of Family Violence, 20, 71-81. doi:10.1007/s10896-005-3170-y

This article examines how race and region influence the traits and service needs of victims of domestic violence (DV) in Illinois. The data are drawn from intake forms of 53,275 clients who entered various DV services for the first time between 1990 and 1995. The core findings are that: (a) urban victims were slightly more likely to be physically abused while rural victims were slightly more likely to



be sexually and emotionally abused; (b) rural victims, regardless of race, had more service needs than urban victims; (c) rural victims were less likely to be referred by police or social service agencies, but more likely to be self-referred or referred by a legal service provider, friends, or relatives; (d) white urban victims needed more emotional support but this racial difference did not emerge among rural victims; (e) white victims needed more legal services, regardless of region; (f) Black rural victims, especially, needed transportation; (f) Black urban victims were more likely to be referred to programs by police but this racial difference did not emerge among rural victims. This article is unique in that it extends previous research that has focused primarily on white, urban/suburban women.

36. Guimei, M., Fikry, F. E., & Esheiba, O. M. (2012). Patterns of violence against women in three communities in Alexandria, Egypt. MCN: American Journal of Maternal/Child Nursing, 37, 331-338. doi:10.1097/NMC.0b013e31825c99d8

This article examines patterns of domestic violence (DV) against women in urban, squatter, and rural areas in Alexandria, Egypt. The data are drawn from structured interviews with 450 (150 from each area) married women aged 18 and older from public clinics. The core findings are that: (a) significantly more squatter and rural women reported exposure to and acceptance of DV than urban women and were less likely to seek help for DV; and (b) women's lower education, unemployment, acceptance of DV, witnessing of family violence, lower family income, and having more children and crowding in the home were significantly associated with exposure to DV. The authors recommend that DV screening be part of general case history-taking in primary care and that women's education and literacy programs be prioritized.

37. Gustafsson, H. C., Cox, M. J., & the Family Life Project Key Investigators. (2016). Intimate partner violence in rural low-income families: Correlates and change in prevalence over the first 5 years of a child's life. Journal of Family Violence, 31, 49-60. doi:10.1007/s10896-015-9760-4

This article examines the prevalence, severity, chronicity, and demographic correlates of intimate partner violence (IPV) in rural, low-income families who have given birth to a child. Data are drawn from interviews and questionnaires with between 858 and 981 couples (varied by time point and research question) from eastern North Carolina and central Pennsylvania when their child was 6, 15, 24, 36 and 60 months old. The core findings are that: (a) there was a heightened prevalence of IPV in this sample compared to nationally representative samples; (b) the proportion of couples who reported IPV was most prevalent around the birth of a child and decreased over the first 5 years of a child's life; (c) mothers of African American children, and mothers who were less educated, younger, and unmarried were generally at increased risk of IPV; and (d) the family's income-to-needs ratio was not a significant predictor of IPV. Specific recommendations are that screening and intervention efforts should target families around the birth of a new child (e.g. during routine prenatal and newborn medical visits) and that these efforts be integrated into systems that the rural community is already able to access (e.g. medical, educational, religious).

38. S, T. (2006). Addressing wife abuse in Mexican immigrant couples: Challenges for family social workers. Journal of Family Social Work, 10(3), 31-50.

This article reviews intimate partner violence against Mexican immigrant women, and identifies challenges and provides recommendations specifically for undocumented immigrants in rural communities. To guide intervention practices, the author recommend using an ecological systems approach, which considers the structural forces of oppression and discrimination and simultaneously combines the individual, family, and community. Implementation of this model is strongly encouraged and empirical research that evaluates this model is strongly recommended. The researcher notes that there are limited services available in rural communities for "newly arrived" immigrants. The researcher notes recommend that service providers should advocate for immigrant families and create culturally competent domestic violence services that draw upon both informal and formal resources and supports currently present.

39. Hassija, C., & Gray, M. J. (2011). The effectiveness and feasibility of videoconferencing technology to provide evidence-based treatment to rural domestic violence and sexual assault populations. Telemed J E Health, 17(4), 309-315. doi:10.1089/tmj.2010.0147

The focus of this study is on evaluating the effectiveness and feasibility of providing evidence-based, trauma-focused treatment via videoconferencing to rural survivors of domestic violence and sexual assault. Data in this study are drawn from questionnaires administered to 15 clients ages 19-52 who received at least four sessions via videoconferencing from the Wyoming Trauma Telehealth

Treatment Clinic for psychological service. The core findings of the study provide support for the effectiveness of videoconferencing as a medium for providing rural trauma victims with evidence-based trauma-focused treatment from distal domestic violence and rape crisis centres. Victims also reported an improvement in depressive and PTSD symptoms and reported overall satisfaction with video-conferencing services. The authors note the lack of comparison group and small sample size limits conclusions and generalizability of the results.

40. Hightower, N. R., & Gorton, J. (2002). A case study of community-based responses to rural woman battering. Violence Against Women, 8, 845-872.

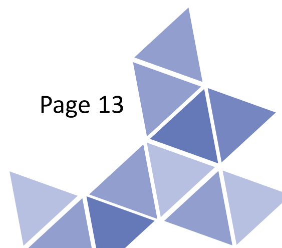
This article examines rural intimate partner violence (IPV) from the perspectives of female IPV survivors, criminal justice officials, and community service providers in a rural Texas county. Data are drawn from interviews with 30 participants (8 IPV survivors and 22 local service providers). The core findings are that the IPV survivors tended to share common life circumstances that resulted in economic dependence (e.g. having dropped out of high school, living in sparsely populated areas, unemployment) and that IPV survivors and service providers had conflicting perspectives about service delivery. For instance, whereas IPV survivors expressed concerns about inadequate protection, discourteous treatment, and insufficient information about legal options, criminal justice providers were reluctant to make arrests, imposed lenient sanctions on abusers, questioned victim credibility, and expressed victim-blaming attitudes. IPV survivors used few other community services and expressed issues with distance and transportation. Community service providers generally felt that their agencies played a passive role in delivering services, that they had inadequate IPV training, and that there was a lack of support for IPV survivors in the area.

