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Exploring the Perceptions of Domestic Violence Service Providers in Rural Localities

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This exploratory study uses a nonprobability purposive sample to investigate the perceptions of domestic violence service providers in rural regions of North Carolina and Virginia. Investigators gathered data incorporating both quantitative and qualitative methods. Quantitative data were retrieved through the development and distribution of a self-administered survey targeting service provider perceptions about the general public, consumers of services, self-perceptions, and perceptions related to inter- and intra-agency issues. Qualitative data were collected to provide further elaboration on the topic through the use of a focus group composed of rural service providers. The focus group was facilitated by the investigators. Findings identified deficits in public knowledge, agency resources, and community resources, and professional development as being the most problematic issues. Victims were perceived as having to face multiple issues and barriers when seeking services. Implications of these findings are discussed as well as the need for continued research efforts.

**Keywords:** domestic violence; perceptions; rural; service providers

During the past 20 years, domestic violence has been the focus of rising public awareness. It is a social problem that cuts across all social, economic, racial, ethnic, and religious classifications. The statistics are daunting and provide evidence that domestic violence continues to be the largest cause of injury and death to American women each year. Intimate partner violence accounted for more than 20% of all nonfatal acts of violence against women in 2001. In addition, intimate partners were responsible for 33% of all the female homicides in 2001 (Rennison, 2003; Rennison & Welchans, 2000). At least 25% of all women in the United States will be battered two or more times by a male partner during their lifetime (Shepherd, 2001; Tjaden & Thoennes, 1998). Although available research indicates that the
rates of domestic violence are similar across rural and urban areas, professionals in the field have long recognized that factors contributing to the incidence and response to domestic violence are different for the two areas. Geographic isolation, limited access to services, the absence of employment opportunities, insufficient housing, the absence of public transportation, and tolerant attitudes toward domestic violence are examples of factors that exacerbate intervention efforts for rural victims (Gram, 2000; Logan, Walker, & Leukefeld, 2001; Van Hightower & Gorton, 2001). With 28% of the nation’s population identified as rural (U.S. Department of Commerce, Bureau of the Census, 2000), it is important that professionals develop a better understanding of the differences between urban and rural areas with regard to this serious social issue. There remains a lack of information regarding the barriers that both rural victims and service providers face that continues to hamper efforts to improve the systems of care that victims of domestic violence experience.

Although a number of theorists have attempted to elucidate domestic violence, no theory has effectively explained the phenomenon, and for this reason, a multifactor model may remain the best approach to understanding the complexities of domestic violence (Brewster, 2002). An ecological perspective conceptualizes violence as a multifaceted phenomenon resulting from the interplay among personal, situational, and sociocultural factors (Heise, 1998). It encompasses four levels: (a) The first level is composed of personal history factors that the individual brings to a relationship; (b) the microsystem contains factors that pertain directly to the individuals involved and represents the environment where the abuse takes place; (c) the exosystem level encompasses the institutions and social structures and includes the immediate social context in which abuse occurs, including interaction dynamics; and (d) the last level is referred to as the macrosystem, which represents the general views and attitudes that are reflective in cultural values and belief systems (Crowell & Burgess, 1996; Heise, 1998). The framework can be applied at both the individual and community levels to better understand variables affecting the occurrence of domestic violence. Although an ecological framework does not provide the predictive value of a more formal theory, it does provide the identification of individual protective and risk factors that can be targeted for intervention and/or prevention.

Unique Factors

Rural victims of domestic violence face a number of obstacles that their urban counterparts do not. Geographic isolation places rural residents at a disadvantage with regard to obtaining services and may be the most fundamental difficulty encountered by a victim (Gram, 2000; Logan et al., 2001; Shepherd, 2001; Van Hightower & Gorton, 2001). Rural residents may not be aware of available services in an area, especially if the region served by an agency is large. In more severe instances, victims may have to travel more than 40 miles to reach a shelter. More than 34 million rural residents were found to reside in designated mental health
professional shortage areas (U.S. Department of Health and Human Services, Bureau of Health Resources, 2003). The safety of victims becomes compromised if there is no local police department to respond to calls in a timely fashion. If a locality relies on state police services or a county sheriff’s department, the response time to a call is influenced by distance as well as urgency of the situation (Grama, 2000). Geographic isolation greatly increases a victim’s vulnerability. Greater distances between homes, less public visibility, and more rigid gender roles not only contribute to incidents of domestic violence but also increase the subordination that victims experience (Grama, 2000; Logan et al., 2001; Van Hightower & Gorton, 2001).

