A DESCRIPTION OF EMPLOYEES' EXPERIENCES WORKING WITH RURAL PROGRAMS FOR INTIMATE PARTNER VIOLENCE

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Julie Guthrie Larkin

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ABSTRACT

Intimate partner violence (IPV), also known as domestic violence, is a problem that will affect over 25-35% of all women in their lifetime. People exposed to IPV are likely to sustain injury or develop serious long lasting mental or physical health problems. Rural women face specific issues including limited access to resources and a rural culture that may create difficulty for either leaving the abusive relationship or reducing the violence they face. Improved understanding of rural women's experiences will help health care providers increase the likelihood that these women will obtain the help and services they need. The purpose of this study was to explore: a) the experience of employees who work in rural programs supporting survivors of IPV and b) the employees' perspectives of rural women's experience of IPV. In this qualitative pilot study Giorgi's phenomenological research approach was used to conduct and analyze four face to face interviews. Major themes that emerged from the analysis included: a) the characteristics of the work; b) addressing IPV; c) the advocate's experience; and d) suggestions for change. Each of these themes contained sub-themes that more fully described the employees' experiences and perspectives of rural women's experience of IPV. Prominent sub-themes included the effects of: a) limited resources on the ability to address IPV survivors' needs; b) close-knit, geographically isolated rural communities on confidentiality and beliefs about IPV; c) the legal system on a survivor's ability to leave her partner; and d) working with this population on the employees' professional and personal lives. These results add to the body of knowledge about IPV. Previously unidentified areas of concern related to IPV in rural settings were revealed. Implications for nursing research, policy, practice, and education are discussed.

CHAPTER 1

INTRODUCTION

This study examines issues of intimate partner violence in rural areas. Although intimate partner violence has been studied for many years, the focus on rural environments and how this might change the experience of living with intimate partner violence has not been well researched. Chapter 1 will be organized according to the following topics: a) Background and Significance; b) Statement of the Problem; c) Purpose/Research Question; d) Conceptual/Theoretical Framework; e) Definitions; f) Assumptions; g) Limitations; h) Summary.

This study was originally designed to gather data from female rural survivors of intimate partner violence. Various attempts were made to recruit this population through contact with agencies and rural health care providers but none were successful. The project was subsequently changed in order to gather data from employees working with programs supporting rural survivors of IPV. It is assumed that their experience working with rural survivors of intimate partner violence would be a valuable perspective on the issue. Although targeting a different, but related population, chapters one and two are presented as they were originally organized with minimal change.

Background and Significance

Intimate Partner Violence

Intimate partner violence (IPV), also known as domestic violence or abuse, affects millions of people, women, men, and children, every year in the United States (Black et al., 2011). The United States has the highest rates of IPV of any industrialized nation (Kelly, 2011). Women are about three to four times more likely to experience non-fatal IPV than men (National Center for Injury Prevention and Control, 2003; U.S. Department of Health and Human Services [USDHHS], 2011). An estimated 5.3 million women are assaulted each year in an IPV situation (National Center for Injury Prevention and Control, 2003). It is estimated that 25-35% of women will experience IPV at some time in their lives (Black et al., 2011; Wathen & MacMillan, 2003).

Theories vary about why IPV occurs (Kelly, 2011). Some theories have focused on the psychopathology of the individuals involved in the relationship, the abused and the abuser, in an attempt to explain why these relationships exist (Kelly, 2011). Other theories have explained the violence as learned behavior that is replicated (Kelly, 2011). Contemporary theory, as examined by Kelly (2011), will be discussed in the literature review of this thesis.

Intimate partner violence has been shown to have significant health effects, both physical and psychological (Black et al., 2011; Campbell, 2002). Immediate trauma that might occur with IPV includes burns, fractures, traumatic brain injury, forced sex, fetal trauma, or death. Campbell (2002) identified long term negative health outcomes that can be linked to IPV. These outcomes are varied and include: depression, anxiety, post-

traumatic stress disorder, substance abuse, headaches, intestinal problems, back pain, hypertension, and sexually transmitted infections.

Violence in the home can affect children who either experience or witness its occurrence. The Adverse Childhood Experiences study drew correlations between childhood experience of trauma such as experienced or witnessed physical, sexual, or emotional abuse, and increased risk for poor mental and physical health outcomes (Felliti et al., 1998).

Women frequently live in their abusive relationships for many years. Bosch and Schumm (2004) interviewed 56 rural women and learned that the mean length of time in the relationship with the abuser was 11.7 years. Thompson et al. (2006) stated the median length of time a woman, rural or urban, remained in an abusive relationship was five years but that in 5-13% of women the relationship lasted longer than 20 years. Research shows barriers do exist that prevent women from leaving. These include lack of independent finances, lack of housing, lack of transportation, feelings of hopelessness, social pressure, commitment to family, and threats from the abuser (Anderson & Saunders, 2003; Bosch & Schumm, 2004; Zweig, Schlichter & Burt, 2002)

Current research has looked at the process of leaving and what can be done to promote that change (Chang et al., 2010; Fleury, Sullivan, & Bybee, 2000; Peterson, Moracco, Goldstein, & Clark, 2004; Riddell, Ford-Gilboe, & Leipert, 2009). Leaving is seen as a way to end the violence but often this is not effective. Women who choose to leave relationships with IPV can be faced with a long, difficult, and dangerous process. The threats and abuse from partners make women believe that if they leave they will be

stalked, assaulted, or killed, and/or that the same will happen to loved ones. These are not empty threats or fears. Violence frequently escalates when women leave an abusive relationship (Anderson & Saunders, 2003). The period of leaving is the most dangerous time in the relationship for the abused partner (Fleury et al., 2000). In 1990, 1200 women were killed in the United States as a result of IPV (Catalano, 2007). Of all the murders of women in the United States, 40-60% were committed by intimate partners (Campbell, 2002). "Interviews with men who have killed their wives indicate that either threats of separation by their partner or completed separation are most often the precipitating events that lead to the murder" (Bernard & Bernard, 1983; Daly & Wilson, 1988, as cited in McFarlane et al., 2002, p. 353). In a qualitative study by Riddell et al. (2009) one woman spoke about the violence she experienced saying, "the fear of getting out is overwhelming….It's worse than the fear of being there" (p. 144). The fear of a failed attempt to leave is pronounced. The survivor would then potentially need to return to the relationship and face an angry abuser (Mouradian, 2004; Riddell et al., 2009).