41. Hilbert, J. C., & Krishnan, S. P. (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. doi:10.1300/J045v12n01_03

This article focuses on the experiences of underserved groups of battered women, their attempts to utilize formal helping systems, and the processes of converting “social exclusion” to “social inclusion”. Data for this article are drawn from literature of the experiences of rural women in the United States, and specifically rural women in New Mexico. A core finding of this study is that women who did not have U.S. citizenship were particularly vulnerable to threats from their abusive partner that impeded their help-seeking behaviour for fear of having their green card or children taken away. Transportation problems and the cost of care were also noted as significant barriers to seeking help and women often remained in relationships due to limited resources, fear for their safety and that of their children, little education, and poverty. Recommendations for risk management stress that service providers must seek knowledge from the experiences of ethnically diverse and multi-disadvantaged women to assist in reducing the barriers to their care. Services should also be made culturally relevant and readily accessible. Factors identified as unique to this population include limited funding resources and unavailability of well-prepared and competent staff.

42. Jamieson, S., & Wendt, S. (2008). Exploring men’s perpetrator programs in small rural communities. Rural Society, 18(1), 39-50. doi:http://dx.doi.org/10.5555/rsj.351.18.1.39

This article evaluates the value and usefulness of men’s perpetrator programs in a small rural community context. It uses a feminist framework to understand domestic violence as a method of power and control over women and a poststructural framework to understand discourse and language at the local level. The data for this study are drawn from interviews with 9 humane service workers with experience working with victims or perpetrators domestic violence in rural southern Australia. The core findings are that more than two-thirds (66 percent) of participants felt a program’s value depended on men’s motivation to change. Community attitudes played a role in how useful the programs are: if men live in a community that supports control of women, counselling often does not help because of the lack of anonymity, and men would resort back to their behaviour once they left the safe environment. Recommendations for risk management include: (a) making perpetrator programs available outside small rural communities and providing funding to transport men to these programs; (b) educating rural service providers on the culture of the communities where they work; and (c) creating Domestic Violence Actions Groups to educate the community. The authors also note that this study is conducted in one small rural community so the findings are not generalizable.



43. Jennings, W. G., & Piquero, A. R. (2008). Trajectories of non-intimate partner and intimate partner homicides, 1980-1999: The importance of rurality. Journal of Criminal Justice, 36(5), 435-443. doi:10.1016/j.jcrimjus.2008.07.002

This article compares and contrasts non-intimate partner homicide and intimate partner homicide rates over time in order to explore the importance of rurality when investigating intimate partner violence. It uses a social isolation perspective to assess whether isolation and remoteness result in breakdown of informal social control and an increase in the possibility for violence. Data for this study are drawn from twenty-year estimates of non-IPH and IPH (1980-1999) for 165 rural U.S. counties and 1176 urban counties taken from the FBI's Supplemental Homicide Reports. Results indicate that differences exist, not only within non-IPH and IPH rates over time, but also across type of county. Rural counties were more likely to be part of a group with a higher mean rate of non-IPH, but which declined over time. Similarly, rurality significantly increased the county's probability of IPH, though the trajectory did not decrease over time. The study notes the sample of rural counties was small.

44. Krishnan, S. P., Hilbert, J. C., & Pase, M. (2001). An examination of intimate partner violence in rural communities: Results from a hospital emergency department study from southwest United States. Family and Community Health, 24(1), 1-14.

This study focuses on documenting IPV among a population of women who have used the emergency department of two hospitals in rural New Mexico. Data for this study are drawn from interviews with 87 women over the age of 18 from two hospital emergency departments in rural, southern New Mexico who attended the hospital between 7am and 10am with non-emergency situations. Core findings are that participants in abusive relationships were more likely to have attempted suicide, experienced depression, witnessed or experienced abuse as a child, and have partners who experienced or witnessed abuse as children. Recommendations for risk assessment include increasing knowledge of (a) the effects of past abuse among hospital staff to improve their understanding and sensitivity about IPV, (b) the pervasiveness of this type of violence, and (c) the stigma associated with publicly acknowledging violence in intimate relationships. The study also notes that, although the sample size was small, the study is based in two rural hospital emergency departments and thus provides useful documentation of the prevalence in underserved and understudied communities.

45. Krishnan, S. P., Hilbert, J. C., & Vanleeuwen, D. (2001). Domestic violence and help-seeking behaviors among rural women: results from a shelter-based study. Family and Community Health, 24(1), 28.

This article focuses on domestic violence experiences, mental health characteristics, and help-seeking behaviour among rural women in Southern New Mexico. Data for this study are drawn from surveys administered to 102 clients who entered a local domestic violence shelter over a one year time period. The core findings of this study are (a) that there is a mismatch between the type of abuse experienced by victims and victims' subsequent help-seeking behaviour from formal systems and (b) the important role mental and psychological health play in help-seeking behaviour. Only half of victims reported abuse to police, though it is the most common help-seeking behaviour. Factors that are identified as unique to this population are the higher poverty rates among those living in rural communities and that Hispanic women are more likely to report thoughts or attempts of suicide than other ethnic groups and more likely to request restraining orders. The authors stress the need to design services tailored to the ethnic-specific mental health needs and help-seeking behaviour of those in rural communities. This study provides a foundation for larger studies to design and investigate the formal domestic violence services that are available in rural communities.