Despite lower population proportions or the presence of characteristics associated with geographic isolation, there is a lack of anonymity in rural communities. Members of rural communities tend to become more familiar with one another or have established ties through blood or marriage (Grama, 2000; Krishnan, Hilbert, & VanLeeuwen, 2001). Should the victim choose to leave the abuser, safety may be compromised because of the lack of anonymity in that safe house locations are often common knowledge in rural localities (Grama, 2000; Van Hightower & Gorton, 1998).

In many rural localities, domestic violence is still considered a private matter. Local attitudes and norms related to family privacy, as well as the fear of embarrassment and shame that could be brought to a family in the admission of an abusive relationship, add to the reluctance of rural victims to disclose their abuse to friends, law enforcement personnel, or mental health professionals (Krishnan et al., 2001). In addition, patriarchal family structures not only support the taboo of women being assertive but frequently allow abuse to continue for long periods of time. Families in rural areas often have the expectation that a woman should hold to the marital promise she made to her husband when they were married and stand by him even in the event of abuse. Religion and church generally play a vital role in most rural localities, and fundamentalist teachings support the importance of maintaining marital bonds (Grama, 2000; Krishnan et al., 2001; Olson, 1988).

Although poverty is not unique to rural localities, it is a particular concern regarding domestic violence. Rural poverty rates are higher than those in urban areas for many demographic groups, particularly minorities in the south. Studies have shown that poverty and domestic violence are correlated (Grama, 2000; Logan et al., 2001; Pinn & Chunko, 1997; Websdale, 1997). Poverty contributes to family and relationship stress and limits victims’ ability to leave abusive partners or family members. Rural family violence survivors who live in poverty and lack transportation may be unable to travel to the residences of family members, friends, or available services (Grama, 2000).

**Rural Domestic Violence Services**

Most rural practitioners have come to understand the many unique characteristics of rural domestic violence. The picture that has emerged of the characteristics and
difficulties of domestic violence in rural areas underscores many of the problems faced by service providers and victims. Service providers must address situations of victim isolation from services, traveling long distances, unavailable or limited supportive networks, lack of medical facilities within the immediate area, and become involved with a rural judicial system that is often quite conservative. In addition, service providers may be confronted with cultural attitudes such as a frequent distrust of outside help that makes the work of domestic violence advocates particularly difficult (Logan et al., 2001).

Service providers in rural localities must take a holistic approach to the needs of victims of domestic violence. Advocates generally accompany domestic violence victims through all stages of the legal process. They educate the victim about the legal system and the options afforded victims. In rural localities, service providers often have multiple roles; in addition to advocating for victims of domestic violence, they assist victims in accessing and applying for public assistance, navigating consumer matters, and educating victims about entitlement programs (Grama, 2000; Logan et al., 2001; Krishnan et al., 2001).

Empirical investigations using rural samples are limited (Grama, 2000; Johnson & Elliott, 1997; Krishnan et al., 2001; Logan et al., 2001), although many believe that there is not much variation between the domestic violence experience in rural and urban communities (Ulbrich & Stockdale, 2002). When examining the current body of research, Worden (2003) concluded that generalizations about victims, offenders, and domestic violence services tend to oversimplify and overgeneralize a complex issue. The author went on to note that arrest rates, conviction rates, and victim behaviors vary at both the individual and the community levels. To develop a better understanding of what affects the phenomenon of domestic violence, researchers and practitioners need to examine similarities and differences at the community level. Variables such as arrest rates, conviction rates, community attitudes, and resources affect the success or failure of domestic violence services and/or programs. Worden recommended that both researchers and practitioners need to first identify the characteristics of these variables in a community before solutions can be employed and evaluated.

