Analysis of Domestic Violence Services in Rural Pennsylvania

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Executive Summary

This research analyzed domestic violence services and potential barriers to those services in Pennsylvania, particularly in rural counties. The study tracked shelter characteristics and needs, typical client characteristics and needs, shelter services, and community partnerships and coalition building to identify and analyze any barriers to the effective delivery of domestic violence services in rural counties. The study focused on the 60 domestic violence service centers/shelters funded through the Pennsylvania Coalition Against Domestic Violence (PCADV), a publicly funded coalition of domestic violence centers in the state.

The researchers used secondary data from PCADV and the Pennsylvania Commission on Crime and Delinquency, and conducted a survey and focus groups with shelter personnel and clients. For the research, the terms "client," "survivor," and "victim" were used interchangeably. The researchers used the Center for Rural Pennsylvania's definition of rural and urban counties, which is based on population density.

In general, the research found that shelters in rural counties face unique challenges in helping victims of domestic violence. For example, shelters in rural counties have critical resource gaps, such as availability of public transportation and transitional housing. Shelters in rural counties also rely more heavily on community partners, such as faith-based groups and businesses, for resources than shelters in urban counties and have access to fewer batterer intervention programs than shelters in urban counties.

Shelters in rural counties provided more referrals to child custody assistance and more social services support than shelters in urban counties.

In general, shelters in rural counties reported that adult females were more likely to experience intimate and immediate family violence, followed by girls, rather than men or boys. Shelters in rural counties also indicated that there was a generational and intergenerational indifference toward interpersonal violence in rural counties.

Rural shelters also emphasized the significant relevance of partnerships with law enforcement, in particular the LAP grant (Lethality Assessment Program for Law Enforcement) and STOP (Services Training Officers Prosecutors) grant. Rural shelters also emphasized the need for greater domestic violence training for the State Police, and requested a greater presence of police in their geographically scattered regions.

In terms of funding, rural shelters received less funding, overall, than urban shelters, although rural shelters received more funding per capita than urban shelters. Rural shelters allocated more funding to community outreach and transportation, and to full-time employment, while urban shelters allocated more funding to facilities and part-time employment.

Based on the study results, the researchers presented several policy considerations regarding federal and state government programs, as well as considerations for law enforcement intervention, transportation and legal services.

The Center for
Rural Pennsylvania
A Legislative Agency of the Pennsylvania General Assembly

This project was sponsored, in part, by a grant from the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly.

The Center for Rural Pennsylvania is a bipartisan, bicameral legislative agency that serves as a resource for rural policy within the Pennsylvania General Assembly. It was created in 1987 under Act 16, the Rural Revitalization Act, to promote and sustain the vitality of Pennsylvania's rural and small communities.

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Introduction

The National Crime Victimization Survey (NCVS) conducted by the U.S. Department of Justice's Bureau of Justice Statistics defines domestic violence as rape or sexual assault, robbery, aggravated assault, or simple assault committed by an offender who is the victim's current or former spouse, boyfriend, girlfriend, parent, child, sibling, or other relative. NCVS defines intimate partner violence (IPV) as violence committed by the victim's current or former spouse, boyfriend, or girlfriend (Truman and Morgan, 2012).

This research followed the above definition of domestic violence and the classification of domestic violence victim-offender relationship since it is comprehensive and gives greater clarity to victim needs and shelter services across a number of variables within the domestic violence framework.

The most recent NCVS study on violent victimizations from 2003-2012 indicated that domestic violence accounted for 21 percent of all nonfatal violence in both urban and rural areas nationwide (Truman and Morgan, 2012).

The NCVS findings highlighted the need to study domestic violence services in rural areas of the nation for the following reasons: 1) intimate partner violence accounted for a greater percentage of all violent victimizations nationwide than violence committed by immediate family members or other relatives; 2) the majority of domestic violence was committed against females; 3) the proportion of violence against males and females was more evenly distributed for domestic violence committed by immediate family members or other relatives; 4) violence committed by intimate partners as well as immediate family members happened in or near homes; 5) intimate partner violence resulted in more reported injuries than other forms of domestic violence; 6) victims of intimate partner violence received more assistance from victims services agencies than victims of domestic violence by immediate family members and relatives; and, 7) the rates of intimate partner violence were higher than rates of violence committed by immediate family members or other relatives in rural areas.

The most recent data collected on domestic violence incidents affirmed the pervasiveness of the problem. On September 10, 2014, the National Network to End Domestic Violence (NNEDV) conducted a one-day survey of 1,697 out of 1,916 (89 percent) identified domestic violence programs in the nation as part of its annual national census of domestic violence (DV) services[1]. In a 24-hour service period, the surveyed shelters served an unduplicated count of 67,646 victims: 36,608 victims sought and found refuge in emergency shelters or transitional housing provided by domestic violence shelter programs, and 31,038 victims, both adults and children, received non-residential services including counseling, legal advocacy and children's support groups. Fifty-five percent of victims asked for help with transportation. Shelters answered 20,845 hotline calls, while the National Domestic Violence Hotline staff answered 1,283 calls, averaging more than 15 hotline calls every minute. Shelters provided 1,157 training sessions on

1. National Network to End Domestic Violence (NNEDV) is a domestic violence advocacy organization comprising domestic violence services coalitions representing over 2,000 member organizations nationwide. Since 2006, NNEDV has conducted an annual census of non-invasive and non-duplicated counts of domestic violence services provided by identified domestic violence centers and shelters of its coalition across the nation. NNEDV's legislative advocacy includes work toward the reauthorization of the Violence Against Women Act (VAWA), Family Violence Prevention and Services Act (FVPSA) and Victims of Crime Act (VOCA), the three federal programs that fund domestic violence services in the nation. http://nnedv.org/downloads/Census/DVCounts2014/DVCounts14_NatlReport_web.pdf. All subsequent data references are from the 2014 census source.

domestic violence to more than 23,500 people in a 24-hour period.

A state-by-state breakdown of the NNEDV census data for the same 24-hour period referenced above showed that DV shelters in Pennsylvania served 2,498 victims of domestic violence in one day, as reported by the state's 60 participating domestic violence shelters[2]: 1,373 victims (713 children and 660 adults) secured emergency shelter or transitional housing during the 24-hour period; and 1,125 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups. Pennsylvania DV shelters responded to 744 hotline calls in the 24-hour period, averaging 31 hotline calls every hour[3]. On the survey day, DV shelters across the state provided 62 training sessions on how to identify, intervene and prevent domestic violence to 1,941 individuals. Of the 252 unmet requests for services on that one day, 184 (73 percent) were for housing and the remaining were for legal representation.

According to NNEDV, 46 staff positions in Pennsylvania were eliminated from 2013 to 2014, with most of the positions in direct services, such as housing, legal and medical advocacy. Thirty-seven individual services at local programs across the state were reduced or eliminated in 2013-2014[4]. The stated reasons for unmet shelter requests were as follows: 27 percent of Pennsylvania's DV shelters reported reduced government funding; 17 percent reported cuts from private funding sources; 15 percent reported not enough staff; and 10 percent reported reduced individual donations[5].

In Pennsylvania, state government has played a critical role in addressing domestic violence by passing relevant laws and funding DV initiatives. In particular, Pennsylvania has: laws that criminalize stalking in DV cases (18 Pa.C.S. § 2709.1); amended child custody laws to enforce the safety and best interests of children (23 PA C.S. §§ 5321 – 40); amended the child protective services law (23 Pa. C.S. §§ 6311 - 6320); provided a confidential address for victims of domestic violence (23 Pa.C.S. §§ 6701 -6710); authorized marriage license fees to be used for domestic violence victim services (Act 222 of 1990); established the Victims Compensation Assistance Program (VCAP, Act 139 of 1976); prohibited insurance discrimination (40 P.S. §§ 1171.1-1171.14; amendments to this Act in 1996 and 2006); provided for Protection from Abuse Orders (PFA, 23 Pa. C.S. Section 6101 et seq. or Act 66 of 2005); and established the Domestic Violence Health Care Response Program (35 P.S. § 7661 et seq. 2011).

Notwithstanding these supportive initiatives, a 2007 study urging professionals to understand the differences between rural and urban areas as they pertain to domestic violence services underscored the need for greater insight into rural DV issues, stating: "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," (Lewis, 2003). This insight is relevant for Pennsylvania, which has a large rural population.

Domestic Violence Services Funding

The 1970s Battered Women's Movement in Pennsylvania built the first state-supported, grassroots coalition against domestic violence in the nation. The Pennsylvania Coalition Against Domestic Violence (PCADV) evolved from this first coalition of shelters. The shelters that participated in the current study and which provided the DV data analyzed in the study belong to this state coalition.