The National Center for Injury Prevention and Control compiled a report in 2003 that estimated the financial costs of IPV. Considering all kinds of IPV, such as: physical, psychological, or sexual abuse, and associated costs, the estimate was 5.8 billion dollars each year. This includes medical expenses for physical and mental health and lost work and productivity (National Center for Injury Prevention and Control, 2003).

There has been an abundance of research on interventions for IPV. Wathen and MacMillan (2003) found the most commonly studied interventions are mental health

counseling for women, stays at shelters, referral to legal assistance, advocacy or vocational counseling, and counseling for the abusive partner.

One intervention used by health care providers is the promotion of practicing safety behaviors. Some of the behaviors that women adopt are hiding household weapons that the abuser may use against them, placating the abuser to avoid abuse, keeping copies of legal documents, establishing a code word with friends or families that would clue them into the fact that abuse is happening, gathering financial resources, keeping spare keys to vehicles and housing, and keeping useful telephone numbers handy (McFarlane, Malecha, Watson, & Hall, 2004; Riddell et al., 2009).

Recent studies have focused on how to effectively screen for IPV. Researchers have looked at the correlation between health professionals who identify IPV and increases in help seeking or safety behaviors (Daugherty & Houry, 2008; Johnston, 2006; Kothari & Rhodes, 2006; Nelson, Bougatsos, & Blazina, 2012). Reports indicated that screening for IPV does not happen with enough frequency in most health care settings and that it is often not done correctly, i.e. in front of the abuser or with inferred judgment of the situation by the provider (Daugherty & Houry, 2008; Johnston, 2006; Kothari & Rhodes, 2006; Nelson et al., 2012). In a review of literature, Nelson, Bougatsos, & Blazina (2012) indicated that screening may improve health outcomes but that there has been inconsistency in the measurement of outcomes and make comparison between studies difficult.

Rural Intimate Partner Violence

To date, the majority of the IPV related research has focused on samples from urban settings, where resources such as access to shelters, legal services, and other social services often are readily available (Chang et al., 2005; Goodman, Dutton, Vankos, & Weinfurt, 2005; Johnston, 2006; McFarlane, Groff, O'Brien, & Watson 2006; Merrit-Gray &Wuest, 1995). Chang et al. (2005) identified the following resources and interventions noted most frequently by IPV survivors as useful and desirable in helping them in the abusive situation: information about hotlines and legal services, counseling to discuss the intimate partner relationship or the woman's depression or anxiety, and other psychotherapies. Many of these resources are not readily available to women in rural areas. Social services are fewer and travel to them may be farther from home. Women are also faced with concerns about lack of anonymity in rural settings when seeking the help they need (Winters & Lee, 2010). If information spreads in a small community that they have been talking about the abuse, women fear potential anger from their abuser and increased violence. Other barriers that may affect rural women more frequently are a lack of financial resources, and a culture that promotes patriarchy (Riddell et al., 2009)

Estimates about prevalence of rural IPV vary among sources. Some studies show instances of IPV in rural areas to be equivalent to urban areas (Breiding, Zimebroski, & Black, 2009) but others show IPV rates to be higher in rural areas (Peek-Asa et al., 2011; Shannon, Logan, Cole, & Medley 2006).

Statement of the Problem

Intimate partner violence is a problem that will affect over 25-35% of all women in their lifetime (Black et al., 2011; Thompson et al., 2006). The effects are serious and lasting. Rural women face specific issues regarding access to resources and a rural culture that may create additional difficulty in leaving the abusive relationship.

In a review of nursing literature relating to intimate partner violence in rural areas, Annan (2008) concluded that more nursing research is needed in this area. She stated that the subtleties of differences between urban and rural women who experience IPV could be effectively studied utilizing a qualitative approach. This foundation of understanding can help direct future research.

The Purpose/Research Question

The original purpose of this study was to examine the lived experience of female rural survivors of IPV. Various avenues were tried including contact with agencies and rural health care providers in order to reach this population for recruitment. No participants were found from this vulnerable population; thus the study population was changed in order to continue with research on rural IPV.

Through the use of a phenomenological research approach, the purpose of this pilot study is to explore: a) the experience of employees of rural programs supporting survivors of IPV, and b) the employees' perspectives of rural women's experience of IPV. Peterson, Moracco, Goldstein, and Clark (2004) stated that improved knowledge of rural women's experiences will help health care providers increase the likelihood that

these women will obtain the help and services they need. To understand rural survivors of IPV and help them stop the violence or leave the relationship we must learn more about their experiences and what they face through the process.

The goals of the study are to:

1. describe the experience of employees working in rural programs for IPV;
2. elicit an understanding of the barriers to leaving faced by rural women, as perceived by the employees;
3. elicit an understanding of the resources rural women utilize when leaving the abusive relationship, as perceived by the employees.