Of the studies conducted examining rural violence, the focus has generally been on differences in victim behaviors. For example, in a study of domestic violence among patients seen in family practice clinics in both urban and rural localities, women in rural settings were found more likely to be in an abusive relationship (Johnson & Elliott, 1997). A total of 127 female patients were interviewed about lifestyle characteristics and behaviors related to medical care. The authors found that 25% of the women from rural localities reported being in an abusive relationship compared with 12% of the women interviewed in urban clinics. Demographics between the two populations were examined, with investigators noting that the rural participants were significantly older, were less likely to be employed or educated beyond high school, and had more children.
Krishnan et al. (2001) examined types of violence, mental health characteristics, and related help-seeking behaviors of a sample study \((N = 102)\) of predominantly Hispanic women seeking assistance from a domestic violence shelter. Findings of the investigation indicated that Hispanic victims contemplated suicide at a significantly higher rate than other ethnic populations who were observed to more likely engage in substance-abusing behaviors. Half of the sample disclosed seeking assistance from law enforcement, and one third reported seeking medical attention. Factors influencing the decisions of these women included geographic isolation, limited availability of services, familial and cultural barriers discouraging the victim from seeking help, and a lack of knowledge about services and victim rights. Although these studies have contributed to our understanding of issues related to the incidence of rural domestic violence, there remains a need for continued research. Given this omission, the present study seeks to contribute to the knowledge base on providing domestic violence services in rural localities by exploring the perceptions of service providers.

Method

Participants

A nonprobability purposive sampling technique was used to recruit participants for the study. Investigators first identified organizations in rural localities that provided domestic violence services in North Carolina and Virginia. For this study, the term \textit{rural} is defined as being characterized by a low population density, not containing a metropolitan statistical area with a population greater than 250,000. The administrator of each identified organization was contacted, informed about the study’s goals and procedures, and invited to participate. Two sets of surveys (one intended for staff and one for clients) were mailed to administrators for distribution within the organization. The cover letter attached to each survey provided potential participants information related to the purpose of the study, any potential risk involved, indication of informed consent, and specific directions for completing and returning the survey. A total of 175 surveys (95 surveys intended for agency staff/personnel and 80 surveys intended for clients) were mailed for distribution. A total of 98 surveys were returned; incomplete surveys were eliminated, resulting in a total of 89 surveys, 51 completed by service providers and 38 completed by clients. The response rate for the service providers was 54\%, whereas the response rate for clients was 39\%.

Focus group participants were composed of domestic violence agency administrators for agencies located in rural eastern North Carolina. Potential participants were contacted by the investigators, provided information about the goals of the study and the role of the focus group, and were then invited to participate. Seven
persons agreed to participate in the study’s focus group. Two participants held the position of agency director and supervised a staff of five or more professionals. Three were advocates or direct service providers in agencies composed of no more than four professionals and provided both direct and administrative services. The remaining member represented a situation in which domestic violence services are the responsibility of one professional who is employed within the criminal justice field. Prior to initiating the focus group, investigators again reviewed the goals of the group, answered any questions that participants had, and solicited each member’s written consent.

Measurement

The survey instrument used in this study was developed by the investigators with the goal of assessing the beliefs and perceptions of service providers working with victims of domestic violence. Participants were first asked to provide demographic information about themselves. They were then asked to respond to 42 statements using a 4-point Likert-type scale with the following values: 1 (strongly agree), 2 (agree), 3 (disagree), and 4 (strongly disagree). A mean value was calculated for each item that reflected the degree of agreement or disagreement with the statement for the participants as a group. The questions developed for the instrument sought to assess the perceptions service providers have about (a) the general public, (b) service consumers, (c) themselves, and (d) inter- and intra-agency issues. A pretest was conducted to assess face validity. Prior to distributing the questionnaire to study participants, it was administered to a small group of persons composed of interested professionals, academic colleagues, and graduate social work interns placed in agencies providing services to survivors of domestic violence. As a result of the pretest, a number of items were either modified or eliminated, and a second pretest was conducted using a similar group with no further modifications undertaken.

Focus Group

Although the survey instrument provided the investigators specific information related to the provision of domestic violence services in rural localities, a focus group was conducted in an effort to expand on the quantitative information. It provided investigators with an additional method for gathering and expanding information without forcing it into a priori constructed schemas. Participants in a focus group can collectively explore different experiences and perspectives that can add both richness and greater understanding of the data. Although a specific questionnaire was not used, the researchers did refer to a list of topics for discussion that mirrored identified categories used to organize the survey questionnaire (worker perceptions about consumers, the general public, self, inter- and intra-agency issues) to guide and facilitate the group’s discussion. The group was conducted for approximately 3 hours in a
conference room that offered participants and facilitators privacy as well as a minimal chance of interruption. The focus group process permitted the investigators to explore in greater detail similarities or differences with quantitative data that were gathered. Two of the investigators facilitated the focus group, with one monitoring the audio recording of the process and the other taking notes about the content of the discussion. The audio recordings were transcribed and facilitator notes copied for analysis and identification of prominent themes.