A state domestic violence coalition is defined as a statewide nongovernmental, nonprofit, domestic violence organization that includes a majority of the primary-purpose domestic violence service providers in the state; has board membership representative of the primary-purpose domestic violence service providers, including members of the community; provides education, support, and technical assistance to domestic violence service providers to establish shelter and support services; and serves as a clearinghouse, primary point of contact, and resource center for matters pertaining to domestic violence in the state[6].

While faith-based shelters offer domestic violence services in the state, this study focused on the 60 domestic violence shelters funded by PCADV.

Domestic violence services in Pennsylvania assessed in the current study are funded by three dedicated federal funds, which are channeled through PCADV to individual shelters: the Violence Against Women Act

2. http://nnedv.org/downloads/Census/DVCounts2014/PA.pdf. All subsequent Pennsylvania state data references are from the 2014 census source.
3. Ibid.
4. Ibid.
5. Ibid.
6. http://pubs.pcadv.net/website_Planning/WEB_TO_EDIT/PUBLIC%20POLICY/FVPSA2014_billtext.pdf. Accessed 21 January 2016.

Table 1. Federal and State Funding for Domestic Violence Services

DV Acts and Federal Funding Sources	State Funding Sources
Violence Against Women Act (VAWA) Family Violence Prevention and Services Act (FVPSA) Victims of Crime Act (VOCA) Title XX-Social Services Block Grant (SSBG) SSBG – Medical Advocacy Project (MA) SSBG – Civil Legal Representation (CLR) SSBG – Relocation Funds (Relo)	Act 44 – State General Fund Medical Advocacy Project Act 222 – State Marriage License Fund

(VAWA), the Family Violence Prevention and Services Act (FVPSA), and the Victims of Crime Act (VOCA). Together, they support the day-to-day operations of domestic violence shelters, while also supporting the establishment and maintenance of DV-oriented law enforcement programs, court offices, rape crisis centers, children and youth services, training and prevention programs, community outreach, and other state and local programs that provide services for victims and families.

The Violence Against Women Act (VAWA), first authorized in 1994 and reauthorized in 2000, 2005 and 2013, provides funding for a broad spectrum of essential DV services through grants such as STOP (Services, Training, Officers and Prosecutors Grant Program), transitional housing services, Grants to Encourage Arrest and Enforce Protection Orders (GTEAEP), Lethality Assessment Program (LAP) grants for law enforcement, sexual assault services, Civil Legal Representation (CLR)for domestic violence victims, training for judicial personnel, Services for Rural Victims and Rural Grants Program, and Supporting Teens Through Education and Protection (STEP program).

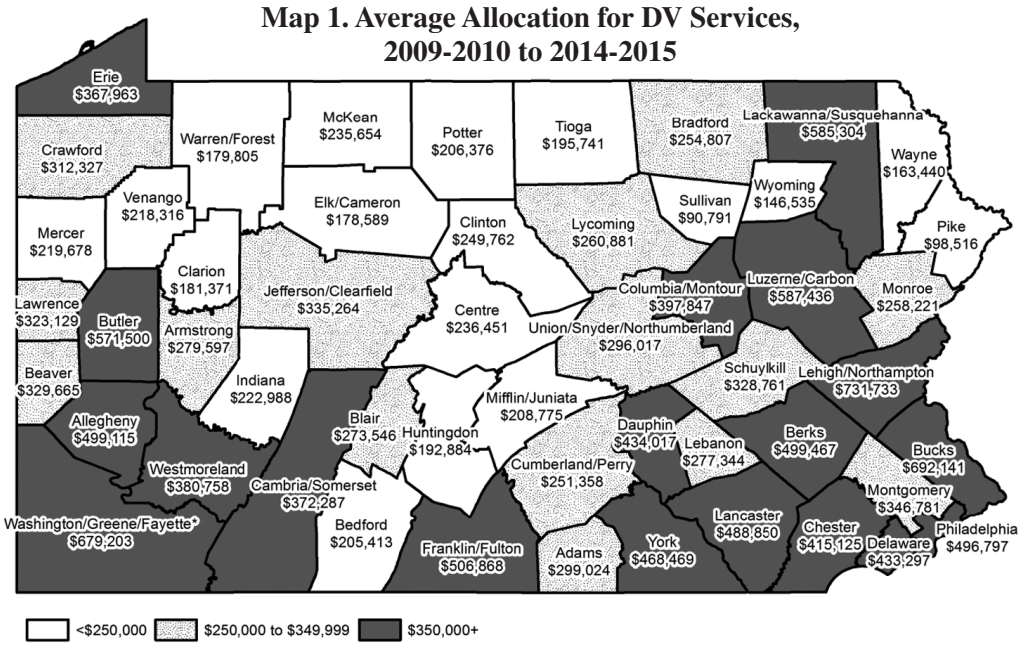
The federal formula grant funded by Family Violence Prevention and Services Act (FVPSA), first enacted in 1984 and the only federal legislation specifically dedicated to the prevention of domestic violence, provides funding for critical domestic violence services, such as a hotline, emergency and transitional housing, comprehensive health care services that include domestic violence screening in hospital emergency rooms, and adult and child counseling.

The Victims of Crime Fund (VOCA), a federal formula grant, provides victims assistance programs that pay out-of-pocket expenses of domestic violence victims, assistance with the criminal justice process, safety planning, and court accompaniment[7].

State funding for domestic violence services in Pennsylvania comprise the following: State General Fund (Act 44), Medical Advocacy Project, and State Marriage License Fund (Act 222). All counties and all shelters receive a combination of funds from the various federal and state funding agencies through formula and competitive grant applications. Criteria for grant eligibility vary and funding amounts vary from county to county. Not all counties and shelters qualify for all of the available federal and state funded programs. Table 1 lists the various federal and state funding programs. Map 1 shows the average DV allocation for each county, adjusted for inflation based on the Consumer Price Index from the U.S. Bureau of Statistics[8], with the base year 2015 for the preceding six years: 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014, and 2014.

VAWA, FVPSA and VOCA funds for domes-

Map 1. Average Allocation for DV Services, 2009-2010 to 2014-2015



*Note: Data for Washington/Greene/Fayette counties are based on a 4-year average rather than a 6-year average as in the other counties due to changes created by the merging of shelter services and counties.

7. http://nnedv.org/downloads/Policy/fy11briefingbook.pdf. Accessed 21 January 2016.
8. http://www.bls.gov/cpi/. Accessed January 28, 2016.

tic violence services have steadily declined in recent years. Analysis of recent funding trends in DV services are conducted primarily through the DV state coalitions. In the most recent survey of January 30, 2013, NNEDV collected funding data from its 56 participant state coalitions across the nation and found[9]:

- 88 percent reported that domestic violence programs have recently experienced an increase in demand for services.
- 69 percent reported that domestic violence programs experienced funding decreases from FY 2011 to FY 2012.
- Nearly 44 percent reported decreases in federal funding over and above the decreases experienced as a result of cuts to VAWA and VOCA funding.
- Almost 80 percent reported that their programs were experiencing cuts or reductions from local county and city sources.

Research Goals

The goals of the study were to: compile representative demographic information on the populations served by rural and urban shelters to highlight rural client characteristics and shelter programs and services: compile data on the types of services sought by clients and provided by shelters in rural and urban counties to highlight rural client and shelter needs; and identify and analyze geographic, sociocultural and funding factors that affect the delivery and access to shelter services in rural counties.

Methodology

Domestic violence intervention efforts since the 1980s have followed a "coordinated community response system" model, first advocated by the Domestic Abuse Intervention Project (DAIP), a shelter training resource[10]. This model, followed by PCADV in its domestic violence training[11], advocates a coordinated community response on the part of several vested community response systems, which typically include the legal and criminal justice systems, health care (mental and physical health) professionals, human service professionals, and victims advocate groups, all of which follow uniform procedures to close the gap between various agencies to assist domestic violence victims[12]. Just as shelter services are grounded in a collaborative community systems model, research into domestic violence has also followed this model of researcher-community collaborative and participatory approach, or a Community Based Participatory Research (CBPR) approach, wherein shelter service providers and clients collaborate with researchers to define the problem, help generate and select appropriate data, describe and analyze themes and research findings, and identify community assets as well as community barriers to service delivery to arrive at an accurate understanding of the community concerns regarding effective intervention in domestic violence[13].