The research question is: what is the experience of employees working with rural programs for intimate partner violence and what are their perceptions of rural women's experience of IPV?

Conceptual/Theoretical Framework

Polit and Beck (2008) stated "when little is known about a topic, a qualitative approach is often more fruitful than a quantitative one" (Polit & Beck, 2008, p. 62). There are various qualitative research traditions including ethnography, phenomenology, grounded theory, and historical research (Polit & Beck, 2008). Phenomenology was selected for this study as it is "…an approach to thinking about what life experiences of people are like and what they mean" (Polit & Beck, 2008, p. 64). In attempting to build foundational knowledge about a particular experience, phenomenology allows meaning to emerge directly from the reported experience of the research participant. Phenomenology values the discovery of this meaning independently. Giorgi's

descriptive method for phenomenological research was used for data analysis. Giorgi, Aanstoos, Fischer, and Wertz (1985) outlined steps to guide analysis that are flexible enough to allow the data to influence the process. An overview of Giorgi's methodology will be described in Chapter 3.

Definitions

Intimate Partner

The U.S. Bureau of Justice Statistics (Catalano, 2007) allowed a broad definition of intimate partners. Spouses, or ex-spouses, boyfriends and girlfriends, ex-boyfriends and ex-girlfriends, were all considered intimate partners in the data gathered for their study. For the purpose of this thesis the same classification will be used.

Intimate Partner Violence

The Centers for Disease Control and Prevention (CDC) defines IPV as "physical, sexual, or psychological harm by a current or former partner or spouse (Centers for Disease Control and Prevention [CDC], 2010, para 1). A Crime Victims Advocate website, (2011) outlined examples to help identify abuse. An abuser who is physically violent may kick punch, push, shove, slap, strangle or choke. They may also physically restrain another person. Other physically violent acts could be destruction of the property of the abused, and abuse of pets. Sexual violence is "conduct of a sexual or indecent nature toward another person accompanied by actual or threatened physical force that induces fear, shame, or psychological suffering. Sexual assault is sexual contact that is forced upon a person without consent…" (Crime Victims Advocate Website, 2011)

Psychological harm may include attempts to isolate, degrade or humiliate. There may be threats of physical harm or other intimidation. The abuser might blame everything on the victim and use the victim's children as a way manipulate.

Rural

Koehler's definition of rural will be used for this study because it accounts for community size and distance to the nearest urban area (Koehler, 1998 as cited in Winters & Lee, 2010). According to Koehler *rural* is a community of less than 10,000, with a hospital of no more than 100 beds, located at least 15 miles from a community of greater than 50,000,

In 2000, 59 million Americans lived in rural areas, or 21% of the population (Montana Department of Health and Human Services, 2011). The mountain west is an area of vast space and small populations. The Rural Assistance Center Website (2013) estimated in 2011 that 70% of the population of Wyoming, 65% of the population of Montana, and 34% of the population of Idaho live in rural settings. The majority of counties in these states are considered rural. For this research, the community where each IPV program is located will be evaluated to ensure it meets Koehler's definition of rural.

Assumptions

Some assumptions have been made in the design and conduct of this study. It is assumed that the employees working with survivors of IPV have significant knowledge

of the issues involving IPV, and their experiences and perceptions will provide valuable data about the issue of rural IPV.

Summary

Mouradian (2004) advocated for a shift in our thinking about women leaving relationships with IPV. She stated,

> Instead of asking why battered women stay with their abusers, more important and relevant questions for us all to address include: under what circumstances can IPV victims leave safely? What can be done to make the process of leaving safer and more supportive? (Mouradian, 2004, para. 13)

Using a phenomenological approach to elicit a description of the experience of employees working with survivors of rural IPV and their perceptions will hopefully allow new understanding of the circumstances the survivors encounter and what can be done to support them.

CHAPTER 2

LITERATURE REVIEW

Introduction

The magnitude and seriousness of the problem of IPV has been well documented. The repercussions of IPV for the abused can be significant and long lasting. In Chapter 2 these topics are explored further. Research is presented in order to give the reader a foundational knowledge from which to evaluate the specific difficulties faced by rural women wishing to leave their abusive partner. Both men and women experience IPV. This study focuses on women, because women are four times more likely to experience IPV than men.

This literature review will focus primarily on the available research related to women leaving abusive relationships. The following topics will be discussed: the dynamics of the abusive relationship, health outcomes of IPV, costs of IPV (including the origin, scope, and seriousness of the problem), current screening and intervention programs, the effectiveness of screening and intervening in reducing violence, and comparing the differences between IPV in rural and urban areas.

Dynamics of the Abusive Relationship

Research on the patterns and development of abusive relationships has attempted to explain why abuse happens and why it persists in relationships. "Battering can be seen as a set of learned, controlling behaviors, and attitudes of entitlement that are culturally

supported and produce a relationship of entrapment" (Eisenstat & Bancroft, 1999, p. 886). This explanation alludes to the very complex nature of the problem and also to existing theories about the origins of IPV.

Theories as to why IPV occurs were summarized by Kelly (2011) into 5 categories: a) theories of psychopathology (e.g., mental illness, substance abuse) of perpetrators and typologies of batterers; b) theories of psychopathology of victims; c) biological theories of aggressive and violent behavior; d) family systems theories; e) social learning theories. Kelly explained that while these can explain parts of the problem, none of these theories is comprehensive in explaining why IPV occurs.

Psychopathology of the Perpetrator: Kelly (2011) argued that while perpetrator theories are frequently accurate in describing characteristics of the individual abusers, they do not give actual explanation of cause. Mood disorders, personality disorders, and substance abuse may increase aggressive behavior but Kelly stated this does not indicate why aggression is perpetrated upon the intimate partner. IPV also does not occur every time a spouse has substance abuse problems or a personality disorder.