46. Lanier, C., & Maume, M. O. (2009). Intimate partner violence and social isolation across the rural/urban divide. Violence Against Women, 15(11), 1311-1330. doi:10.1177/1077801209346711

This article focuses on the role of social isolation for victims of IPV in rural and urban counties across the United States during two time periods (1987-1988 and 1992-1993). It uses social disorganization theory to assess whether membership in social organizations enhances community attachment and, in turn, leads to lower levels of violence. Data for this study are drawn from the National Survey of Families and Households and county level U.S. Census Bureau data. The sample is composed of 8653 individuals married or cohabitating with an opposite sex partner. Core findings are that while there is little difference in the prevalence rate of IPV in urban versus rural areas, at the multivariate level, rural women who receive social support in a variety of capacities have lower rates of IPV.

These social isolation factors do not lead to lower rates of IPV for women in non-rural settings. This study suggests that social isolation and limited social service resources in rural counties demonstrate the need for inquiries into the unique needs of rural victims.

47. Laughon, K., Sutherland, M. A., & Parker, B. J. (2011). A brief intervention for prevention of sexually transmitted infection among battered women. J Obstet Gynecol Neonatal Nurs, 40(6), 702-708. doi:10.1111/j.1552-6909.2011.01305.x

This study focuses on the feasibility of a nursing intervention designed to prevent IPV and STIs among rural women who attend a family planning clinic. Data are drawn from 18 female clients at a family planning clinic in central Virginia. Using a one-group pre/post design, this study explores whether the brief nursing intervention reduced incidents of IPV and increased safe sex behaviours at a three-month follow-up. It finds that the frequency of physical and sexual violence decreased at the follow-up at a statistically significant level. Specific recommendations for risk management and safety planning include incorporating interventions into regular nursing care to give women practical and effective plans for improving safety and discussing safety plan options with women.

48. Logan, T. K., Walker, R., & Leukefeld, C. G. (2001). Rural, urban influenced, and urban differences among domestic violence arrestees. J Interpers Violence, 16(3), 266-283.

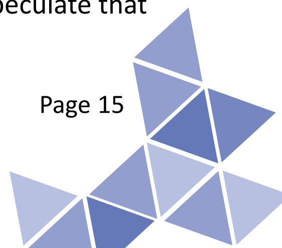
This article examines the similarities and differences between urban, urban influenced, and rural males arrested on domestic violence charges. The data are drawn from interviews with 1112 males arrested in Kentucky in 1997, 12 hours after their arrest. In the sample, 67 percent of participants were classified as urban, 11 percent were classified as urban influenced, and 22 percent were classified as rural. The study finds community context is imperative for understanding domestic violence. The core findings are that rural males were significantly less likely to have a high school degree and significantly more likely to be married, to live with their victim, have a prior history of convictions, be ordered to marriage counselling, be unemployed, and to combine alcohol and nerve pill drug use. Specific recommendations for risk management include initiating domestic violence interventions for males in rural substance abuse treatment programs and developing different strategies and more intervention services for perpetrators in rural areas. This study suggests that future research should focus on the co-occurrence of substance use and domestic violence in rural settings.

49. Logan, T. K., Walker, R., Cole, J., Ratliff, S., & Leukefeld, C. (2003). Qualitative differences among rural and urban intimate violence victimization experiences and consequences: A pilot study. Journal of Family Violence, 18(2), 83-92. doi:10.1023/A:1022837114205

This article explores preliminary data about intimate violence experiences and associated social support, health, mental health, and substance use by rural and urban women with protective orders against an intimate partner. Data for this study are drawn from interviews with 15 urban and 8 rural women with protective orders. The authors finds that rural women have significantly less social support, less education, less income, experienced more physical abuse in the preceding year, experienced more childhood physical and sexual abuse, had worse overall mental health and physical health, and encountered abuse at a younger age. Both urban and rural women who had experienced intimate violence used illegal drugs and cigarettes at a higher rate than the general population. Recommendations for risk assessment and risk management include (a) encouraging health and mental health care providers in rural areas to assess and provide referrals for victimization and (b) have rural outreach workers who can travel to help women and their children, provide transportation to health care and other service providers for victims, and (c) ensure batterer treatment programs and interventions are available for children of these families. This authors notes that this is a pilot study with preliminary findings, however the findings highlight important differences in rural and urban areas.

50. Maume, M. O., Lanier, C. L., Hossfeld, L. H., & Wehmann, K. (2014). Social isolation and weapon use in intimate partner violence incidents in rural areas. International Journal of Rural Criminology, 2(2), 244-267.

This study assesses the prevalence of weapon use in rural intimate partner violence incidents. It uses a social disorganization theory/collective efficacy and feminist approach and their concept of social isolation to understand violence in rural areas. Data for this study are drawn from a total of 1981 police records of IPV incidents between 2004 and 2007 from three rural counties in southeastern North Carolina. The study finds that gender and age were the only statistically significant predictors of weapon use, and that women and older individuals were more likely to use a weapon. The authors speculate that



the significant effect of women using weapons may result from compensation for men's strength and size or as a means of self-defence. Specific recommendations for risk management include building social capital and enhancing collective efficacy to prevent IPV incidents from occurring. While the authors had access to information regarding the current IPV incident, they did not have access to information on any history of IPV, which prevented the study from examining the context and history of IPV incidents amongst the intimate partners. As a result, the authors cannot speculate how weapon use fits in domestic violence typologies. The study suggests that future research must consider the context of weapon use and social isolation in rural IPV incidents.