**Results**

**Demographic Information**

The survey participants in the study \((N = 52)\) ranged in age from 22 to 55 years old, with a mean age of 36 years. Seventy-nine percent of the sample was Caucasian, 21% African American. All survey participants had attended college, with half (48%) of the sample reporting attaining a graduate degree, 41% a bachelor’s degree, with the remaining 11% completing some college (but no degree conferred). Participants reporting being employed in their present position an average of 8.6 years, with a range of 9 months to 21 years.

Participants in the focus group \((n = 7)\) ranged in age from 36 to 52 years, with a mean age of 42 years. Five members were Caucasian, and the remaining two members were African American. All participants had a graduate degree. Members possessed a considerable amount of experience in the field, reporting an average of 11 years of experience working with domestic violence populations. The majority of participants held administrative positions in their respective agencies, with several holding a dual role of administrator and service provider.

**Service Provider Perceptions About Service Consumers**

Table 1 identifies the statements in this category from the questionnaire and is arranged according to respondent mean scores, first listing those statements where respondents indicated the strongest degree of agreement and moving to those statements whose mean score reflects the strongest degree of disagreement. Service provider responses about consumers were fairly homogeneous. As a group, participants relayed the strongest degree of agreement in the perception that the needs of their clients exceeded available resources. Service providers uniformly agreed that victims of domestic violence have difficulty obtaining needed services, that transportation is a primary issue, and that they have to leave their home locality to secure affordable housing and employment. Not surprisingly, the lack of resources in a locality was thought to affect a victim’s decision to leave an abusive situation. In addition to the challenges of locating and securing services, respondents relayed that
they felt a victim’s personal belief system, feelings of support from family, and cultural norms affect a victim’s decision to seek assistance.

### Service Provider Perceptions About the General Public

Table 2 identifies the items associated with this category and provides information about participants’ average responses and is arranged in a similar fashion to Table 1. Respondents viewed the general public as blaming the victim for being abused and in need of more education about domestic violence in general as well as issues associated with providing treatment to victims. Not surprisingly, respondents reported that the general public did not see domestic violence as a social issue in their locality. Although the responses to these items appeared to be congruent among the sample, information relayed by the survey participants to the remaining question in this category appears to be contradictory with previous impressions. Although the general public as a whole was reported as unsupportive of domestic violence and in need of education about the topic, participants relayed a moderate level of agreement with the view of the general public as being supportive of domestic violence services. The score of 2.45 on this item indicates a numerical value between agree and disagree and reflects a weak degree of agreement.

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many of my clients have multiple issues that require more services than are available in my locality.</td>
<td>1.60</td>
<td>.63</td>
</tr>
<tr>
<td>I think the greatest challenge for my client population is maintaining a supportive social network.</td>
<td>1.64</td>
<td>.78</td>
</tr>
<tr>
<td>There are social and/or cultural barriers that inhibit clients from utilizing this agency’s services.</td>
<td>1.76</td>
<td>.59</td>
</tr>
<tr>
<td>The services my clients need are often difficult to obtain.</td>
<td>1.80</td>
<td>.53</td>
</tr>
<tr>
<td>My clients often have to leave the area to find affordable housing.</td>
<td>2.03</td>
<td>.76</td>
</tr>
<tr>
<td>My clients do not feel supported by their extended families.</td>
<td>2.02</td>
<td>.51</td>
</tr>
<tr>
<td>The religious and/or cultural beliefs of my clients often keep them in an abusive relationship.</td>
<td>2.04</td>
<td>.86</td>
</tr>
<tr>
<td>Clients often stay in abusive relationships because of the pressure their family places on them.</td>
<td>2.12</td>
<td>.82</td>
</tr>
<tr>
<td>Many of my clients remain in abusive relationships because there is a lack of resources to meet their needs.</td>
<td>2.12</td>
<td>.82</td>
</tr>
<tr>
<td>Transportation is a primary issue for my clients.</td>
<td>2.18</td>
<td>.67</td>
</tr>
<tr>
<td>My clients often have to leave the area to secure employment.</td>
<td>2.25</td>
<td>.89</td>
</tr>
</tbody>
</table>