Psychopathology of the Victim: Women are often blamed for the abuse they suffer in IPV (Kelly, 2011). The psychopathology of the woman or the developed relationship dynamics of both partners are often named as the basis for IPV. However, by stating that psychopathology of the female is the problem, then the argument can be made that the blame for abuse rests with a defective individual and any healthy woman would leave the abusive situation. In a study by Davins-Pujols, Pérez-Testor, Salamero-

Baró, & Castillo-Garayoa (2012) 138 of 142 female IPV survivors had clinically significant scores indicating different psychological problems and personality disorders including schizoid, avoidant, dependent, histrionic, narcissistic, antisocial, aggressive/sadistic, compulsive, passive aggressive, self-defeating, schizotypal, borderline or paranoid. Kelly (2011) argued that the psychopathologies of the victim are just as likely results of the abuse as they are causative factors.

Biological Aggressive and Violent Behavior, Family Systems and Social Learning Theories: Kelly (2011) stated the other theory categories identified suggest potential trends but do represent a complete theory. There is a biological basis for aggression but not all males with aggressive tendencies abuse their partners. Children from families where abuse occurs have an increased risk of abusing or being abused later in life but there are many exceptions to this as well. Our social environment is clearly not free from violence but again, those exposed to violence don't automatically enter into violent personal relationships. The causes of IPV remain in debate. Although the causes are not clear the relationship dynamics can be observed and appear to be consistent across relationships.

Power and Control: Wuest and Merrit- Gray (2008) stated that "leaving an abusive partner is the dominant socially sanctioned remedy for IPV" (p. 281). This creates an expectation that women will leave the relationship even if it is does not reflect the reality of most IPV situations. Wuest and Merrit-Gray explained that, "... less than half of women who are experiencing IPV leave their partners, with 70% of those who leave eventually returning" (p. 281). Sleutel (1998) wrote a review of literature exploring

the body of qualitative research on women's experiences in an abusive relationship. This review offered insight into the abusive relationship and helped answer the frequently asked question of "Why does she stay?" Women spoke of feelings of utter worthlessness. Self-identity and self-esteem are devastated by the behavior of the abuser (Sleutel, 1998). The abuser behaves as if he owns the other person. The abuse also creates feelings of shame and guilt as they are made to believe that it is their shortcomings that bring about the abuse (Sleutel, 1998). They are made to live in fear about their safety and often their children's safety, as well as fear of loss, the unknown, of embarrassment, and failure. Many of these women live an existence that has been compared to incarceration with rules about their behavior and others having control over their routines, their interactions, and their resources. The abuser will often take control of family resources like bank accounts, cars, keys, and important documents. Without access to these resources the woman may find an additional barrier to her leaving. Women often are told by their abuser that they are insane and they may come to believe it (Sleutel, 1998). Women often justify the abuser's behaviors in order to cope (Sleutel, 1998). Eckstein (2011) found similar factors when interviewing survivors and asking them about their experiences and why they stayed. All of these factors act in concert to keep a woman from believing she has the right or ability to live a life free from abuse.

The power and control wheel (see appendix C) was developed to demonstrate some of what is faced by survivors in an abusive relationship (Domestic Abuse Intervention Programs, 2011). The wheel puts power and control at the center because

the actions of the abuser are focused on creating an inequity of power and control in order to keep the abused in the relationship.

Whatever the cause of IPV, the outcomes for those exposed are physical and psychological injury that affect individuals in the short and long term and incurs costs for each individual and society as a whole.

Health Outcomes

The health outcomes linked to IPV can be serious and long term. People in the United States are more likely to be injured in rape or physical assault than a motor vehicle accident (Tjaden & Thoennes, 2000). Women ages 20-24 are at highest risk of experiencing IPV (Catalano, 2007). Women who are assaulted or raped by an intimate partner are more likely to be injured during the attack than women who were attacked by a person who is not their intimate partner (Tjaden & Thoennes, 2000). Injury often occurs during rape or physical assault, and is likely to need medical attention (Tjaden & Thoennes, 2000).

Acute injury is common and can be very severe and possibly fatal. Contusions, lacerations, burns, and broken bones are frequently reported acute injuries (Tjaden & Thoennes, 2000). More serious injuries are stab wounds, gunshot wounds, and head injuries (Tjaden & Thoennes, 2000). Long-term consequences are also important to consider. IPV creates stress, fear, and injury which can manifest as chronic health problems (Black et al., 2011; Campbell, 2002). Abused women use health care resources at twice the rate of non-abused women (Thompson et al., 2006).

Adverse outcomes that affect a woman long term are common. Survivors of IPV more frequently report chronic pain problems including back pain and migraines. These women are also more likely to report gastrointestinal problems of irritable bowel syndrome, and eating disorders (Black et al., 2011). Women survivors of IPV show higher rates of hypertension and chest pain than their non-abused counterparts. Injuries capable of causing traumatic brain injury are common in IPV. Hypoxia from strangulation or blows to the head can leave long-term neurological problems (Campbell, 2002). Forced sex is common with IPV (Black et al., 2011; Campbell, 2002; Tjaden & Thoennes, 2000) and can lead to numerous problems for urinary tract and reproductive health. Sexually transmitted infections, vaginal bleeding, vaginal infection, urinary tract infection, and decreased sexual desire are just a few (Campbell, 2002).

