

# Serving Rural & Urban Communities

*Tennessee Domestic Violence Shelter Best Practices Manual / Section I*



## Providing services to Rural Communities

According to the National Advisory Committee on Rural Health and Human Services: Intimate Partner Violence in Rural America Policy Brief March 2015, while people living in rural communities experience IPV at similar rates to those in urban communities, they are more likely to experience **greater severity of violence**, and less likely to reach out for help as a result of the high degree of social interconnectedness in rural communities. Due to high rates of poverty, transportation barriers, a lack of affordable housing, and telecommunications barriers in rural America, rural survivors may face both significant barriers to leaving an abusive situation and to establishing a new life once they have left. For these reasons, rural survivors are an especially vulnerable population.

As Sara R. Benson points out in the Law Library Journal Vol. 108:2 [2016-11] defining “rural” areas in terms of population or access to resources is difficult, but it is even more challenging to find a singular rural experience in America as rural culture is heavily influenced by regional differences. For example, survivors in farming communities may choose to remain with abusive partners because they wish to retain the family farm while survivors in rural Appalachia may be trapped because of the region’s entrenched form of patriarchy and physical isolation of the communities. A study of rural primary care physicians found that cultural expectations common to rural communities tend to establish IPV as a normal behavior.

Advocates working with survivors from rural communities must be aware of the unique barriers these survivors are faced with:

**Extreme Isolation:** Rural communities are characterized by vast amounts of land with few people. Individuals may not have access to a car, a telephone, the internet, or even neighbors. Women born and raised in rural communities are typically accustomed to the isolation; however, when violence is added it can be deadly. Abusers often have sole access to the family vehicle, and quite frequently they forbid their victims from working outside the home which further isolates them and provides abusers with more financial control.

**Social Factors:** Survivors in rural communities report having less social support and greater feelings of loneliness. This can be attributed to social factors such as traditional gender roles and a high degree of social cohesion. A **lack of privacy** in a rural community is also a barrier to seeking help because the

person to whom a survivor might reach out to for help, such as a member of law enforcement, a primary care provider, or another service provider, might have a personal relationship with the survivor or abuser.

**Poverty:** Because rural communities on the whole have higher rates of poverty than other areas, survivors have a more difficult time becoming financially independent. There may be fewer economic opportunities in rural

areas. Those who can find jobs face both a male-female wage gap and urban-rural wage gap. A brief from the nonprofit Wider Opportunities for Women notes that rural women earn on average 25 percent less than their rural male counterparts and 16 percent less than their metropolitan female counterparts. Rural residents also have fewer liquid assets and rural survivors are 2.5 times more likely to have their property destroyed by an abuser. They are also less likely to have employer-based benefits and they face higher health insurance costs. And because these areas have lower population levels, they have fewer community resources available.

**Trouble accessing services:** A study from Illinois on service use by rural and urban survivors indicates that rural survivors are more likely to need a range of social services, including education, transportation, and housing services. However, long travel times, a lack of providers, and a lack of access to transportation and telecommunications can prevent rural survivors from seeking these needed services.

**Homelessness or housing instability:** Without a stable address, rural survivors also may have trouble applying for state and federal human services programs as well as employment. A lack of high-quality affordable housing is a persistent challenge in many rural communities. According to the National Network to End Domestic Violence, the “largest unmet need” for domestic violence victims from 2015 was “for shelter and housing”.

**Lack of transportation:** Most rural communities have no public transportation system and survivors may face the additional barrier of their abuser controlling the family’s transportation. Transportation challenges affect advocates, too. Often advocates are not reimbursed for fuel needed to travel many miles.

**Physical and mental health problems:** Rural survivors report more severe physical and mental health problems than urban. These survivors may have higher rates and severity of depression, anxiety, post-traumatic stress disorder, low self-esteem, and suicidal thoughts as well as higher instances of substance abuse. Due to a shortage of providers in rural areas, these survivors have limited access to mental and physical health care. Often one provider plays many roles and may not have specific training to address the needs of victims.

### Some ways agencies can combat barriers affecting survivors in rural areas-



1. Hire staff that come from the same communities
2. Develop cultural competence for staff members
3. Create culturally relevant prevention materials.
4. Develop relationships with other service providers in the community
5. Provide domestic violence specific training for other service providers in the community

**Elder Abuse:** One in ten older adults living at home experience abuse each year. The fact that rural communities have a higher share of persons 65 and older makes elder abuse a significant concern. Abuse of an older person creates additional health, social, and economic barriers. Service providers in Tennessee are mandated to report elder abuse. This can be an additional barrier for older victims to seek help.