51. McCall-Hosenfeld, J. S., Weisman, C. S., Perry, A. N., Hillemeier, M. M., & Chuang, C. H. (2014). 'I just keep my antennae out': How rural primary care physicians respond to intimate partner violence. J Interpers Violence, 29(14), 2670-2694. doi:http://dx.doi.org/10.1177/0886260513517299

This study set out to determine how primary care providers screen and respond to IPV and identify barriers to optimized IPV care in rural communities. Data for this study are drawn from semi-structured interviews with 19 primary care providers in rural Pennsylvania. Core findings are that screening is not performed consistently in practices due to a lack of training, competing priorities, and the belief that not everyone should be asked about IPV. Additionally, the study finds the lack of consensus on the prevalence of IPV in rural areas may contribute to screening variations and, as a result, primary care providers often only ask about IPV when they suspect it is happening. Specific recommendations for risk assessment include providing training and education for primary care providers on the prevalence of IPV in rural communities and that screening techniques should be made routine for all women of reproductive age. Recommendations for risk management include ensuring primary care providers are provided with resources to link patients to social services that provide support for rural women. Factors identified as unique to this population are that rural women are more likely normalize abuse, more likely to face emotional abuse, and more economically dependent on their spouses, while primary care providers often face a lack of referral services for their rural patients. Of note, interviews were conducted in small, predominantly white, rural communities, so findings cannot be generalized to racially diverse communities.

52. Moffitt, P., Fikowski, H., Mauricio, M., & Mackenzie, A. (2013). Intimate partner violence in the Canadian territorial north: perspectives from a literature review and a media watch. Int J Circumpolar Health, 72. doi:10.3402/ijch.v72i0.21209

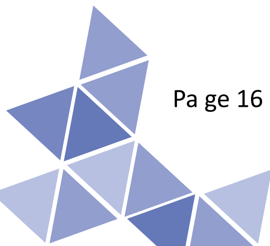
This article examines Northern Territorial literature on intimate partner violence (IPV), local responses to that violence, and themes inherent in IPV in rural areas and, specifically, the Canadian North. A content analysis is used to explore core themes in the literature in the Northwest Territories and northern regions of the Prairie Provinces of Canada between 1990 and 2012 and the media between 2009 and 2012. Core factors associated with Northern IPV include: colonization, alcohol and substance use, residential schools, housing inadequacy, low help-seeking rates, and gaps in the justice system. The study concludes that further investigation and action is needed to eradicate violence in the north.

53. Moore, E. (2009). The pilot domestic violence intervention court model (DVICM): Toward evidence-led practice in Wagga Wagga in rural Australia. Currents, 8(1).

This study compares the commencement, processes, outcomes, and effectiveness of the Domestic Violence Intervention Court Model in Campbelltown and Wagga Wagga. Data for this study are drawn from statistics on the processes, outcomes, and effectiveness of civil and criminal justice interventions across the city and rural location. The study finds domestic violence to be reported more in Campbelltown and less in Wagga Wagga. However, over time, there has been in increase in the willingness of individual women to seek protection from domestic violence as well as justice personnel and social service providers to pursue chances to practice collaboratively. Furthermore, the authors conclude that there are a number of problems with the restraining order process and a review of the current system is necessary.

54. Murty, S. A., Peek-Asa, C., Zwerling, C., Stromquist, A. M., & et al. (2003). Physical and emotional partner abuse reported by men and women in a rural community. Am J Public Health, 93(7), 1073-1075.

This article focuses on factors related to the prevalence of abuse among rural men and women. Data for this study are drawn from interviews with 1310 men and women aged 18 and older in rural Iowa. The authors find that rural women who do not live on farms experience more physical abuse than women living on farms; however, men living on



farms experience more abuse than rural men who do not live on farms. The authors speculate that social isolation plays a role in the high prevalence of abuse for women not living on farms while the strain of farm work, long hours, and financial instability may lead to an increase in abuse for men living on farms. The study suggests that future research examine the different types of abuse in rural environments to assist in the development and implementation of programs designed to assist rural victims.

55. Neill, K. & Hammatt, J. (2015). Beyond urban places: Responding to intimate partner violence in rural and remote areas. Journal of Forensic Nursing, 11(20), 93-100.

This article discusses the public health response to intimate partner violence (IPV) in rural areas. This study is particularly interested in the role forensic nurses have and the difference they can make in prevention efforts as well as effective responses to intimate partner violence in rural areas. It reviews relevant literature to identify barriers to effective approaches to IPV in rural areas and prevention and screening that can take place at healthcare centres. It concludes that forensic nurses can play a role in addressing IPV by educating nurses in rural settings and conducting research and community outreach. Recommendations for risk assessment and risk management include: (1) women accessing health care services should be routinely screened for IPV; (2) laws should be in place at the national and state level to assist in prosecuting and reporting IPV to help protect victims; (3) nurses in rural settings should be educated on the appropriate means to respond to victims to decrease the chance of future violence; and finally, (4) technology should be used to connect isolated partners with those able to provide support. This study emphasizes that social isolation and knowledge of services available are problems rural victims often face.

56. Nixon, K. L., Bonnycastle, C., & Ens, S. (2015). Challenging the notion of failure to protect: Exploring the protective strategies of abused mothers living in urban and remote communities and implications for practice. Child Abuse Review.