Note: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree.
Table 2
Service Provider Perceptions About the General Public

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many persons in the general public often blame the victim for remaining in an abusive relationship.</td>
<td>1.54</td>
<td>.63</td>
</tr>
<tr>
<td>There needs to be more education programs for the general public regarding domestic violence.</td>
<td>1.66</td>
<td>.55</td>
</tr>
<tr>
<td>The general public remains uninformed about treatment issues associated with serving victims of domestic violence.</td>
<td>1.70</td>
<td>.70</td>
</tr>
<tr>
<td>I feel that many residents in my locality do not view domestic violence as a serious social issue.</td>
<td>1.78</td>
<td>.55</td>
</tr>
<tr>
<td>The public is very supportive of providing services to this population.</td>
<td>2.15</td>
<td>.71</td>
</tr>
</tbody>
</table>

Note: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree.

Service Provider Perceptions About Self

Table 3 is composed of the largest number of survey items and documents responses providers relayed about themselves and is arranged in a similar manner to Tables 1 and 2. As a whole, respondents reported the strongest degree of agreement with the view that rural providers experience a more difficult time meeting the needs of their clients than urban providers and experience difficulty obtaining relevant training. Despite these negative aspects of working in a rural setting, respondents reported a positive perception about their work, citing productive relationships with clients and feeling supported by colleagues, family, and friends. Providers did not view themselves as being overwhelmed or feeling stressed with their jobs. This is not surprising, given the perceived levels of support from social support systems. Although service providers may work within a system that is unable to meet client needs because of the lack of resources, it is interesting to note that the personal safety of workers is not viewed as being a risk factor faced when working in rural localities.

Service Provider Perceptions Related to Inter- and Intra-Agency Issues

Not surprisingly, respondents relayed a consensus over their respective agencies having adequate funding or sufficient community resources to meet client needs. The demand for services was seen as outweighing available resources, and respondents strongly agreed that despite deficits in funding and resources, their caseloads were increasing. Table 4 follows the format of the previous three tables, document- ing both items and average response scores for this domain.
Triangulation of the Focus Group With the Survey

The incorporation of a focus group in this inquiry allowed the investigators to identify themes congruent with the study’s quantitative data and provided details missing from the survey data. For example, although quantitative information revealed that social and cultural barriers affected information gathered from the focus group, discussions provided a greater understanding of the interplay of these barriers. Results from the focus group are reported using the same subheadings employed when reporting survey results.