This research followed a community-based participatory research approach, whereby the research team collaborated with the shelters to 1) understand how shelters define successful delivery of services, 2) how shelters define barriers to services, 3) how shelters identify the key articles of their mission, and 4) how shelters identify their key community partners in domestic violence services, education and prevention.

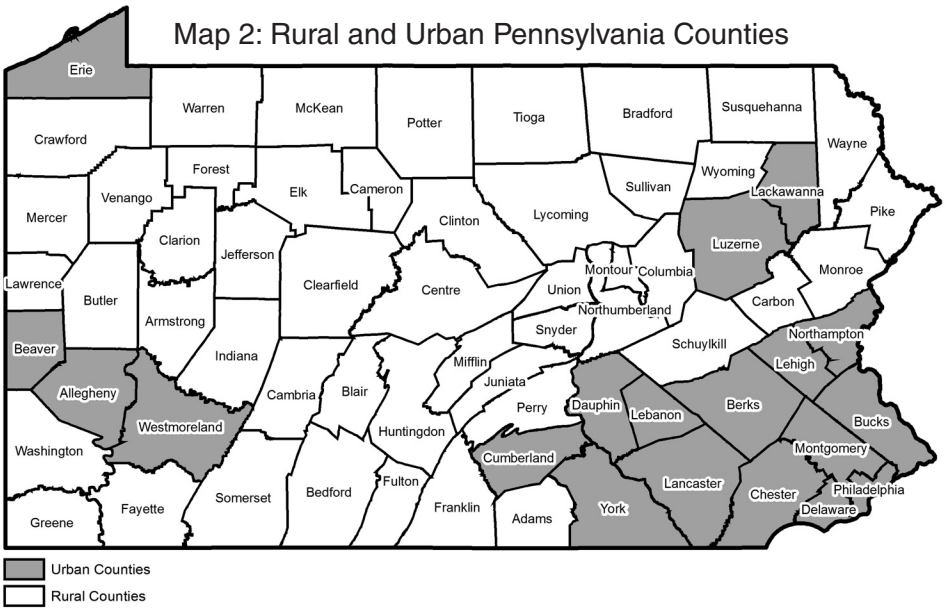
The research used the Center for Rural Pennsylvania's definition of rural and urban counties, which is based on population density: a county is rural when the number of persons per square mile within the county is less than 284 and urban when the number of persons per square mile is greater than 284. According to this definition, Pennsylvania has 48 rural counties and 19 urban counties (See Map 2 on Page 6).

To get a representative sample of shelter data, the team contacted 35 domestic violence shelters across the eastern, central and western regions of the state, based on their rural and urban location, varied population density, projected growth, and racial and cultural homogeneity or diversity[14].

Twenty-five shelters (40 percent) agreed to participate in the research, which included a survey and focus groups. It should be noted that the four urban shelters in Philadelphia did not participate in the survey[15].

Map 3 on Page 6 represents the shelters that participated in the research. Counties served by the same shelter were grouped together, and included Lacka-

9. http://nnedv.org/downloads/Policy/CoalitionFundingReport_2013_ExecutiveSummary.pdf. Accessed 21 January 2016.
10. Richie, Dennis J. and Kimberly K. Eby. "Transcending Boundaries: An International, Interdisciplinary Community Partnership to Address Domestic Violence." Journal of Community Practice, 2007, Vol. 15 Issue 1/2, p127.
11. The Online Learning Center. http://lms.pcadv.net/moodle/course/category.php?id=18. Web accessed 21 August 2014.
12. Richie, 127.
13. Richie, 131.
14. County Profiles. The Center for Rural Pennsylvania. Web accessed 12 August 2014. http://www.ruralpa2.org/county_profiles.cfm.
15. A representative sampling from the southeastern region is provided by Lancaster, Montgomery, Bucks, Berks and Chester.



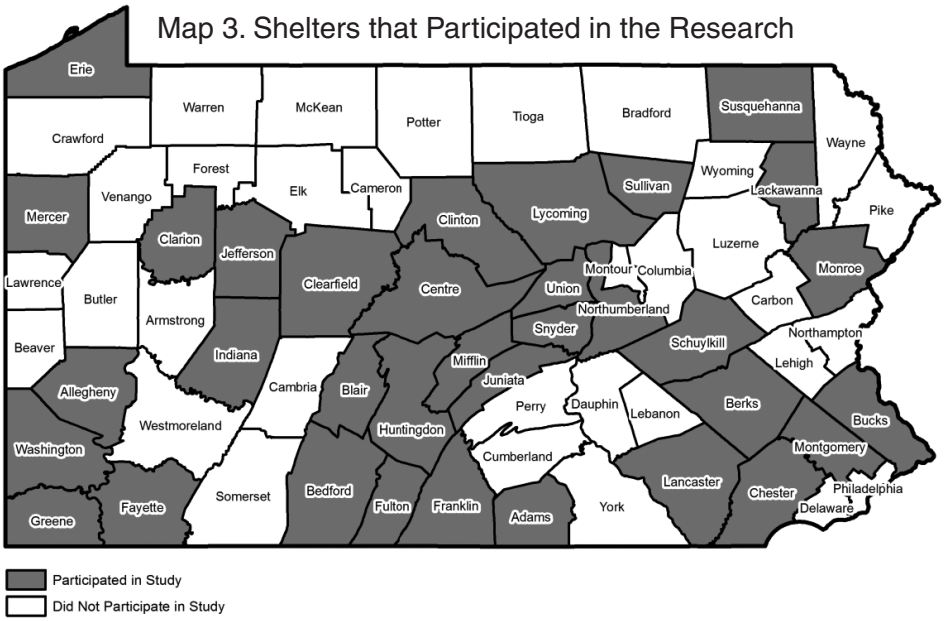
wanna/Susquehanna, Union/Snyder/Northumberland, Clearfield/Jefferson, Fulton/Franklin, Washington/Fayette/Greene, and Juniata/Mifflin/Huntingdon. Table 2 shows the multiple counties served by the same shelter and their rural/urban designation. Overall, the research participants represented 17 rural shelters, one rural/urban shelter, and seven urban shelters.

Survey

In 2015, the research team emailed a total of 25 surveys to the point person at each of the shelters that agreed to participate in the study. The survey was divided into five sections: 1) DV Services Agency; 2) DV Services Agency Staffing; 3) DV Services Agency Funding; 4) DV Services Agency Clients; 5) DV Services Agency and Coordinated Care Continuum. The research team defined the following terms as follows: "agency" refers to the entire organization encompassing the programs and services the shelters provide; "shelter" refers to agencies that also provide residential services, including emergency shelter and transitional housing; and "client" refers to individuals seeking assistance at the agency.

The survey questions pertained only to domestic violence (DV) services. If the agency provided programs, services and assistance in other trauma-related areas (such as sexual assault, rape counseling, etc.), the research team informed the agencies that such data should not be included. This was to ensure that the data analysis remained focused on domestic violence services alone. All survey questions that pertained to health/medical accompaniment and assistance, legal accompaniment and assistance, social services accompaniment and assistance, housing services and assistance, counseling, and other services provided by the agency addressed only DV clients. Agencies were allowed to leave responses blank where no data were available.

Twenty-three shelters, some of which serve multiple counties, returned surveys. Since no shelter completed all 70 survey questions, the high rate of nonresponse affected the survey results, as noted in the Data Limitations section.



Focus Groups

Twenty-four shelters participated in the focus groups, which were comprised of one shelter/agency staff involved in direct services, one shelter/staff involved in management, and one to two community coalition partners involved in DV services delivery and clients.

Table 2. Counties Served by the Same Shelter

Multiple Counties Served by the Same Shelter
Clearfield/Jefferson (Rural)
Fulton/Franklin (Rural)
Juniata/Mifflin/Huntingdon (Rural)
Lackawanna (Urban)/Susquehanna (Rural)
Union/Snyder/Northumberland (Rural)
Washington/Greene/Fayette (Rural)

In all of the focus groups, the researchers interviewed a variety of individuals involved in the "coordinated care continuum," who manage the delivery of services to domestic violence victims across the six regions of the state.

The focus groups were held in the home county of the shelter, either at the shelter itself, or if the shelter was a safe space whose street address could not be shared with the research team, in another public location, such as a community center or a library. The research team analyzed the focus group transcripts for global themes pertaining to domestic violence services as they apply to rural counties specifically. The focus group responses were coded for themes, which are listed in Table 3.

The focus group results were then divided into urban findings and rural findings and are presented in the results in aggregate.