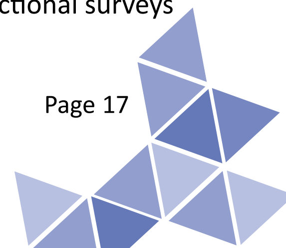
This article examines how abused mothers protect their children from their partner's violence. Data for this study are drawn from semi-structured interviews with 18 women in Manitoba, Canada recruited from women's resource centres and crisis shelter. 14 of these women self-identified as Aboriginal. Core strategies for protection include (1) physically separating the child from the abuser, (2) removing the child temporarily from the situation, (3) terminating the mother's relationship with the abuser, (4) teaching the child a safety plan or secret code word to use in violent situations, and (5) avoiding fights or confrontations with the abuser. More northern participants described relying on informal supports (friends, family) to protect their children. Specific recommendations for risk assessment include: (1) professionals should ask abused mothers how they protect their children as a form of empowerment, and (2) professionals should give credit to mothers for the strategies they use to try and protect their children. Specific safety planning strategies include developing comprehensive case plans that emphasize a women's strengths and capacities.

57. Owen, S., & Carrington, K. (2015). Domestic violence (DV) service provision and the architecture of rural life: An Australian case study. Journal of Rural Studies, 39, 229-238. doi:http://dx.doi.org/10.1016/j.jrurstud.2014.11.004

This article analyzes how DV service providers are affected by rural life in Australia. It uses an architecture of rural life framework to access whether urban-centric policy models can address the unique issues that occur in rural settings. Interviews were conducted with 49 service providers (criminal justice, health, and welfare services) in rural New South Wales. Core findings are, first, that rural victims often attach shame to their experiences, which causes them to remain silent. Second, there is a heightened sense of family privacy in rural communities, which makes victims feel like they cannot discuss their experiences with service providers. Third, the distance between services and rural victims decreases the effectiveness of the services. Finally, differences between rural and urban communities make it difficult to implement urban services in rural areas. The authors argue that the moral code of silence and increased number of informal social controls in rural communities make rural women less receptive to DV services. This study concludes that the use of urbancentric policies in rural areas needs to be re-examined.

58. 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. doi:10.1089/jwh.2011.2891

This study focuses on determining whether the prevalence, frequency, and severity of IPV varies by rurality and identifying variance in geographic access to IPV resources. Data for this study are drawn from cross-sectional surveys



of 1478 women seeking abortions in a large family planning clinic in Iowa. Core findings are that women in small and isolated rural areas report higher prevalence of IPV, and particularly physical abuse, compared to urban women. However, rural women are also a greater distance from IPV services. The authors speculate that the higher rate of violence in rural communities could result from the social isolation in rural areas or from the distance victims must travel to access services. This study was not able to examine the context of abuse and the sample also had a low number of participants from rural areas. Nonetheless, the authors suggest that more IPV resources targeting rural populations are needed.

59. Peek-Asa, C., Zwerling, C., Young, T., Stromquist, A. M., Burmeister, L. F., & Merchant, J. A. (2005). A population based study of reporting patterns and characteristics of men who abuse their female partners. Injury Prevention, 11(3), 180-185.

This study focuses on estimating the prevalence of abusive behaviour among men in a rural population of cohabiting couples, and to identify any alcohol problems, depressive symptoms, antisocial personality tendencies, financial stress, and suicidal ideation associated with abusive behaviour. Data for this study are drawn from interviews with 572 males and their cohabiting female partners in rural Iowa. Core findings of the study are that IPV was reported by 13 percent of the sample, and men who reported committing IPV had an increased likelihood of alcohol problems, depressive symptoms, and antisocial personality characteristics. The authors find that financial stress was related to abuse and that abusive men were less likely to report suicidal ideation. The authors identify the socially isolated aspect of rural communities as unique to victims in rural communities. The authors conclude that identifying characteristics unique to rural male batterers can assist in identifying those who may be more likely to commit intimate partner violence.

60. Pruitt, L. R. (2008). Place matters: Domestic violence and rural difference. Wisconsin Journal of Law, Gender & Society, 23, 346-416.

This study focuses on the differences that space and place make regarding the incidence, investigation, arrest, and prosecution of intimate abuse in the United States. It considers these issues in light of the urban-rural axis. It uses three theoretical perspectives: (1) feminist approaches, to call attention to the circumstances and needs of an often overlooked population; (2) ruralist approaches, to call attention to the difference rurality makes in the interpretation, application, and operation of law and legal institutions; and (3) critical geography, to examine the effect of space and place. The article reviews previous studies examining intimate partner violence in rural communities. It identifies a number of factors that make rural victims unique when it comes to intimate abuse. First, the lack of anonymity and physical isolation in rural areas may keep women from seeking assistance. Second, the patriarchal status quo in rural community may keep women from seeking support. Third, women stay in abusive relationships because of their inability to support themselves and their children. Finally, the familiarity of officers and judges with parties involves may influence a victim's decision to report domestic violence. The authors conclude that legal actors must be aware of the difference that rurality makes when responding to intimate violence.

61. Ragusa, A. T. (2012). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. Journal of Interpersonal Violence, 28(4), 685-717. doi:10.1177/0886260512455864

This article analyzes how rural intimate partner violence (IPV) survivors access and use formal legal support services to inform help-seeking knowledge and practice. It uses a labelling theory framework to understand the role that the stigma associated with IPV plays in the survivor's willingness to seek help. Data for this study are drawn from interviews with 36 women in 2007 and 2009 between the ages of 21 and 77 in rural Australia. Core findings are that police responses, court, and Apprehended Violence Orders (AVO) experiences are affected by several factors including: perceived anonymity, social power, role conflict, agency, normative assumptions about IPV's seriousness, and criminality, as well as physical access and knowledge about resources to "get out". The study also finds that shame and social stigma often prevent women from contacting the police. Specific recommendations for risk management include suggestions that the criminal justice system work to de-stigmatize IPV so victims feel safe using formal support, strong AVOs, and more empathetic judges. Factors identified as unique to this population are that non-police assistance and DV protection mechanisms are inaccessible or non-existent in rural Australia.