Table 3
Service Provider Perceptions About Self

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family and/or friends are supportive of my work.</td>
<td>1.18</td>
<td>.39</td>
</tr>
<tr>
<td>Service providers in rural areas have a more difficult time meeting the</td>
<td>1.20</td>
<td>.40</td>
</tr>
<tr>
<td>needs of their clients than providers in urban localities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that what I do makes a difference.</td>
<td>1.40</td>
<td>.49</td>
</tr>
<tr>
<td>I have a cooperative, productive relationship with my clients.</td>
<td>1.60</td>
<td>.50</td>
</tr>
<tr>
<td>I feel supported by my colleagues.</td>
<td>1.62</td>
<td>.49</td>
</tr>
<tr>
<td>It is difficult to find training that provides the latest information on</td>
<td>1.72</td>
<td>.64</td>
</tr>
<tr>
<td>intervention and prevention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is difficult to access relevant training.</td>
<td>2.06</td>
<td>.84</td>
</tr>
<tr>
<td>My job interferes with my personal life.</td>
<td>2.14</td>
<td>.49</td>
</tr>
<tr>
<td>I feel that workers providing services in rural areas are at risk of</td>
<td>2.30</td>
<td>.67</td>
</tr>
<tr>
<td>being victims of violence themselves compared to urban areas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often feel at odds with other human service agencies when servicing my</td>
<td>2.45</td>
<td>.78</td>
</tr>
<tr>
<td>clients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am often faced with the issue of having to provide services to both</td>
<td>2.52</td>
<td>.74</td>
</tr>
<tr>
<td>victims and perpetrators of domestic violence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have times when I feel very vulnerable with regard to my personal safety.</td>
<td>2.64</td>
<td>.75</td>
</tr>
<tr>
<td>My workload is overwhelming.</td>
<td>2.78</td>
<td>.61</td>
</tr>
<tr>
<td>I experience a great deal of stress in my job.</td>
<td>2.84</td>
<td>.55</td>
</tr>
<tr>
<td>There have been incidents when my physical safety has been threatened.</td>
<td>2.90</td>
<td>.61</td>
</tr>
<tr>
<td>My job is very taxing emotionally.</td>
<td>2.90</td>
<td>.67</td>
</tr>
<tr>
<td>Service providers often leave their job as a result of stress.</td>
<td>3.14</td>
<td>.57</td>
</tr>
<tr>
<td>I feel isolated.</td>
<td>3.32</td>
<td>.65</td>
</tr>
<tr>
<td>It is difficult separating my personal and professional life.</td>
<td>3.40</td>
<td>.61</td>
</tr>
<tr>
<td>I am often asked about details of my job by persons that I run into in the</td>
<td>3.62</td>
<td>.49</td>
</tr>
<tr>
<td>community.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree.
Several themes were discussed regarding perceptions about consumers of domestic violence services: preservation of the family at all costs, the multidimensional meaning of isolation, and the costs of independence. Religion and associated belief structures exert a strong influence in rural victims of domestic violence. The patriarchal construction of rural communities contributes to the perception of women being subordinate to their spouses. Whereas the church is often the most prominent social structure in rural communities, its negligence in acknowledging the seriousness of domestic violence leaves consumers of domestic violence services confronting a strong value system directed toward keeping the family intact. Focus group members shared uniform stories involving rural clergy, providing examples of instances where consumers were counseled by their pastor to remain in the marriage and wait for this “difficulty to work its way through.” As a result, women are socialized to believe that violence in a relationship is acceptable, that male power expressed abusively is acceptable, and therefore batterers are not held accountable for their behavior in their own communities. The prevailing perception on the value of maintaining an intact family contributes to a victim’s self perception of worthlessness.

Rural victims endure a form of isolation that is constructed as having multiple dimensions: the physical isolation of the victim from family and friends, as is the case in the more remote areas serviced by the agencies of several group members;

### Table 4
Provider Perceptions About Inter- and Intra-Agency Issues

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past year, the number of people utilizing our services has increased.</td>
<td>1.14</td>
<td>.35</td>
</tr>
<tr>
<td>My agency is understaffed.</td>
<td>1.36</td>
<td>.57</td>
</tr>
<tr>
<td>Demand for services outweighs available resources.</td>
<td>1.68</td>
<td>.76</td>
</tr>
<tr>
<td>This agency has a good relationship with the general public.</td>
<td>1.80</td>
<td>.40</td>
</tr>
<tr>
<td>My agency has difficulty meeting its goals.</td>
<td>1.80</td>
<td>.78</td>
</tr>
<tr>
<td>Agencies that provide services to this population work in a collaborative manner.</td>
<td>2.04</td>
<td>.69</td>
</tr>
<tr>
<td>Professionals in other agencies have a negative view of my client.</td>
<td>2.82</td>
<td>.56</td>
</tr>
<tr>
<td>This agency is fully able to meet the needs of its clients.</td>
<td>3.04</td>
<td>.72</td>
</tr>
<tr>
<td>This agency is able to meet the needs of its clients.</td>
<td>3.04</td>
<td>.73</td>
</tr>
<tr>
<td>I think there is adequate funding to effectively serve this population.</td>
<td>3.56</td>
<td>.50</td>
</tr>
<tr>
<td>There are adequate resources for providing services to victims of domestic violence in my locality.</td>
<td>3.56</td>
<td>.50</td>
</tr>
</tbody>
</table>

Note: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree.
the lack of public transportation or housing; the absence of employment opportuni-
ties; and an absence of support groups composed of women experiencing similar 
situations.

Even if a woman wants out of an abusive relationship, she has to deal with one road-
block after another. Her parents or extended family will tell her she cannot let people 
in the community find out she can’t keep her marriage together. Her minister will 
remind her of her marital vows and that she needs to take the good with the bad. If she 
makes it out of the home to my agency, she has to face leaving the area in order to get 
work or find a place to live. She often feels as though she is all alone and that no one 
understands what she is going through. If you think about it, she’s isolated if she 
remains at home, and she’s isolated if she leaves.