Consideration must be given to the close social ties in rural communities so that a victim's need for anonymity is taken into account and that appropriate service referrals and protection is afforded them.



### **Sample Questions When Assessing Rural Victims' Needs:**

- How far away is their closest neighbor?
- Do they have access to a telephone or the internet?
- Do they have a means of transportation?
- Do they have a social support system?
- Do they know about the survivor services near their home?
- Have they used or would they consider using the services near their home?

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## **Providing Services to Urban Communities**

As with rural communities, there are unique considerations to be made when operating a shelter or other victim service agency in an urban community.

### **Space**

Although urban shelters tend to house more clients than those in rural areas, they have to contend with a significant increase in population, and therefore in the numbers of survivors seeking shelter services. Often, urban shelters find themselves consistently full and having to refer survivors to other programs to find shelter. **Therefore, it is vital that advocates in urban areas cultivate strong networking relationships with their fellow agencies in order to make effective referrals and to help clients access shelter.** Advocates at urban shelters must also make sure that, even when they do not have bed space available, they are offering survivors access to the agency's other services, such as legal advocacy, safety planning, and support groups. Advocates should remember that shelter is only one of many services provided at most domestic violence agencies.

### **Lack of Connection**

Often agencies in rural communities suffer from 'too much connection'; in these small communities, it is often difficult to ensure confidentiality and privacy because 'everyone knows everyone.' The opposite is often true in urban settings; many times these shelters suffer from a lack of connection. The anonymous nature of city life means that survivors may have less positive, supportive connections that can be used as resources for transportation, safety, and emotional support. It is also likely that they are less aware of the supportive services offered in the community, because they can get lost in a sea of other businesses. Advocates should collaborate with community organizations that offer services like job placement, housing, mental health and addiction services, etc. These agencies will be vital in helping to provide a

holistic range of services to survivors who may be less familiar with what resources are available to them. Advocates should also provide survivors with resources on making ‘peer connections’, things like hobby groups (e.g. book clubs, special interest classes and groups) and peer support groups, where survivors can cultivate personal support systems and healthy connections.

### **Quantity vs Quality**

Because of the increased demand for services in urban areas, many urban shelters find themselves struggling with the issue of quantity over quality. These agencies can easily fall into the trap of trying to serve the highest number of survivors possible at the expense of service quality. This often leads to over-sized caseloads for advocates and case managers, less time spent with individual clients, stress and burnout for staff, increased discord between shelter residents, and clients who are more likely to return to their abuser and less likely to take advantage of supportive services offered by the agency and community. Ultimately, more clients are being served, but very few are satisfied with the services they have received.

Agency leadership should take an objective look at the number of clients they have committed to serve, and examine whether that is a reasonable number. When making this decision, consider the time it takes to provide truly comprehensive and client-centered services as well as the time needed to access resources

in your community. For example, if your community has an average three-month wait for housing, it is unreasonable to expect clients to remain in shelter for only four to six weeks.

By focusing on providing quality services over quantity, agencies will be able to see a decreased rate of survivors returning to their abuser, and more survivors successfully completing their goals, as well as lower staff turnover and burnout rates.

### **Resources:**

Rural Health Information Hub, Toolkit on Rural Domestic Violence-

<https://www.ruralhealthinfo.org/topics/domestic-violence>

Resource Sharing Project, Rural Training and Technical Assistance Project Toolkit-

<http://www.resourcesharingproject.org/rural-training-and-technical-assistance>

Due either to a moral imperative or an unfounded belief that an increase in the number of clients served will likely result in increased grant funding, agencies often believe that they must provide services to as many clients as possible. In the end, neither of these things is true.

1. Clients are demonstrably better served by being referred or re-housed to a shelter with the capacity to fully serve them, than by receiving partial or lackluster services by an overwhelmed and overcrowded agency.
2. Funding does not rely on an agency’s ability to serve an increased number of survivors, and will not increase because of it. Rather, funders look to an agency’s ability to meet the deliverables of its grant contracts, and to provide high quality services to clients.
3. Agencies are more likely to receive increased funding by demonstrating quality, trauma-informed service provision, and creative, innovative service offerings.



Institute for Women's Policy Research, The Status of Women in the South, Anderson, Shawl & Childers et al, 2015

National Advisory Committee on Rural Health and Human Services, Intimate Partner Violence in Rural America Policy Brief, March 2015-

<https://www.hrsa.gov/advisorycommittees/rural/publications/partnerviolencemarch2015.pdf>

Journal of Women's Health, Rural Disparity in Domestic Violence Prevalence and Access to Resources, 2011 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3216064/>