62. Rennison, C. M., DeKeseredy, W. S., & Dragiewicz, M. (2013). Intimate relationship status variations in violence against women: Urban, suburban, and rural differences. Violence Against Women, 19(11), 1312.

This study seeks to determine if rural females are at a higher risk of experiencing intimate violence than urban and suburban women regardless of intimate partner relationship status in the United States. Data for this study are drawn from data collected by the National Crime Victimization Survey (NCVS) on non-fatal victimizations perpetrated against females aged 12 or older between 1992 and 2005. The unweighted sample size is 16,920. The authors find no statistically significant differences between the rate of violence for rural, urban, and suburban women, except for divorced and separated rural women who are victims of IPV at a statistically significant level. Specific recommendations for risk assessment include conducting research on men to understand why separated and divorced females are at a greatest risk for IPV. This study notes that NCVS data is unable to identify the experiences of women in cohabiting relationships and underestimates the magnitude of violence against women in all social groups and marital status categories.

63. Rennison, C. M., Dragiewicz, M., & DeKeseredy, W. S. (2013). Context matters: Violence against women and reporting to police in rural, suburban and urban areas. American Journal of Criminal Justice, 38(1), 141-159. doi:10.1007/s12103-012-9164-4

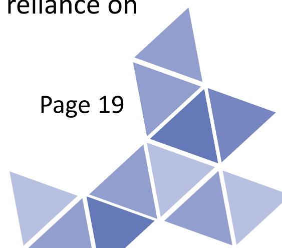
This article uses conjunctive analysis to explore key situational contexts of reporting violence against women across geographic areas (urban, suburban and rural). Data for this study are drawn from the National Crime Victimization Survey data between 1992 and 2009 on attempted and completed non-fatal violent victimizations against girls and women ages 12 and older. This resulted in a sample of 19638 violent victimizations. The core findings of the study are that differing contexts promote and inhibit reporting across rural, urban, and suburban area, indicating that community factors are important for reporting violence. The study also found that incident, perpetrator, and victim characteristics vary across geographic areas. Recommendations for risk management include programs for crime victims that address the spectrum of crimes against women rather than that by just strangers and victims. Additionally, resources should be tailored to the area in which they will be delivered because effectiveness in one geographic area may not be appropriate in other areas.

64. Riddell, T., Ford-Gilboe, M., & Leipert, B. (2009). Strategies used by rural women to stop, avoid, or escape from intimate partner. Health Care for Women International, 30(1), 134-159. doi:10.1080/07399330802523774

This article seeks to understand rural women's strategies to stop, avoid, or escape intimate partner violence (IPV), the helpfulness of such strategies, and their reasons for particular strategies within the context of their rural communities. The authors use feminist perspectives to test the validity of issues of gender-based power and control. Data for this study are drawn from interviews with 43 Canadian women who participated in the Women's Health Effects Study. One third of women were from Ontario and two thirds were from New Brunswick. The core findings of this study are that placating and resistance the most used strategies, but were rated least helpful. Even when resources were available to rural women, social, cultural, and practical barriers and the public location of resources stood in their way of getting the help they needed and women were often revictimized by counsellors who blamed them for the violence. Recommendations for risk management include providing rural health care providers with educational opportunities focused on understanding and appreciating rural women's perspectives to help them re-evaluate their assumptions about IPV and providing appropriate support for rural women. Factors identified as unique to rural women that impact women's ability to leave and to support themselves after leaving include physical isolation, lack of transportation, lack of money, and lack of job prospects.

65. Ruiz-Pérez, I., Vives-Cases, C., Escribá-Agüir, V., Rodríguez-Barranco, M., & Nevot-Cordero, A. (2015). How does intimate partner violence differ depending on level of rurality of residential area in Spain? Health & Social Work, 40(2), 108.

This article analyzes rural areas in Spain in terms of intimate partner violence (IPV) frequency, its impact on health and use of services, and the sociodemographic characteristics of women suffering from lifetime IPV. Data from this study are drawn from self-administered surveys to 10,322 ever-partnered adult women ages 18-70 receiving care at primary health centres in Spain between 2006 and 2007 from each of Spain's 52 provinces. Core findings are that the frequency of IPV in women living in high-rurality areas is lower than reported by women from medium and low-rurality areas, and women in medium and low-rurality areas show a higher rate of reliance on



health care services. Sociodemographic determinants of IPV at the three rurality levels considered reveal no large differences between them. The authors conclude that the size of the municipality is related to the amount of abuse that is reported, which may explain why women in high rural areas report lower levels of abuse. They suggest that future research should examine urban-rural differences in health problems in order to develop public health programs.

66. Sandberg, L. (2013). Backward, dumb, and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. Affilia, 28(4), 350-365. doi:http://dx.doi.org/10.1177/0886109913504153.

This article reviews existing research on challenges facing rural victims of intimate partner violence (IPV) and discusses place as an important factor to feminist and intersectional studies on violence. This study is a literature review of previous studies that have examined the unique experience of rural IPV victims. Core findings of this study are that research on rural IPV must both deconstruct rural and urban categories and locate local geographies within discourses of power and knowledge and also highlight rural IPV as an understudied topic. Recommendations for risk management and risk assessment include increasing understanding of the unique factors of rural IPV to increase visibility and support for social workers working with victims of IPV in rural areas. Increasing this understanding will help to better identify the particular vulnerabilities of victims of abuse living in diverse rural areas.