Poor mental health outcomes are prevalent in this population. The most commonly associated mental health conditions with IPV are post-traumatic stress disorder (PTSD) and depression (Black et al, 2011; Mechanic, Terri, & Resick, 2008). The risk for development of depression of PTSD or depression is higher in adult women survivors of IPV than those experiencing childhood sexual assault. Major depression is estimated to be as high as 48% in survivors of IPV (Mechanic et al., 2008). Both physical and psychological abuses from an intimate partner were associated with PTSD (Mechanic et al., 2008). Substance abuse is frequent in this population of women and may be a dysfunctional coping mechanism for depression and PTSD (Campbell, 2002). Abused women are also more likely to attempt suicide (National Center for Injury Prevention and Control, 2003).

Poor health outcomes from IPV can be measured by examining related costs. Poor health outcomes lead to increased utilization of health care resources, and lost time as women recover from injury. Costs are born by the abused women and by society through lost productivity and social programs.

Cost of IPV

Each year an estimated 2 million physical injuries occur because of IPV and about one quarter of the time medical attention is sought to treat them (National Center for Injury Prevention and Control, 2003). According to the National Center for Injury Prevention and Control's Costs of Intimate Partner Violence Report (2003), IPV survivors "… lose a total of nearly 8million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity as a result of the violence" (p. 1). This cost represents the smaller portion of costs, $0.9 billion of the $5.8 billion total every year. The remaining 4.1 million dollars are related to direct health care costs for physical and mental health care (National Center for Injury Prevention and Control, 2003).

The scope of this problem is a call to action. The ill effects of IPV are apparent. Although there is research about interventions, the effectiveness of these is not yet clear.

Interventions for IPV

Interventions for IPV are focused on providing support and resources to the survivors (McFarlane et al., 2004; Wathen & MacMillan, 2003). Wathen and MacMillan (2003) wrote a review of literature on IPV interventions, in which interventions were

separated into two main groups: a) detection of IPV, i.e., screening, and b) prevention of IPV.

Screening: Research seems split on the effectiveness of screening for improving health and wellbeing for IPV survivors. Johnston (2006) stated that the effectiveness of screening was unknown but this was because there seemed to be little consistency as to how it was done leading to ambiguity for providers and patients. Wathen and MacMillan (2003) stated that current research did not demonstrate that screening had any effect on health and chose to focus solely on interventions in the review. Other research showed screening has an effect on the practice of safety behaviors (McFarlane et al., 2006; Nelson, Bougatsos, & Blazina, 2012). The outcomes of the study by McFarlane et al. (2006) showed that the control group of women experiencing IPV presenting to primary care settings offered a wallet card that contained community resources were no different at 24months from the treatment group that received a nurse case management intervention. Both groups increased their safety practicing behaviors and reduced the violence experienced in the long run. McFarlane et al. concluded that just the act of asking about abuse made the difference and cited other studies that show women want to be asked about abuse by their health care providers. McFarlane et al. concluded that having a choice about whether to disclose the abuse was empowering. In a review of research Nelson, Bougatsos, and Blazina, (2012), found that some improvements in health outcomes as a result of screening can be demonstrated but that because outcome measures vary across studies that it is difficult to compare results. Nelson et al.

recommended screening on the grounds that if done correctly it identifies IPV victims, possibly improves health outcomes, and causes minimal harm.

Todahl and Walters (2011) concluded that in order to be successful, a screening for IPV must meet standards. The screening should reduce harm and increase well-being. This was brought up because researchers often worry about inciting harm if the abuser learns of a woman's disclosure of violence. The screening should also normalize the conversation of abuse for the survivor and the provider. The normalization creates the message that abuse can be discussed with a provider and that the survivor is cared for. Tohdal and Walters (2011) stated this is also a good time to provide information on community resources.

The Wathen and MacMillan review of literature (2003) argued that current research on screening is not strong scientifically and more must be more done in order to know if screening is effective. Dougherty and Houry (2008) came to a different conclusion, contending that without disclosure we can never hope to address the problem or institute prevention / intervention. Screening may not improve outcomes, but it is a way to begin the conversation about intervention with a woman.

Intervention Strategies for IPV: Current intervention strategies address the problem of IPV from many different perspectives. Interventions can be at the level of primary, secondary, or tertiary prevention. Many interventions have been evaluated in studies but few have proved conclusively successful.

Primary prevention interventions include public education about domestic violence and providing strategies for recognition and avoidance. Other primary

prevention strategies are of a larger scope and include legislation and policing policy (Wathen & MacMillan, 2003). None of the primary prevention intervention studies reviewed by Wathen and MacMillan (2003) demonstrated reduction in IPV in the populations targeted. One shortcoming of studies noted in Wathen and MacMillan's review was that populations were not followed longitudinally. Most interventions for IPV are secondary or tertiary. These interventions are explored next.

Bennet et al. (2004) showed modest gains in functioning after survivors of IPV sought community resources for IPV. Ramsay et al. (2009) conducted a review of literature on advocacy interventions for IPV. Advocacy interventions are a broad category of assistance that provides women with information about support from available community resources. Ramsay et al. stated that advocacy interventions must attempt to empower women by helping them develop a safety plan that is right for them instead of dictating a course of action. Ramsay et al. found that there was inconclusive evidence to support the use of advocacy interventions, although the authors noted that this could have been because comparison between studies was difficult due to varied designs. The authors called for standardization in outcome measures for IPV research in order to better compare results.