PCADV and PCCD Data

Table 4 lists the PCADV data and Table 5 (See Page 8) lists the PCCD data that were used in this research. The PCCD data came from a 2013 survey, which also included responses on domestic violence, conducted by PCCD's Office of Victims' Services.

Table 4. PCADV Data

Years	PCADV Data
2010-2011 2011-2012* 2013-2014	3-Year Total Averages for Persons Served; Counseling hours; Shelter days
2003-2004 2004-2005 2005-2006 2006-2007 2007-2008 2008-2009 2010-2011 2011-2012 2013-2014	9-year averages for Persons Served (New Victim/Child/Significant Others); Counseling Hours (New Victim/Child/Significant Others); Shelter Days(Adult/Child)
2009-2010 2010-2011 2011-2012 2012-2013 2013-2014 2014-2015	6-year Subcontractor Allocations from the following funding sources: Federal sources-TitleXX/SSBG, SSBG/Medical Advocacy Program, SSBG/Relocation funding, SSBG/Civil Legal Representation, FVPSA, State sources-Act 44, Act 222, Medical Advocacy Program

*Note: *2012-2013 data were not provided since PCADV was transitioning to a new data system.*

Table 3. Focus Group Themes Regarding Barriers to DV Services

Focus Group Themes
Child Care and Victims Services Issues
Children and Youth Services Issues
Civil Legal and Judicial System Issues
Community Awareness and Education Issues
County Assistance and Department of Human Services Issues
Funding Issues
Geographical Isolation Issues
Gun Ownership and Gun Violence Issues
Housing Issues
Law Enforcement Issues
Mental Health Issues
Staffing Issues
Stereotypical Sex and Gender Roles Issues
Substance Abuse Issues
Transportation Issues

PCCD also provided data on Protection from Abuse orders (PFA) issued in the state between 2005 and 2014. A Protection from Abuse order is a court-issued civil order following a legal filing of domestic violence that provides protection from harm by household members, sexual or intimate partners, or a person with whom the person filing the claim shares a child.

Data Limitations

Primary Data

The researchers note that of the 25 PCADV funded domestic violence shelters that indicated their willingness to take part in the research project, a total of 23 shelters returned partially completed surveys. No shelter fully completed the survey. While the research team was consistent in its approach to solicit the necessary data, many of the shelters explained that they did not have the time and personnel required to provide 10-years of historical data for the survey. Also, because of changes in data storage, the respondents only were able to provide data for 1 year, and because certain variables are not tracked by the shelters, the respondents were unable to provide certain information in the surveys. For example, missing variable data in the untracked category include LGBTQ clients served and client needs, the educational level of clients served, marital status, dependent status, disability status, educational level, and employment status. These variables were not included in the research.

The research team, however, was able to get holistic numbers for shelter funding, clients served and services used for each county and their DV shelters from the PCADV secondary data files. Therefore, much of the shelter survey responses regarding the numbers of adults, significant others, and child victims served, and certain gender and racial demographics were balanced by the findings from the PCADV secondary data. Also, while PCADV was able to provide subcontractor allocations for the years 2009-2014, it could not provide that information for a 10-year period as requested. This was due to changes in data storage at the regional level. However, the PCADV funding data, in particular, filled the gap that the shelter surveys were unable to provide.

PCADV also provided shelter client and services data for 2003-2009, and 2010-2014, and not for a 10-year period as requested. Therefore, the results cover outputs for the past 9 years. PCADV data do not include FY 2012-2013, as the organization was changing to a new data collection system, and no variables were tracked for 2012-2013.

PCCD provided a spreadsheet of victims compensation filed in counties where a Protection from Abuse Order (PFA) was also issued. PFA issuance is a direct marker of DV-related victim compensation. PCCD also provided a link to a 2013 Victims Needs Assessment survey. Key variables were extracted from this survey and outputs added to the research.

Table 5. PCCD Data

DV Data Extracted from PCCD Survey
Victims Compensation for DV murder victims (2010-2012)
Victims Compensation for DV sexual assaults (2010-2012)
Victims Compensation for DV simple aggravated assault (2010-2012)
Number of shelter days, people served, hours of service, hotline calls (2011-2012)
Race and ethnic breakdown of victims (2000, 2010)
Poverty status for families with children (2007-2011)

Results

Shelter Accessibility and Use

The PCADV data encompassed a 9-year period of 2003–2009, 2010–2012, and 2013–2014. The researchers excluded shelters from this analysis if data were not available for all 9 years. The number of clients served was based on the average over the 9-year period.

To determine shelter accessibility, the researchers examined the location of shelters per county.

According to the analysis, in addition to the shelters providing services to individual counties, there were eight shelters in rural counties that served multiple counties, representing 17 counties overall, and four shelters in urban counties that served multiple counties, representing eight counties overall. Rural shelters served a greater number of counties and covered larger geographic areas. Rural clients have to travel farther for DV services, so multi-county coverage appears to be an issue.

The PCADV data included 17 variables: total recipients of services, new victims served, new significant others served, new children served, total counseling hours, victims counseling hours, significant other counseling hours, children's counseling hours, hours spent in other children's activities, total shelter days, total recipients of shelter, adult shelter days, number of adult victims sheltered, adult length of stay, children shelter days, number of children sheltered, and length of children's stay.

The researchers analyzed these variables to get a picture of rural and urban shelters' normal experiences. The researchers averaged the data for the various variables across the 9-year study period to increase the data's reliability.

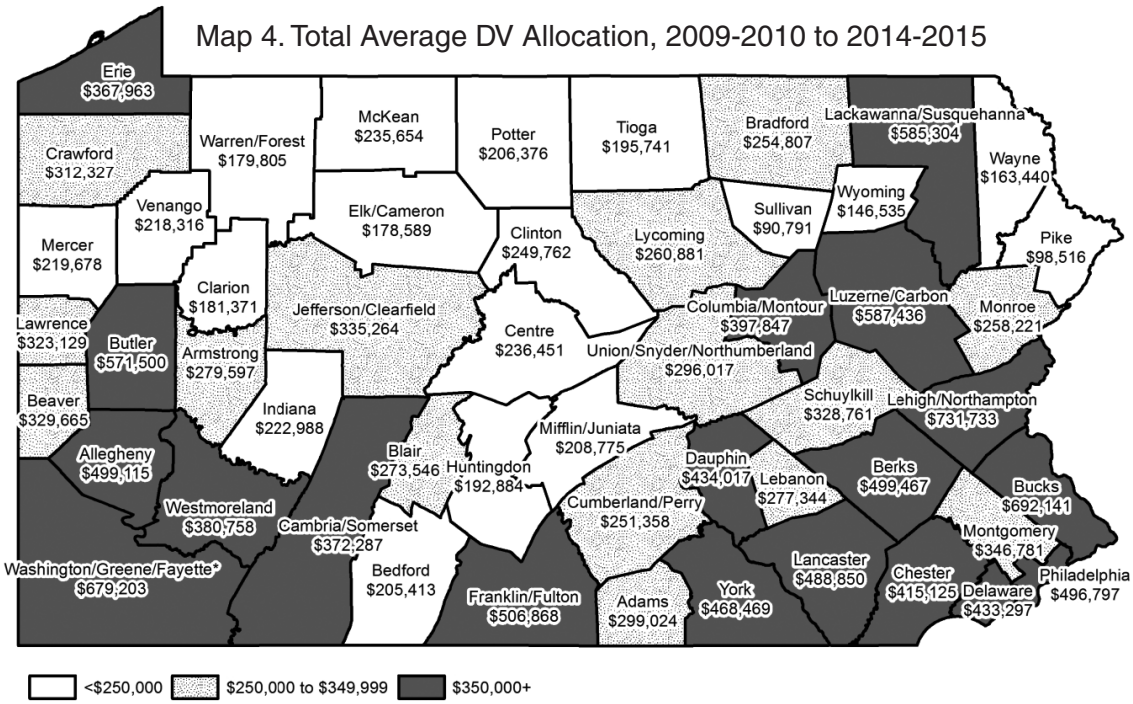
Among the 17 variables, there were rural/urban differences for total recipients of services, new victims served, new children served, total counseling hours, victims counseling hours, total recipients of shelter, number of adults sheltered, number of children sheltered, total shelter days, adult shelter days, and children shelter days (See Table 6).