67. Shannon, L., Logan, T., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. Violence and Victims, 21(2), 167-181.

This study focuses on examining the help-seeking behaviour, coping mechanisms, and perceptions of the helpfulness of resources used in dealing with partner violence for rural and urban women. Data for this study are drawn from interviews with 378 rural women and 379 urban women (average age 32) who had filed protective orders in the United States. The authors find that rural women were more likely to be: married to their partner, unemployed, report an education of high school or less, and more likely to be psychologically abused. More urban women than rural women used help-seeking resources and sought emotional support as a coping mechanism. Rural women were more likely to see the justice system as less helpful. Recommendations for risk management include making practitioners and other help-seeking agencies aware of the emotional burden associated with abuse in order to provide complete support and assist women trying to leave relationships. The authors emphasize that women are actively involved in seeking help in violent relationships, although one caveat is that every woman involved in the study already exhibited help-seeking behaviour by obtaining a DVO.

68. Shepherd, J. (2001). Where do you go when it's 40 below? Domestic violence among rural Alaska Native women. Affilia, 16(4), 488-510. doi:10.1177/08861090122094389

The focus of this article is on exploring the environmental and cultural context of domestic violence in a remote Alaskan Indigenous community and the adaptions that such a context requires for provisions of culturally appropriate resources. Data for this study are drawn from in-depth interviews with 9 rural Alaskan women in their 30s and 40s in abusive relationships. The core findings of this study are environmental factors may disproportionately hinder women leaving abusive situations, including: (a) isolation of communities, (b) severe weather, (c) lack of adequate law enforcement, (d) prevalence of alcohol, drugs, and weapons, (e) absence of public services, (f) the lack of jobs, and (g) infrequent visits by mental health professions. Additinoally, cultural factors identified as hindering women from leaving an abusive situation include: (a) women do not want to draw attention to themselves or cause conflict and (b) women do not want to leave their home village. Recommendations for risk management include specific training in the area of family violence for officers and funding for women and children to travel to get out of dangerous situations and unhealthy environments, as well as the formation of locally based and culturally appropriate safe homes and shelters.

69. Shuman, R. D., Jr., McCauley, J., Waltermaurer, E., Roche, W. P., 3rd, Hollis, H., Gibbons, A. K., . . . McNutt, L. A. (2008). Understanding intimate partner violence against women in the rural South. Violence Vict, 23(3), 390-405.

This article focuses on empirically measuring risk factors for severe intimate partner violence (IPV) among rural, southern U.S. women. Data from this study are drawn from a case control study of 518 women between the ages of 18 and 50 years old involved in an intimate relationship within the year prior to recruitment. In the sample 188 women had experienced severe IPV and 360 has not experienced

IPV. Core findings of the study are that the strongest risk factors predictive of IPV were constant fighting about money within the relationship, older age, and use of illegal drugs by the partner. Past child abuse and low self-esteem were also strong risk factors for severe IPV among southern, rural women, and carrying a gun was more common among abusive men. Recommendations for risk assessment are increasing physician knowledge of factors associated with severe IPV to make physicians more aware of symptoms of abuse so they can screen if risk factors are present. Factors identified as unique to this population are that women experiencing IPV report high physical symptoms, pain, depression, anxiety, posttraumatic stress, substance abuse, suicide attempts, and injury.

70. Teaster, P. B., Roberto, K. A., & Dugar, T. A. (2006). Intimate partner violence of rural aging women. Family Relations, 55(5), 636-648. doi:http://dx.doi.org/10.1111/j.1741-3729.2006.00432.x

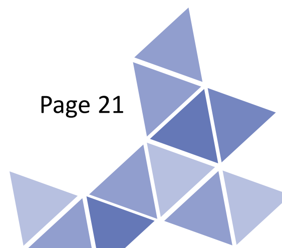
This article focuses on the trajectory of, and community responses to, violence later in life among aging rural women. It uses an ecological community framework to focus on rural aging women and their informal relationships. Data from this study are drawn from 3 focus groups involving 24 professionals working with victims of intimate partner violence (IPV) and 10 in-depth interviews with 10 aging women ages 50-69 who had experienced IPV in rural Kentucky. The core findings of the study are: (1) many of the women had experienced abuse at other times in their lives; (2) the violence women experienced took many forms including their partner controlling them through isolation, verbal abuse, beating them, or hurting them with a weapon; (3) violence was enhanced by the presence of drugs and alcohol; and finally, (4) limited community support left the women in the relationships longer. Recommendations for risk assessment include enhancing the training for professionals interviewing victims and abusers in rural areas and ensuring they investigate in pairs and not alone. Recommendations for risk management include encouraging family specialists and other practitioners to take a proactive role and undertake collaborative community efforts to raise awareness about the problem of IPV, provide resources for aging women, and provide education to victims and perpetrators in order to reduce the amount of abuse against aging women. One factor the authors identify as unique to aging rural women is that they may be more likely to accept the abuse because they had been in the situation for so long and see it as normal.

71. Ulbrich, P. M., & Stockdale, J. (2002). Making family planning clinics an empowerment zone for rural battered women. Women Health, 35(2/3), 83.