McFarlane et al. (2002; 2004; 2006) have been prolific in writing about interventions for IPV in the last two decades. Their research has focused on intervention protocols. Much of this work has focused on pregnant women and Latino women. Interventions have mostly been nurse-patient interactions, sometimes over the phone. McFarlane et al. have used the adoption of safety practicing behaviors by the survivors as

a measure of success for intervention. These behaviors include hiding money and keys, developing a code with family to let them know when abuse is occurring, asking a neighbor to call the police, removing weapons, creating a file with important information like social security numbers, birth certificates, account numbers, important receipts, marriage certificates or financial contracts, safeguarding valuable jewelry, and hiding a bag of extra clothing. These nurse implemented interventions do seem to improve safety practicing behaviors.

In a review of literature Wathen and MacMillan (2003) found inconclusive evidence for the effectiveness of the following interventions: staying at a shelter, personal or vocational counseling, advocacy counseling, assisting women in developing their own safety plans, couples counseling and counseling for the abuser. In another review of the literature, Babckock, Greena, and Robieb (2004) related to the use of cognitive therapy for the abuser, found a very small response, less than 5% reduction in abusive behaviors, to support its effectiveness. In a qualitative study by Gregory and Erez (2002) the survivors themselves remained skeptical about the reduction of violence in their relationship following therapy for their abusive partner.

Health care providers must be careful in the way they present available resources and information to the abused woman. Riddell et al. (2009) suggested that focusing only on leaving could set up a dichotomy of choice, leave or stay, when in reality, situations are much more complex. Developing a plan that meets the goals of the individual woman is more important (Ramsay et al., 2009; Riddell et al., 2009). Sometimes just having the power to change when or where the abuse happens improves the woman's wellbeing

(McFarlane et al., 2004; Riddell et al., 2009). Women will often appease their partner in order to prevent the immediate threat of violence, or conversely, will sometimes instigate conflict in order to know when the outburst might come (Riddell et al., 2009). This is one way that women may take power for themselves in abusive situations. Improving the woman's safety and wellbeing is a goal that should be achievable in every case even if leaving is not.

In one qualitative study, 21 survivors were asked what health care interventions they wanted (Chang et al., 2005). The most desired intervention in these interviews was providing information about resources during visits with providers, in waiting rooms, or in women's restrooms. The next most desirable intervention was counseling services. The desired focus of the counseling differed among respondents. Some wanted counseling about depression or anxiety, others wanted to be able to discuss their relationships or have couples counseling. The overarching theme in this study, however, was that IPV interventions needed to be individualized according to the woman's needs and her readiness to make changes to her situation. This finding was supported by other qualitative studies that found women wanted more education on IPV (Bosch & Bergen, 2006; Peterson et al., 2004).

Although it is known which interventions women want, it is not known which interventions are effective. Reviews of the literature continue to indicate ambiguity about intervention effectiveness (Babcock et al., 2004; Ramsay et al., 2009; Wathen & MacMillan, 2003). More research is needed in order to determine which interventions are successful at improving safety.

Women Leaving Abuse

Authors have found contradictory results regarding which factors contribute to a woman being able to leave (Bosch & Bergen, 2006; Chang et al., 2010; McFarlane et al., 2004; Peterson et al., 2004; Riddell et al., 2009). Bosch and Bergen (2006) highlighted the importance of social support, while Anderson and Saunders (2003) suggested access to financial resources was important. The research is inconclusive regarding influential factors related to a woman's ability to leave an abusive situation; however qualitative studies have identified factors related to woman's readiness to leave (Chang et al., 2010; Peterson et al., 2004).

Women are not passive receivers of abuse (Merrit-Gray & Wuest, 1995; Riddell et al., 2009). From the initiation of abuse they respond and resist. Abuse has a cycle and at certain points in that cycle women are more open to change (Chang et al., 2010; McFarlane et al., 2004). In one qualitative study, women identified the following as turning points: when they feel they need to protect others from the abuser, when the abuse increases or changes in severity, when there is an increased awareness of support or resources, when there is a recognition that the abuser will not change, and when there has been betrayal or infidelity by the partner (Chang et al., 2010). Sleutel (1998) identified additional factors including change in the societal visibility of the abuse, complete despair, and an external definition, someone outside the relationship pointing out the abuse to the woman, that helps the woman reach a realization about the abuse. Peterson et al. (2004) echoed this in findings, identifying the following as motivators for change: when there has been increased knowledge of IPV, (realization that what the

abused is experiencing is actually abuse and what can be done about it), when the woman has reached a physical or emotional breaking point, or when the woman is concerned for the wellbeing of her children. Health care providers should learn about these motivators of change and when they are most powerful in the cycle of abuse. This period represents an opportunity for change often referred to as a "period of clarity" and provides a window of time during which help is most likely to be received and acted upon (McFarlane et al., 2004). However, as discussed before, change does not mean leaving for every woman and because a woman leaves does not mean that violence will end.

Women often return to the abuser or to another abusive relationship. Women who have left the abuse often report that it took many trials of separation before they were finally able to leave permanently (Sleutel, 1998). Opinions vary about what is most helpful for creating and sustaining separation. One study identified that teaching a woman about available resources and helping her learn how to use them increased her ability to sustain separation (Wuest & Merrit-Gray, 1999). Other research indicated that social support is one of the most predictive factors for ending abuse and sustaining separation. The more social support a woman identifies in her life the more likely there will be a reduction in violence over time (Bosch & Bergen, 2006; Goodman et al., 2005).

Leaving the abuser is frequently promoted as a solution to the problem but violence can often continue, and even increase in severity, after separation (Fleury et al., 2000). In nearly one third of women who leave abusive relationships, violence from the perpetrator continues and often increases in severity. As stated in Chapter 1, in interviews with men who have killed their wives, the threat of the woman leaving or the

act of the woman leaving was what was most likely to bring about murder (McFarlane et al., 2002). Men frequently continue to stalk women after they leave, threatening and often inflicting additional violence (Fleury et al., 2000; Anderson & Saunders, 2003).