Table 6. Rural and Urban Shelter Use

	Rural (N=31)	Urban (N=26)
	Mean	Mean
Total Recipients of Services	743.64	2,929.59
New Victims Served	574.39	2,545.14
New Children Served	89.52	181.39
Total Counseling Hours	4,522.34	13,475.13
Victims Counseling Hours	3,513.68	9,272.29
Total Recipients of Shelter	94.56	238.81
Number of Adults Sheltered	52.41	136.90
Number of Children Sheltered	44.10	122.03
Total Shelter Days	2,007.20	5,379.21
Adult Shelter Days	1,090.39	2,940.76
Children Shelter Days	963.95	2,935.74

Table 7. Shelter Funding Allocations, 2009-2010 to 2014-2015

	Rural (N=48)	Urban (N=19)
	Mean	Mean
Total Funding	$295,255.97	$466,917.50
Per Person Funding	$3.93	$1.15



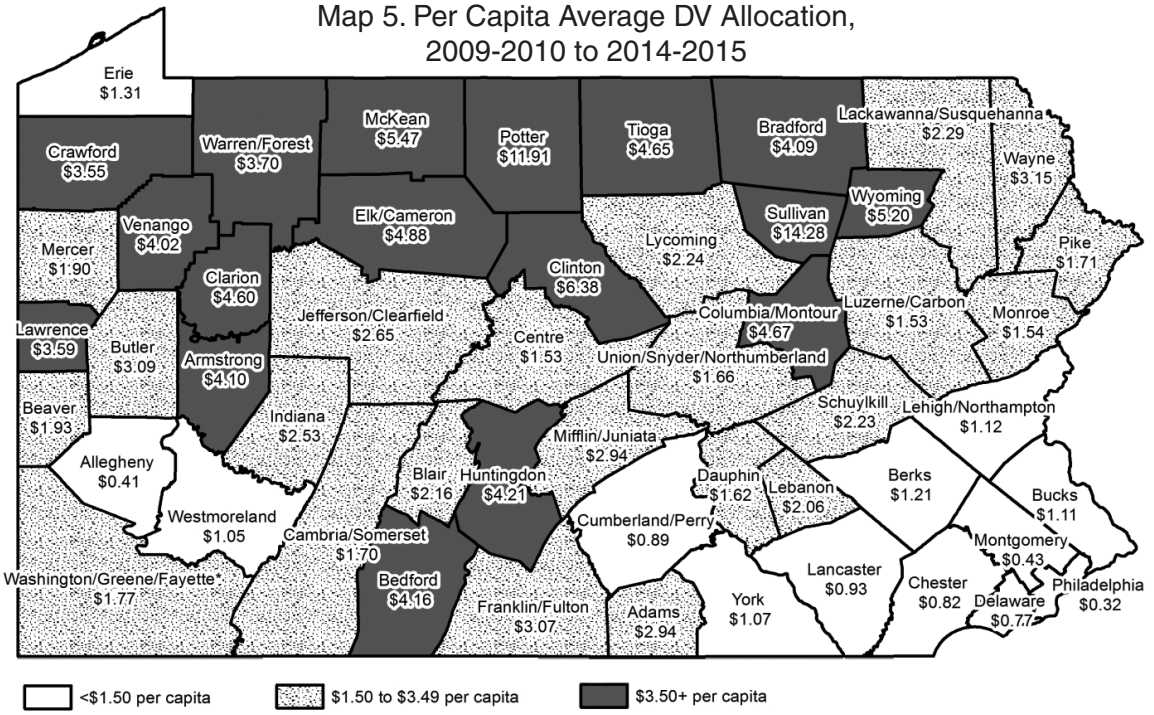
**Washington/Greene/Fayette data is for 4 years and not 6 due to shelters and counties merging their services.*

Population and Funding

According to the analysis of federal and state DV allocations to shelters for 2009-2010 to 2014-2015, county population size and funding received were correlated, with shelters in urban counties receiving more funding than shelters in rural counties. However, shelters in rural counties received more funding per person ($3.93) than shelters in urban counties ($1.15) (See Table 7 and Maps 4 and 5).

Shelter Survey Results

Shelter use of services were categorized as direct (available through the shelter), referral (shelter refers client to other agencies), discontinued (shelter had ser-



**Washington/Greene/Fayette data is for four years and not six due to shelters and counties merging their services.*

Table 8. Services More Likely to be Offered by Urban Shelters

	Rural Shelters					Urban Shelters				
	Direct	Refer	Discontinued	Not Available	N	Direct	Refer	Discontinued	Not Available	N
Housing Vouchers	0	13	0	3	16	0	3	1	1	5
Transition Housing	7	3	0	4	14	2	3	0	0	5
Batterer Intervention	1	7	0	7	15	0	5	0	0	5
Child Custody	4	12	0		16	3	2	0	0	5
Social Services	7	8	0		15	4	1	0	0	5
Disability Support	4	11	0		15	3	2	0	0	5
Budget Programs	9	7	0		16	5	0	0	0	5
Group Child Counseling	12	0	0	3	15	4	1	0	0	5

Table 9. Services More Likely to be Offered by Rural Shelters

	Rural Shelters					Urban Shelters				
	Direct	Refer	Discontinued	Not Available	N	Direct	Refer	Discontinued	Not Available	N
Literacy	12	1		0	13	2	0		1	3
Mental Health	9	1		1	11	1	2		2	5
Translation Services	7	6		1	14	0	5		0	5
Child Counseling	16	0	0	0	16	4	1	0	0	5

vice in the past but is no longer available), and unavailable services (shelter never had the service).

In terms of housing vouchers, transitional housing vouchers, batterer intervention programs, budget programs, child custody assistance, social services support, and disability support, rural shelters had fewer direct service options and more referrals or unavailable services than urban shelters.

The opposite trend was seen with child counseling, translation services, mental health needs support, and literacy needs support, with rural shelters providing more direct services than urban shelters, although group child counseling services were more prevalent in urban counties than rural counties (See Tables 8 and 9).

It is worth noting that more urban shelters than rural shelters tended to offer what could be considered rare services. For example, Safe Chats, a confidential, online chat application that may be added as part of a DV shelter's hotline services, was available in one urban shelter only and urban shelters were the only ones offering a cell phone recycling program.

Shelter Client Characteristics

Although urban shelters served more clients overall from within and outside their home county, a greater percentage of rural shelters served clients from outside their home county, probably because more rural counties "share" a shelter.

Among the clients in rural shelters, adult females were most likely to use shelter services, followed by girls. In urban shelters, adult females were again most likely to use shelter services; however, all other age groups, including girls, boys, adult males, and senior citizens, used services without showing significant differences based on age (See Table 10).

Overall, urban shelters served more clients and more clients in every age category. Rural shelters served a larger percentage of clients in the 33 to 43 year old age group. Urban shelters served rela-

Table 10. Percent of Clients Served Based on Gender and Age

	Rural (N=10)	Urban (N=5)
	Mean%	Mean%
Adult Female	77.64	84.68
Adult Male	5.73	6.16
Girl	13.25	4.06
Boy	2.15	1.08
Senior Female	9.24	1.44
Senior Male	3.17	0.21

Note: Totals do not equal 100% as they represent the average within each category.

Table 11: Number of Clients Served by Age Group

	Rural		Urban	
Client Age	Mean	N	Mean	N
21	63.8	10	124.33	3
22 - 32	148.4	10	606.33	3
33 -43	304	10	629.67	3
44 - 54	89.7	10	437.67	3
55 - 65	35.3	10	299.33	3
65 – 75	12.4	10	126.50	2
Over 75	2.88	8	4.00	2
Unknown	37.44	9	29.33	3

Table 12. Number of Clients Served Based on Race/Ethnicity

	Rural		Urban	
	Mean	N	Mean	N
African	0.90	10	0.00	2
African American	33.56	9	319.92	5
Asian	1.11	11	27.25	4
Asian American	88.67	9	0.00	2
White	368.67	9	980.56	5
Hispanic	9.67	9	119.96	4
Hawaiian/Pacific Islander	0.67	9	4.02	3
Middle Eastern	0.13	8	84.50	2
Multiracial	2.11	9	0.00	2
Native American	0.80	10	3.33	3
Unknown	61.2	10	202.95	5

Table 13. Budget Allocations in Percentages

	Rural		Urban	
Budget Allocation	Mean%	N	Mean%	N
Full-Time Employees	53.44	10	38.25	4
Part-Time Employees	6.99	8	19	4
Facilities	2.70	8	12.33	3
Hotline	1.96	8	1.75	2
Internet	0.29	5	0.25	2
Publicity	0.51	7	1.33	3
Transportation	3.64	8	1.5	2
Training	0.57	6	1.50	3
Community Outreach	7.60	6	0.83	3
Other	22.84	7	28.50	2