This article focuses on changes in staff practices and comfort during the initial six months of training designed to implement routine screening for domestic violence family planning clinics in rural Pennsylvania. Data from this study are drawn from interviews with 40 women working in rural family planning clinics prior and following training. Core findings of this study are there was an increase in clinicians' comfort level in knowing how to handle issues raised by a patient's disclosure of abuse, however clinicians continue to be uncomfortable if a patient does not want to leave her batterer or the patient is the batterer. Findings for risk management suggest that given their communication skills and orientation to patients and the ongoing training and support, these positive changes suggest NPs and RNs are ideally suited to be a part of a coordinated community response to domestic violence. Due to the small number of clinicians involved, the findings of the study are only descriptive.

72. Van Hightower, N. R., Gorton, J., & DeMoss, C. L. (2000). Predictive models of domestic violence and fear of intimate partners among migrant and seasonal farm worker women. Journal of Family Violence, 15(2), 137-154.

This article analyzes the prevalence of domestic abuse experienced by low-income, predominately Latina farm workers. Data for this study are drawn from 1001 adult female patients of 11 migrant farm worker health care clinics in nine states. The study found that 19 percent of study participants had been abused by a husband, boyfriend, or companion, and that the strongest predictors of domestic abuse were partner drug and alcohol abuse, pregnancy, and migrant status. Fear of abuse was most influenced by spousal abuse generally and the frequency of abuse. Recommendations for risk assessment and risk management include (a) routinely screening patients for the presence of domestic violence, drug/alcohol use, and fear of their intimate partner, (b) improving public health care officials intervention skills, and (c) building public awareness about the treatment and prevention of rural domestic violence. The authors identify additional factors unique to this population such as cultural factors that discourage Latina women from acknowledging and reporting abuse, and lack of resource availability for non-English speaking, low-income women seeking help.



73. Van Hightower, N. R., & Gorton, J. (2002). A case study of community-based responses to rural woman battering. Violence Against Women, 8(7), 845-872. doi:10.1177/107780102400388506

This article examines services for battered women within a rural Texas county. Data for this study are drawn from interviews with 8 women who are survivors of intimate partner violence ages 18-67 in rural Texas and 22 local service providers. The core findings of the study highlight survivors' concerns about inadequate protection, discourteous treatment, and insufficient information about legal options, while families were identified as an important source of assistance. In contrast, criminal justice providers were reluctant to make arrests, tended to impose lenient sanctions on abusers, questioned victim credibility, and expressed victim-blaming attitudes. They also reported inadequate domestic violence training. Recommendations for risk management include political efforts to change victim blaming and inadequate service delivery in order to shift the balance of resources and power in the direction of rural women engaged in the process of getting away from violent partners.

74. Varcoe, C. R. N. P., & Dick, S. B. (2008). The intersecting risks of violence and HIV for rural Aboriginal women in a neo-colonial Canadian context. Journal of Aboriginal Health, 4(1), 42-52. doi:10.1177/019394599701900403

This study focuses on the intersecting risks of violence and HIV for rural Aboriginal women in Canada. Data for this study are drawn from ethnographies, interviews, and focus groups with 30 women ranging from 16 to 58 with self-identified experiences of violence and risk exposure to HIV in rural British Columbia. The study found that most of the Aboriginal women in the study had endured multiple forms of racism and discrimination that made them more likely to get into or remain in abusive relationships. Experiences of violence also increased risk for exposure to HIV. Substance use also increased the women's vulnerability to violence, economic dependence on abusive partners and health problems. Recommendations for risk management include policies that address the risk of exposure to HIV and violence together, while acknowledging the relationships between violence and substance use. Factors identified as unique to this population are that Aboriginal women who experience multiple health risks are worsened by broader inequalities related to gender and rural living as well as the downsizing of social services. Aboriginal women's experiences are further shaped by the ongoing effects of colonization and their position in society as racialized women, which contribute to their feelings of disconnection.

75. Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. Journal of Rural Studies, 25(2), 175-184. doi:http://dx.doi.org/10.1016/j.jrurstud.2008.11.001

This the relationship between local culture in a South Australian rural community and how it affects women's experiences of, and men's perpetration of, domestic violence. It uses a feminist and poststructural framework and to understand how lived experience needs to be understood from the point of view of those who live it because meaning is socially constructed. These perspectives also allow the study to examine dominant discourses and issues of power. Data from this study are drawn from newspaper analyses and semi-structured interviews with 18 key community informants, 12 human service workers, and 21 women who had experienced domestic violence over the age of 18 in Barbossa Valley. Core findings are that rural women draw on multiple dominant discourses that make up rural culture, which provides them with ranges of meanings, conflicts, and dilemmas. Local cultural discourses including self-reliance, pride, privacy, belonging and closeness, family, and Christianity affect women's experiences of domestic violence.

76. Wendt, S., & Hornosty, J. (2010). Understanding Contexts of Family Violence in Rural, Farming Communities: Implications for Rural Women's Health. Rural Society, 20(1), 51-63.

This study overviews research that focuses on the significance of rurality in understanding women's experiences of family violence and the impact of violence on their physical and mental health and health seeking behaviour. It focuses on studies that conducted interviews with human service workers and women who had experienced violence in Australia and a study that interviewed abused farm and rural women and rural service providers in central and northern New Brunswick and Prince Edward Island. Core observations are that rural women often place their needs second to that of their partners, children, families, and wider community and so run the risk of exacerbating or downplaying their own health concerns, particularly when family violence is involved. Recommendations for risk management are that rural health care workers need to recognize how social

and cultural contexts specifically impact rural women in order to provide appropriate prevention and treatment programs to address rural women's health issues. Factors identified as unique to rural women include issues of family inheritance, the need for closeness and a sense of belonging in a particular community, and the social and cultural impacts that gender roles have specifically on rural women.