The opportunity for victims of domestic violence to discuss shared experiences with 
other victims is virtually absent from rural services. Several focus group members 
shared experiences where they were able to network victims working through violent 
situations at home with previous clients. Women who were able to interact with other 
victims were observed as having feelings of hopelessness and helplessness reduced. 
Women involved in support groups composed of peers were thought to be better pre-
pared to take steps to address the abusive relationship. By discussing shared experi-
ences, group members believed their clients became more comfortable receiving 
services from agencies. Women providing one another support reduces isolation and 
creates an environment where victims learn new skills that will contribute to their inde-
pendence. Despite the multiple benefits of peer support, focus group members relayed 
that the formation and continuation of a support group is virtually impossible in rural 
localities because of the distance that victims would have to travel.

In instances where victims choose to leave abusive relationships, members of the 
focus group relayed that the decision was frequently made with little support from 
immediate or extended family members.

Some of the women are told by their family members that they should be thankful to 
have a man who works and provides for the family. If the woman and her children leave 
the abuser, other family members feel they will have to assume additional responsibil-
ity, or they may be fearful of their own lives. However, in some instances, family 
members may not be aware of the abusive behavior because the abuser is “so nice” 
around them.

In choosing to leave, victims feel that they are sacrificing family relationships 
and/or severing family ties. Leaving an abusive relationship generally means having 
to relocate to another area, becoming more isolated geographically from family sup-
port systems. In addition, the victim is often faced with having to defend her deci-
sion to the family.
Perceptions About the General Public

The primary theme articulated by members of the focus group was community inconsistency. The paradox was supporting a belief that no one should be abused by the person they love while at the same time minimizing the incidence of domestic violence within the community. One of the service providers reported the following:

The folks in my community generally feel that violence between intimate partners is wrong, but I have heard some community members say that they believe there are instances where women provoke their partners. Others in my community feel that domestic violence does not happen that often in our community. They wonder how busy I really am at my agency.

If community residents did acknowledge that domestic violence occurred within their community, it was a qualifying statement proclaiming that the incidence of domestic assault is generally observed among the poor, the uneducated, or the immigrant.

One of the reasons I have difficulty garnering community support are the stereotypes about who is affected by this problem. The “upstanding citizens” in my community feel that this problem only affects the poor minorities who are on welfare and the growing number of Hispanics who are moving into the area.

The public’s inability to accept the prevalence of domestic violence in rural communities without attaching qualifiers is thought to be a core component of rural culture.

Perceptions About Self

When discussing themselves and their employees, a common feeling shared among participants was that despite high caseloads, limited salaries, and the demanding nature of the work, their counselors were very dedicated to providing services. The rationale for these perceptions rested on the unique environment of rural communities.

While being a part of a small town can be frustrating in terms of confidentiality and privacy, it can be rewarding in terms of feeling supported and satisfied with your work. You have a great feeling of contribution, of providing a service that otherwise would be absent. It is an overwhelming feeling to be remembered by these women. I still receive regular calls and visits from many past clients.

Group discussions were congruent with survey observations about the difficulties related to training. The primary problem identified by the group was not locating training but finding training where the content was directed to providing services in rural localities.
As service providers, we need information on how to creatively provide services in rural isolated areas and how to increase support services to women who live a great distance from the services and from other women who are victimized. We also need ideas on how to work effectively with the faith community to address this issue in their congregation.

In addition, frustration was expressed about the inability of many trainers to acknowledge that most models of intervention are based on urban populations.

**Perceptions Related to Inter- and Intra-Agency Issues**

Members relayed frustration over the failure of other professionals or groups of professionals to understand the dynamics of domestic violence. Numerous examples were provided relaying frequent instances when protective orders were not served in a timely manner. “In many of these small towns, a woman has to go before a magistrate to get a protective order. The magistrate’s office may have flexible hours and may not accommodate a woman’s need for urgency in these matters.” In some instances, the perpetrators had their charges reduced and received minor consequences for their violent behavior, and law enforcement personnel failed to respond to domestic violence complaints from households that had made prior complaints. These failures of the legal system were seen as the major roadblock for many victims and feed into their reluctance to take action and seek formal intervention.