Though this threat is real and serious, of the 135 women recruited during a stay at an urban shelter in the study by Fleury et al. (2000), nearly half of them had sustained the separation over two years and were not assaulted by their previous partners. A little over a third were assaulted at some point in the two years, and approximately ten percent had returned to their partner by the end of 2 years. This study identified certain characteristics of the batterer and the relationship that made assault more likely after separation. These included: a) high levels of sexual suspicion by the abuser; b) a longer period without abuse in the relationship prior to the first incident of violence; c) women who still lived in the same town as their abuser; d) women who remained single after the separation. Overall, threats of violence were the best predictor for actual violence occurring (Fleury et al., 2000). Fleury et al. explained these findings as representative of the level of control the abuser was accustomed to exerting in the relationship and the level of investment the abuser had in maintaining that control. Professionals and advocates involved with survivors need to listen and take threats of violence seriously during this separation period.

Wuest and Merrit-Gray (2008) stated that since only a small minority of women leave the abusive relationship and sustain the separation, efforts should focus on ending the abuse within the relationship. Their research examined the situations of women who were able to stop abuse within their relationship and identified the following actions: a)

counteracting abuse by minimizing, fortifying and breaking free; b) taking control by limiting abuse, building personal power, and renegotiating the relationship; c) living differently by interrupting pervious patterns, securing personal power and reconfiguring the relationship. This occurred as, "oppression was addressed over time by shifting the pattern of abusive control, a process of gradually gaining of her life and her relationship" (Wuest & Merrit Gray, 2008, p. 284). Their conclusions were that this approach reduces violence over time more effectively than just leaving because it created a shift in power.

If women decide leaving is the best course of action for them there are barriers that have been identified that can prevent that separation. If they stay in their relationship these same barriers may prevent them from creating change and shifting power. Barriers are particularly pronounced in rural areas where resources are limited.

Barriers to Resources for Rural Women: As discussed in Chapter 1, incidence and prevalence of IPV is at least as common in rural areas as urban (Breiding et al., 2009; Peek-Asa et al., 2011). Resources available for IPV in rural areas are not as common as in urban areas and rural women face some unique barriers because of the nature of their environment (Annan, 2008; Bosch & Schumm, 2004; Gamma 2000; Lanier & Maume, 2011; Peek-Asa et al., 2011; Riddell et al., 2009).

Women utilize resources in order to leave abuse. Resources include public services, such as public transportation, the police and judicial system, social services, like shelters, free legal services, or free counseling services for battered women and personal resources, like supportive friends, personal finances, transportable career (Bosch & Schumm, 2004; Goodman et al., 2005). Providing a variety of available resources has

been identified as one step in helping individualize the intervention to each survivor (Chang et al., 2005), however this variety of choice may not be a reality in rural areas (Annan, 2008; Grama, 2000).

Resources and barriers for rural women experiencing IPV are different from their urban counterparts. Community resources for IPV are fewer in rural settings (Annan, 2008; Grama 2000) and often rural women are unaware of what is available (Riddell et al., 2009). There may not be a shelter or mental health center for many miles or even in the same county where rural battered women live (Annan, 2008; Bosch & Schumm, 2004; Goodman et al., Grama, 2000; 2005; Lanier & Maume, 2001; Peek-Asa et al., 2011).

Accessing resources may be more difficult for a variety of reasons for rural women. Rural women are likely to face problems with anonymity (Annan, 2008; Grama, 2000: Krishnan, Hilbert, & Pase, 2001; Riddell et al., 2009). Although, rural women utilize law enforcement frequently, this often means revealing abuse to the community (Krishnan et al, 2001; Grama, 2000). Rural women are more likely to have lower levels of education and fewer economic resources at their disposal than urban women and their livelihood is more likely to depend on the place where they live, i.e., farming or ranching (Annan, 2008; Logan et al., 2003; Riddell et al., 2009; Shannon et al, 2006). Rural women fear losing their stake in farming or ranching operations if they leave or conversely being responsible for half a debt that they have no way to repay (Riddell et al., 2009). Rural women who filed orders of protection were also more likely to consider themselves homeless than urban women because they often had to leave their home and

support systems in order to seek IPV prevention services (Annan, 2008; Logan et al., 2003).

The abuser in the rural setting is often able to exercise more control because of social isolation (Grama, 2000; Krishnan et al., 2001; Riddell et al., 2009). He may unplug the telephone and take it and the family vehicle with him when he leaves. Thus, the woman is left alone with no way to contact help (Annan, 2008; Gamma, 2000; Riddell et al., 2009). These feelings of isolation were predominant in rural women's experiences of IPV (Riddell et al., 2009; Annan, 2008).

Patriarchal attitudes in rural settings may be more pronounced and contribute to the difficulty of the woman gaining the support she needs in order to leave (Annan, 2008; Gamma, 2000; Riddell et al., 2009). Rural women report that family told them it was their duty as wives to continue in the abusive relationship and remain submissive and supportive of their husband no matter what (Riddell et al., 2009). These attitudes are not only expressed by community social contacts but also by professionals these women turn to for help. Rural and urban women seem to demonstrate similar use of formal help seeking (Shannon et al., 2006) but may receive a different response. One rural woman was told by her priest that she was the problem in the relationship (Riddell et al., 2009). Others have been told by their rural lawyers and physicians that they should endure the abuse they receive (Riddell et al., 2009).