Table 14. Shelter Staff Characteristics that are Different for Rural and Urban Shelters

	Rural		Urban	
Characteristic	Mean	N	Mean	N
Population Served	110,030.94	16	801,020.75	4
Income	37,824.29	16	65,352.00	4
Part-Time Employees	3.27	16	7.72	5
Part-Time Hours Per Week	15.80	16	49.00	5
Staff Aged 22 – 32	4.19	16	2.40	5

Table 15. Shelter Staff Characteristics that are Similar for Rural and Urban Shelters

	Rural		Urban	
Staff Characteristic	Mean	N	Mean	N
Paid Staff	14.81	16	19.80	5
Full-Time Employees	11.66	16	11.20	5
Staff Under 21	0.19	16	0.00	5
Staff Age 33 – 43	4.06	16	4.20	5
Staff Age 44 – 54	2.94	16	4.80	5
Staff Age 55 – 65	3.06	16	6.10	5
Staff Age 65 – 75	0.25	16	1.40	5
African American Staff	0.87	16	3.00	5
Asian American Staff	0.06	16	0.00	5
White Staff	13.44	16	16.00	5
Hispanic Staff	0.38	16	0.80	5
Multi-Racial Staff	0.06	16	0.00	5
Female Staff	14.19	16	20.25	4
Male Staff	0.63	16	1.50	4

tively equal percentages of clients in the 22 to 32 year old and 33 to 43 year old age groups (See Table 11).

Interestingly, while urban shelters served more clients in most racial categories, rural shelters served more African, Asian American, and multiracial clients over the study period (See Table 12).

Shelter Services Used by Clients

Shelters were asked to provide a breakdown of services used based on client gender and ethnicity. Specific client services used according to gender that were included in the analysis were emergency shelters, PFAs, transitional housing, long-term housing, and transportation. According to the data provided, women used emergency shelter, PFAs, transitional housing, long-term housing, and transportation more than men in both rural and urban counties, with the exception of men using more PFAs in one urban shelter. Clients who identified as transgender used emergency shelter and PFA services. Overall, clients used more services in rural shelters than urban shelters.

In terms of services used according to ethnicity, the researchers included the following services in the analysis: emergency shelter, PFAs, transitional housing, and job training. The data indicated that whites used these services more often, followed by African Americans, those who identified as "other," and Hispanics. Hispanics ranked third in the use of PFAs in rural areas.

Shelter Budget Allocations

Rural shelters allocated more of their budgets to full-time employees, and urban shelters allocated more of their budgets to part-time employees. Urban shelters also allocated more of their budgets to facilities, whereas rural shelters allocated more to transportation and community outreach (See Table 13).

Shelter Staff Characteristics

There were significant differences between rural and urban shelters in terms of population served, staff income, staff part-time hours per week, and staff aged 22 to 32. For example, urban shelters served more people than rural shelters, and reported higher staff income than rural shelters. Urban shelters also reported more part-time hours per week than rural shelters. Rural shelters had more staff between the ages of 22 and 32 than urban shelters. Table 14 includes the shelter staff characteristics that are different between urban and rural shelters, and Table 15 includes the shelter staff characteristics that are similar.

Shelter and Community Partnership Satisfaction

Rural shelters tended to be less satisfied with their partnerships with law enforcement, faith and religious organizations, hospitals and housing services. Urban shelters tended to be more satisfied with their partnerships with law enforcement and hospitals than rural shelters but were less satisfied with housing partnerships and faith and religious organization partnerships than rural shelters (See Table 16).

Table 16. Perceived Partnership Satisfaction,* by Rural and Urban

	Rural		Urban	
Partnership	Mean	N	Mean	N
Hospital	2.63	16	3.00	4
Law Enforcement	2.81	16	3.00	4
Faith and Religious Organizations	2.94	16	2.33	3
Housing	2.63	16	0.500	2
District Attorney	2.87	15	3.00	2
Court	2.75	16	3.00	4
Victim Services	2.80	15	3.00	3
Funding Offices	2.94	16	2.75	4
Mental Health Counseling	2.31	16	1.50	2
School Districts	2.87	15	3.00	3
Immigration Services	1.60	15	1.50	2
Divorce/Custody	2.06	16	2.06	2

*Partnership satisfaction was based on a scale of 0 to 3; 0 = no partnership, 1 = unsatisfactory partnership, 2 = satisfactory and unsatisfactory, and 3 = satisfactory.

Table 17. Shelter Priority Ratings*

	Rural		Urban	
Priority	Mean	N	Mean	N
Budget	3.00	16	3.00	4
Transport	2.31	16	2.75	4
Staff Turnover	2.00	16	1.75	4
Caseload	2.44	16	2.50	4
Law Enforcement	2.26	16	3.00	4
Hospitals	2.50	16	2.75	4
Court	2.69	16	2.75	4
Social Services	2.62	16	2.75	4

Priority ratings were based on a scale of 1 to 3: 1 = low priority, 2 = medium priority, and 3 = high priority.

Table 18. DV-Related Crimes, 2010 – 2012

	Rural		Urban	
Crime	Mean	N	Mean	N
Murder	0.42	47	2.04	19
Assault	2.12	48	15.05	19
Sexual Assault	0.19	48	1.47	19

Source: PCCD.

Shelter Priorities

Rural and urban shelters gave similar priorities to budgets, transportation, staff turnover, caseloads, law enforcement, hospitals, courts and social services (See Table 17).

2013 PCCD Survey Data

According to the PCCD surveys from 2010, 2011, and 2012, there were more DV-related crimes reported in urban areas than rural areas (See Table 18).

There were significant positive correlations among the number of clients served, hours of counseling service provided, number of shelter days used, and hotline calls received during 2011–2012, as the use of each service was related: if the use of services increased in one area, it would increase in another area.

Also, urban shelters served a greater number of people, had more hours of service, a larger number of shelter days, and more hotline calls than rural shelters (See Table 19).

Table 19. Shelter Provided Services, 2011 – 2012

	Rural		Urban	
Service	Mean	N	Mean	N
Number Served	987.88	48	3,429.16	19
Hours of Service	6,041.75	48	14,278.53	19
Shelter Days	3,201.45	47	8,239.21	19
Hotline Calls	1,844.96	48	4,379.68	19

Source: PCCD.

Table 20. Summary of PCADV Data, Shelter Survey and PCCD Data

Data Source	Key Findings
PCADV	1. There were significant differences between rural and urban shelters in total recipients of services, new victims served, new children served, total counseling hours, victims counseling hours, total recipients of shelter, number of adults sheltered, number of children sheltered, total shelter days, adult shelter days, and children shelter days. 2. Urban counties received more DV funding allocations than rural counties. 3. Rural counties received more funding per person than urban counties.
Shelter Survey	1. Rural shelters had fewer direct service options for housing vouchers, transitional housing vouchers, batterer intervention programs, budgeting programs, child custody assistance, social services support, and disability support 2. Rural shelters had more child counseling, translation services, mental health needs support, and literacy needs support. 3. Although urban shelters saw more clients overall, a greater percentage of rural shelters saw clients from outside their county because more rural counties shared shelters. 4. Rural shelters reported that adult females were more likely to use shelter services, followed by girls. In urban shelters, adult females were again most likely to use shelter services, but all other age groups used services without showing significant differences based on age. 5. Urban shelters served more clients in most racial categories, but there were more Africans, Asian Americans and multiracial clients identified in rural shelters. 6. More women than men used shelter services in both urban and rural counties. 7. The one urban shelter that reported on PFA use had more men use the service than women. 8. The need for long-term housing and transportation appeared greater for rural shelters. 9. There was a greater use of services in rural shelters than urban shelters across all service types. 10. Rural shelters allocated more funding for full-time staff employment. 11. Rural shelters allocated more funding for transportation and community outreach. 12. Urban shelters served more clients and reported more income than rural shelters. 13. Urban shelters reported more satisfaction with partnerships with law enforcement and hospitals than rural counties. 14. Rural shelters reported more satisfaction with partnerships with housing and faith and religious organizations.
PCCD	1. Urban areas reported more DV related crimes. 2. Urban shelters reported a larger number of people served, more counseling hours, more shelter days, and more hotline calls. 3. Urban counties filed more PFAs than rural counties.

The PFA data from the PCCD surveys indicated that a greater number of PFAs were filed in urban counties (12.22) than rural counties (2.62). However, the PCCD data did not indicate if the PFAs were filed by DV shelters.

A summary of the key findings of the quantitative data analysis is provided in Table 20.