**Discussion**

There are several limitations that should be noted prior to a discussion of the findings. First, participant responses to the study’s questionnaire are subject to personal biases and distortions characteristic of self-administered surveys. Second, participants are from one rural region in the Southeast, therefore responses need to be interpreted within that context and not thought indicative of all rural localities. In addition, the survey instrument was constructed by the authors for this study; therefore, issues of reliability and validity remain. However, regardless of these limitations, this study identifies similarities and differences in perceptions of service providers in both rural and urban localities, a topic identified as in need of continued investigation (Grama, 2000; Krishnan et al., 2001; Logan et al., 2001). Integrating both quantitative and qualitative methods and their findings provided more detail and generated more knowledge of the issues than either method alone.

It is crucial that service providers working with domestic violence victims understand how different environmental characteristics can influence the victim. An ecological perspective is especially appropriate when interpreting the findings of this
study and presenting a picture consistent with the literature. Rural communities are viewed as having characteristics that exacerbate efforts by victims to seek services as well as efforts by providers to meet victim needs. The literature to date has presented a rather consistent picture of how rural culture is largely regulated by informal social controls, is resistant to outside help, and has low levels of anonymity and reporting. The reluctance to expose abuse is reinforced by the “stand by your man” mentality that is rooted in patriarchal attitudes and beliefs about gender roles. Fundamentalist religious teachings support the importance of maintaining marital bonds (Grama, 2000; Krishnan et al., 2001; Olson, 1988) instead of promoting the personal safety of victims. Both sexism and sex role stereotyping can influence the behavior of institutions and individuals. Prevailing stereotypes prescribe roles that should be performed by the “good wife.” Conservative stereotypes, often prevalent in rural localities, dictate that a woman be dependent, submissive, and “homebound,” whereas men should be in charge and independent, characteristics that establish a context in which intimate violence can thrive (Carlson, 1977). Participants in the study believe that the general public remains uninformed about the dynamics of domestic violence, often blames the victim, and fails to recognize its occurrence within their own boundaries. They viewed victims as having difficulties related to transportation, housing, employment, and safety. Service providers reported dealing with limited resources and inadequate funding. These macrosystem variables are not different from the literature describing barriers to service provision in rural localities (Grama, 2000; Worden, 2003).

Mesosystem variables observed in the study indicate that service providers believe victims of domestic violence are more likely to be affected by religious and/or cultural beliefs in rural localities than in urban ones. In addition, participants reported the additional challenge of sustaining a supportive social network in rural localities. Microsystem variables identified by the study’s participants include the perception that victims feel less supported by their families. Although no direct conclusions can be drawn from these observations, it is an issue that may warrant further exploration with regard to effects on service structure and utilization in a community. In a study on help-seeking behaviors, Krishnan and colleagues (2001) observed that rural victims were less likely to seek assistance and expressed frustration and/or irrational fears of negative attitudes regarding situations from members of their rural community. The fear of social rejection from informal helping networks, such as neighbors or church members, often leaves victims feeling isolated and reluctant to seek care assistance. The authors went on to note that community beliefs about marriage coupled with a general lack of resources may increase the incidence of domestic violence in rural areas. Further investigation on this subject would enable professionals to become more knowledgeable about this social dynamic.

The lack of confidentiality and anonymity because of close kinship and community linkages represent a primary concern for rural victims of domestic violence in the literature and were observed as an issue in this study as well. The notion that
people in rural communities are more self-reliant may be a byproduct of feelings of fear about their plight becoming known throughout the community. This fear further exacerbates the private nature of domestic violence because of geographic and other forms of isolation in rural localities. To address this issue, service providers can engage in dialogues with service consumers about confidentiality and ways to enhance it from a consumer perspective.

Findings in this study support the observation that victims risk being further victimized as a result of the inadequacies of other professionals or systems they encounter when seeking services. Rural service provision to domestic violence victims would be enhanced by more community education and awareness about the dynamics of domestic violence as well as the benefits of intervention and prevention. Coordinated community responses between service agencies (family violence programs, law enforcement, hospital staff, and mental health workers) that includes training and team building decrease some of the existing barriers to service provision.

The implications of this research juxtaposed against the difficulties associated with rural service delivery suggest that thoughtful research must continue. Although more professional attention has been directed to the issue of domestic violence, we must become more informed as to the influences of area beliefs and culture on providing services.

References


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