Focus Group Results

Twenty-four shelters participated in the focus groups, and answered all 10 focus group questions. Three of the focus group questions and their responses, which asked the shelters to briefly describe its protocol for a fatality, non-fatality, or housing emergency call on its hotline, were excluded from the results. These were informational questions for the research team to confirm standard protocols for DV services across the shelters. All participating shelters had similar protocols to respond to a fatality call, a non-fatality call or housing emergency call on their hotlines.

The remaining focus group questions were targeted toward understanding the barriers to the effective delivery of DV services. Respondents were asked to describe their community partners in direct and indirect domestic violence service delivery, and also to address satisfactory and unsatisfactory community partnerships in direct services to domestic violence clients and their dependents.

The discussion below lists the key focus group questions (Q) pertaining to service delivery and barriers, followed by responses from shelters in urban and rural counties. Each question shows the sample size of the responses (N).

Q: What community agencies do you need to work with in order to provide satisfactory service? Do those agencies currently exist? If they do not, what other groups help you meet those needs? Do you still have gaps in your service?

Urban shelters (N= 8), Rural shelters (N=16)

Both rural and urban shelters mentioned the following entities: Department of Human Services, county assistance offices, hospitals, law enforcement, courts, district attorney's office, Department of Housing and Urban Development (HUD), batterer's programs, school districts, community housing coalitions, private landlords, children and youth services, drug and alcohol services, local employers, taxi services, and mental health services. Rural shelters also mentioned local legal services agencies.

Both urban and rural shelters listed the following entities as those that fill in the gaps for service needs: local churches, Salvation Army, civic groups, homeless shelters, community food pantries, local colleges and universities.

Q: Which community agency – specifically state, city, county, municipal, nonprofit – does your agency have the best partnership with for delivery of domestic violence services? What makes it the best professional collaboration between your two offices?

Both urban and rural shelters defined satisfactory partnerships as professional relationships with the following qualities: trauma informed assistance (awareness of short- and long-term traumatic effects of domestic violence in its victims), timely assistance, mutual trust, open communication at all times, respecting agency boundaries, not engaging in "turf wars," dedicated understanding of domestic violence as a unique form of (gendered) violence in all its complexities and interconnections, respect for victims of domestic violence, and respect for shelter staff.

Urban shelters (N=8)

- In general, the participants spoke highly of their community action services and programs. These programs supported domestic violence shelters and their clients directly with child and youth services, women, infant and children (WIC) programs, head start programs, financial planning and outreach help, prevention of homelessness among victims, nutrition and food distribution programs, affordable child care and more.
- Participants gave urban hospitals high points for universal screening for domestic violence upon admittance.
- Participants ranked law enforcement, particularly local police departments, highly, and shelters valued the Lethality Assessment Programs (LAP), and STOP grant program as critical.
- Homeless shelters in urban counties uniformly assisted the shelters in providing housing to overflow shelter clients, even though the shelters were quick to affirm that a homeless shelter is far from being the ideal sanctuary for domestic violence victims.

Rural shelters (N=16)

- In general, participants credited law enforcement, particularly local police departments, with a good

working partnership. Participants noted that not all rural shelters have the LAP program and several rural counties lost their STOP grant funding after having it for a few years.

- In general, participants found certain president judges and district attorneys helpful and understanding in domestic violence cases, particularly in regard to issuing and enforcing PFAs.
- Participants appreciated the *pro bono* legal services provided by their local legal services agencies.
- The rural counties that had universal screening in the hospitals and those that had medical advocates affirmed the value of these services and programs.

Q: Which community agency - specifically state, city, county, municipal and nonprofit - does your agency have the worst partnership with for delivery of domestic violence services? What makes it the worst professional collaboration between your two offices?

Both urban and rural participants defined least satisfactory/worst relationship as professional relationships with the following qualities: lack of respect for domestic violence survivors/victims, lack of respect for domestic violence shelters and services, non-existent communication between partner agencies, hiding information and "turf wars," ignorance about the nature of domestic violence from a trauma informed perspective (awareness of short- and long-term traumatic effects of domestic violence in its victims), delays in paperwork and processing of services and client programs, and absence of financial, program, and client services support.

Urban shelters (N=8)

- Some participants reported unsatisfactory relationships with the court system in obtaining and enforcing PFAs, and judges who allow for "continuances" (where a PFA hearing is postponed often to benefit the defendant).
- Participants that did not have medical advocates reported unsatisfactory partnerships with hospitals.
- Participants reported that State Police need greater training in responding to DV incidents.
- Mental health services were ranked low.
- Children and Youth Services were ranked very low due to "turf wars" with domestic violence shelters.
- Housing services were ranked very low in urban partnerships, as participants noted there were not enough transitional housing units available. DV victims were not given any special consideration while applying for transitional housing. Housing is expensive in urban areas, and clients cannot afford housing in many cases. Landlords do not want to take government funding and will not give housing to those receiving assistance. There seem to be fewer transitional housing options for single women who are victims of domestic violence as most accommodations are made for women with children. The mandated "rapid rehousing project" through HUD in some urban counties was detrimental to the long-term success of clients.
- Public transportation services for domestic violence clients were ranked very low. Taxi service is prohibitively expensive.

Rural shelters (N=16)

- Participants reported unsatisfactory partnerships with the court system, PFA attorneys and president judges who are not always sympathetic to DV victims. Low confidence levels exist among survivors where the PFA office has become part of the court system. Shelters reported concerns that some advocacy offices do not appear to be victim centered. They also expressed concerns that some offices lack enforcement of client confidentiality.
- Shelters reported that PFA violations are not always prosecuted by law enforcement.
- Participants said county assistance offices in rural areas are understaffed and overworked, so there is considerable time delay in serving DV clients.
- Transportation services were ranked very low. Many rural counties reportedly have no public transportation. If they do, the transit areas for buses is very small and hours of operation are limited, which limits both housing and employment opportunities (location and work hours) for clients with no vehicle of their own, which is often the case with most DV survivors. Taxi service is expensive. In one rural county, taxi service has to be ordered from outside the county since the home county has no taxi service.
- Affordable and safe housing services were ranked in critical need in rural counties. In one rural county, there is no publicly available affordable housing for DV survivors. The participants noted that natural gas companies bought much of the available housing and rentals are charged according to what the industry would pay landlords. The only inexpensive housing is located in dangerous neighborhoods with drug problems. Hotel rentals have gone up as well.

- Homeless shelters are not readily accessible.
- Affordable and safe childcare services are virtually non-existent in rural counties. Domestic violence victims who are parents of small children have no affordable childcare that will empower them to find employment.
- Children and Youth Services pose partnership problems with DV agencies, especially if they do not see the link between child abuse and domestic violence. Oftentimes, there is no communication between the two offices and the requirements and procedures for one agency contradict the requirements and procedures of the other agency.
- Partnership between DV agencies and drug and alcohol services were ranked low. Drug and alcohol services often serve a high volume population that are not specifically DV clients, so shelter clients wait a long time for assistance and treatment programs. Also, many in-patient treatment programs do not take women with dependent children.

Q: What is a much needed community support agency - an example would be a clinic, hospital, trauma center, etc. - that you do not have access to in your community? How does its absence affect what you are able to offer to your clients?

Urban shelters (N=8)

- Affordable child care services, particularly for evenings and weekends.
- A safe custody exchange space that is not a public parking lot or the police station parking lot and is a place without traumatic and negative associations for the children.
- A shelter for domestic pets since DV survivors are often afraid to leave a pet behind with their abuser.
- An affordable legal center and family law services.
- A language line for translation needs.
- An anti-trafficking resource center for internationally trafficked women, mail-order brides and foreign women brought to the U.S. for coercive exploitation in a domestic setting.
- One shelter asked for a "sanctuary center" that is trauma informed (awareness of short- and long-term traumatic effects of domestic violence in its victims) for DV survivors to receive holistic care.

Rural shelters (N=16)

- Public transportation that includes affordable taxi service and bus service that runs late in the evenings and weekends.
- Reliable private donations of vouchers and gas money for transportation needs.
- Affordable and safe transitional housing.
- Above-subsistence-level employment opportunities for poverty-level clients.
- 100 percent direct services medical advocate for all rural shelters.
- PCADV to fund civil legal representation in all rural shelters.
- Funding for LAP for all rural shelters.
- Funding for STOP grants for all rural shelters.
- Funding for more police officers in rural areas.
- More mental health services facilities.
- More urgent care services facilities.
- More free dental care services facilities for survivors who have been battered in the face and whose mouth and teeth have been disfigured.
- Twenty-four hour affordable child care.
- Resource centers for the LGBTQ population struggling with domestic violence.
- Resource centers and services for limited English language proficiency clients; a paid consultant on international domestic violence resources.
- Safe spaces for child custody exchanges.
- Self-defense and yoga classes for DV clients.
- Non-trauma related "normal" activity centers for DV clients and their dependents.

Q: What specific attitudes toward domestic violence do you encounter in your community that prevent or hinder your agency's ability to deliver needed services?

Urban Shelters (N=8)

- A general lack of awareness of the dynamics of power and control that exist in domestic violence situations. "Why does she go back then?" is a common question when speaking about survivors/victims of domestic violence.
- An "it doesn't happen in our backyard" belief as sustaining the ignorance surrounding issues of domestic violence.
- The prevalence of guns in homes is the number one immediate threat to DV victims suffering fatalities.

- DV is associated with specific demographic groups based on race or socio-economic status resulting in an "it doesn't happen to people like me" attitude until it does.
- The need for DV awareness training to begin with children in elementary school. They need to have the language needed to discuss their needs if they come from an abused home.
- DV roots are cultural and intergenerational. Very often, grandmothers and mothers have been abused severely by their partners and have stayed in abusive marriages and partnerships.

Rural Shelters (N=16)

- In some demographic groups, particularly racial minority groups, DV survivors/victims will not leave their abusers as they are afraid leaving will mark them as a "snitch" for speaking to the authorities about their abusive partner. These racial and minority groups consider the official care network to be predisposed against them due to racial mistrust.
- "DV does not happen in my backyard" is the prevalent attitude in rural counties in middle class, white-identified communities.
- Rural counties are fiercely independent and do not like to ask for help and rural people have very little expectation of help. "What will my family say?" is a frequent refrain heard from survivors who take the first steps needed to leave their abusers.
- Rural populations are vocal in their gun ownership. Rural culture respects guns and is fiercely protective of gun rights.
- DV tends to be normalized in rural communities. Often the violence is intergenerational.
- The need for domestic violence awareness training to begin with children in elementary school so they have the language needed to discuss their needs if they come from an abused home.
- Geographic isolation in rural counties affects domestic violence. With no Internet or cell phone reception in large swathes of rural areas, it is difficult for DV survivors to make contact with the nearest shelter or even find information online or through another form of social media contact.
- Rural counties face tremendous social upheaval due to unemployment, poverty, and illiteracy, with two shelters reporting high suicide rates in the county. DV rates are directly influenced by economic poverty and high illiteracy rates in the county.
- Rural counties do not appear to adequately understand homelessness due to domestic violence.
- There is a high incidence of victim-blaming ranging from negative reactions to a DV survivor getting "her nails done," which is seen as a luxury or a waste of "government money." DV survivors often need trauma informed (awareness of short- and long-term traumatic effects of domestic violence in its victims) short-term and long-term healing. Rural values do not appear to tolerate the process by which battered women and children desire "normalcy" and "stability" in their personal lives as part of the recovery process.
- Trauma informed care (awareness of short- and long-term traumatic effects of domestic violence in its victims) is not understood at all in rural areas.
- Very few rural counties have access to batterer's programs.
- State Police that take DV calls might benefit from more specific training in DV intervention. Often the geographic spread of rural counties is so vast that only the State Police visit the outlying areas of the county, and specific DV training would make these interventions more productive.
- White, middle-class clients tend to internalize and hide DV as they regard it as a personal failure and mark of shame of a failed marriage and a descent in their social status.
- Child abuse and domestic incest compound domestic violence. One rural shelter reported the case of a whole community that knew about and tolerated a violent parent-child incestuous relationship and refrained from intervening in what was perceived as "private business."
- Rural shelters noted that their counties could use more training and awareness programs on "barriers to leaving."

Q: What specific attitudes towards domestic violence do you encounter in your community that support your agency's ability to deliver needed services?

Urban shelters (N=8), Rural Shelters (N=16)

Both urban and rural shelters said that community faith groups and churches assist shelters by organiz-

ing food, supplies and clothing drives for victims of domestic violence. While churches might not agree with the dissolution of the family unit that usually follows DV incidents, they assist the shelters and clients through donations, both cash and in-kind, and through providing temporary accommodations for those who become homeless when they leave their abuser.

Local businesses are also supportive of the shelters through donations (cash and in-kind) including but not limited to: providing business coupons, vouchers, gift cards, gas cards, and emergency funds; and providing for overnight hotel stays, prescriptions, oil changes, etc. Urban counties have thrift stores run primarily through community donations.

Shelters also work closely with local schools, colleges and universities that also conduct fundraising activities for the shelter in addition to providing volunteers and taking part in earned credit internships.

Rural shelters also specifically thanked the support given by municipal and county government officials who assist the shelters with community outreach and visibility.

Conclusions

Both the quantitative data and qualitative data indicated that rural shelters face unique challenges in helping survivors of domestic violence.

Rural shelters encounter critical resource gaps, such as public transportation and transitional housing, to a much larger extent than urban counties. Rural shelters rely heavily on their community partners, such as faith groups and local businesses, for resources such as hotel stays, medical stays, and other day-to-day needs of shelter clients. Rural counties have fewer batterer intervention programs, and the only county among the participating counties that had a STOP grant discontinued was a rural county.

Rural shelters provided more referrals to child custody assistance and more social services support than urban shelters. In general, rural shelters reported that adult females were more likely to experience intimate and immediate family violence, followed by girls. Rural shelters reported that there was a generational and intergenerational indifference toward interpersonal violence in rural counties.

Rural shelters noted the critical relevance of partnerships with law enforcement, in particular, the LAP grant and STOP grant. Rural shelters also emphasized the need for greater domestic violence training for the State Police, and requested a greater presence of police in their geographically scattered regions.

Rural shelters received less funding than urban shelters, although rural shelters received more funding per capita. Rural shelters spent more of their budget allocations on community outreach and transportation, while urban shelters spent more of their budget allocations on facilities. Rural areas allocated more funding for full-time employment while urban shelters allocated more funding for part-time employment.

Policy Considerations

Rural shelters asked that the Department of Human Services and county assistance offices continue to fund, and not cut, general assistance. Without general assistance, DV survivors find themselves in poverty because of one critical event, such as leaving their abuser.

DV survivors often succumb to alcohol and substance abuse as coping mechanisms to deal with physical and emotional abuse and battering. Rural shelters requested that more alcohol and drug treatment facilities be made available to DV survivors.

DV survivors often suffer from posttraumatic stress syndrome (PTSD). They need consistent mental health care. Rural shelters requested more trauma informed mental health care facilities.

Children and Youth Services (CYS) staff in rural counties need to be trained more extensively in DV services. In particular, CYS mandated reporting procedures should be critically examined in light of domestic violence confidentiality requirements. Oftentimes, DV survivors/victims are afraid to report child abuse as part of domestic violence since it will go on the permanent record of a minor. DV survivors also fear having their children taken away if they report child abuse, not necessarily sexual abuse. The Department of Human Services should consider the Violence Against Women Act (VAWA) and Protection of Minors policies to develop a workable standard for reporting child abuse in the context of domestic violence.

Rural shelters should be consistently supported with funding for continued awareness outreach regarding domestic violence. Domestic violence awareness modules should be part of the elementary curriculum, and should continue throughout middle school and high school.

Rural shelters stated a sincere need to see greater training for the State Police on domestic violence intervention. This was reported as a critical need, since

in many rural counties, the State Police are the first responders.

Survivors of domestic violence and their dependents do not often have a safe home. Rural shelters have a critical need for more emergency and transitional housing units. Rural shelters asked for more emergency and transitional housing for survivors of domestic violence.

Both urban and rural shelters requested that the U.S. Department of Housing and Urban Development discontinue the "rapid rehousing project" for survivors of domestic violence. Shelters and clients need long-term case management. Forcibly placing DV survivors into permanent housing in the community without the ongoing support of the shelter system and coordinated care continuum only increases the probability of their revictimization and eventual homelessness.

Rural domestic violence shelters stated that they rely on local law enforcement for critical assistance with violence intervention and prevention. PCADV, VAWA and VOCA should continue to fund the STOP grant and LAP programs in all rural counties.

Shelters reported that, oftentimes, DV survivors do not own or have access to personal vehicles. Rural counties would benefit from having public transportation. Another option would be to fund shelter-owned vehicles and vans for clients to use for employment or training.

Rural shelters do not appear to have adequate *pro bono* legal representation. All rural shelters would benefit from funding support for civil legal representation and *pro bono* legal services.

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