The barriers rural women face in leaving leads to rural women staying and enduring abuse longer than urban women. Rural women are less likely to report IPV to law enforcement and less likely to seek medical attention for injuries resulting from IPV

(Krishnan et al., 2001). Rural women reported that more than one instance of physical violence occurred prior to them filing a protection order 100% of the time. Urban women filed protection orders after the first instance of physical violence 67% percent of the time (Logan et al., 2003).

Rural Women Stopping, Avoiding, or Leaving Abuse

Despite the additional barriers to separation, rural women are able to leave their abusers (Riddell et al., 2009). Many of these women took small steps over many years to gather the resources they needed. They stated that this planning gave them hope, strength, and a sense of control (Riddell et al., 2009).

In the rural setting women most often used strategies that placated or resisted IPV though the women rated these as the least helpful (Riddell et al., 2009). According to Krishnan et al. (2001) the most used strategy for rural women was to report to law enforcement. Strategies less frequently used were safety planning, formal networks like shelters, and informal networks of social support (Riddell et al., 2009). Overall the rural women in the study by Riddell et al. (2009) reported that safety planning was rated as the most helpful strategy but was not frequently used. Riddell et al. stated that strategies beside placating and resisting often depend on outside resources which, in rural settings, are potentially scarce, lacking in quality, and have the potential to violate privacy.

In situations of severe physical violence, women reported all strategies to be less helpful (Riddell et al., 2009), possibly because of a sense of increased hopelessness or the

possibility that severe violence indicated greater control exercised by the abuser over the victim. Research should be conducted to determine the nature of this relationship.

Women in the study by Riddell et al. (2009) described intense feelings of isolation and a dread that they would never be able to escape their abuser. One woman described feeling like nobody cared, and this was reinforced by the emotional abuse of her husband. Another woman told of her husband taking the spark plugs out of the car so she couldn't leave when he was gone. She described thinking of killing herself because that was the only way she ever imagined she would get away.

This additional burden of isolation and feeling the situation was permanent led some women in the study by Riddell et al. (2009) to adapt with some unusual safety planning like stockpiling of groceries so the spouse couldn't starve her. One woman reported gaining weight in order to try to reduce the damage done by beatings.

Riddell et al. (2009) promoted a theoretical stance that women are experts of their own situations and they should be viewed as such. Riddell et al. stated the placating and safety planning strategies are not submissive actions but rather an activity for taking control of a situation which may ultimately give the abused woman enough confidence to leave. Riddell et al. concluded that leaving an abusive situation was a slow process and relied heavily on resource availability that had nothing to do with the woman's desire or determination to leave.

Summary

Current research does not demonstrate conclusive evidence in many aspects of IPV. It is unknown why it occurs. It is unknown how best to help the survivors become free from abuse. On the other hand it is known how prevalent and damaging IPV is to our society. It is an obvious problem that has no obvious solutions. Riddell et al. (2009) advocated for viewing the abused woman as the expert on her own situation. If more information is needed about how to solve the problem it seems investigation should start with the experts. The work that has been done focusing on the experiences of the survivors is incomplete especially regarding rural women. More information needs to be collected to better understand the uniqueness of the situation of rural women experiencing IPV and about insights into improving their safety and becoming free from abuse.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of this study was to explore: a) the experience of employees of programs that support rural survivors of IPV and b) the employees' perceptions of rural women's experience of IPV. This exploratory, descriptive pilot study used the phenomenological method for data collection and analysis described by Giorgi et al. 1985. Four open-ended, in-depth interviews were conducted with employees who have worked with programs supporting rural survivors of IPV.

This chapter explains the methodology used in this research project. Research design, human subject protection, procedures for data collection, and data analysis will be described.

Research Design

Phenomenology

Giorgi (2005) stated that phenomenology is an effective and scientifically rigorous way to examine the "human sciences" of psychology and sociology. "Natural sciences," and their methods of inquiry, are inadequate to describe human experience and interaction (Giorgi, 2005). The basis of phenomenology is the understanding of human consciousness and the meaning of human experience.

Concepts: Giorgi (1997) stated that in order to gain a basic understanding of the phenomenological method certain terms must be defined and understood as a foundation; consciousness, experience, phenomenon, and intentionality.

Consciousness is the "totality of lived experiences that belong to a single person" (Giorgi, 1997, p. 2). "It is the medium of access to whatever is given to awareness" (Giorgi, 1997, p. 2). Giorgi (1997) wrote that all of human knowledge is gained through the consciousness. That is to say that there is no objective observation conducted by the human. All of our perceptions filter through the "totality of our lived experience" or our consciousness. Giorgi (1997) stated that to acknowledge this is more rigorous than to ignore it.

Experience is what is perceived through our consciousness. It is the awareness and intuition of objects and situations. A subject can intuit that there is an apple on the table. The consciousness presents the "apple" to the awareness of the individual; the individual experiences the presence of the apple (Giorgi, 1997).

The term phenomenon refers to the "that which shows itself precisely as it shows itself to an experiencing consciousness," (Giorgi, 1995, p. 8). In phenomenology this manifests as an accurate and complete description of the experience of the individual. Using the apple example, a subject is asked to describe what the experience of the apple is to them. This experience could be very different for different individuals but the concern of phenomenology is that the experience is portrayed and recorded accurately. For individual A the apple means that their partner has gone to the store and gotten them the fruit of their choice, the consciousness would color their perception of the apple. For

individual B the apple was left sitting on the counter because it is past ripe and part of a batch that was not particularly tasty. The phenomenological inquiry does not aim to explain the experience by individual A or B but only to record and describe both experiences as the individual presents them and the researcher receives them.

Intentionality refers to the idea that the subject and object are interdependent (Giorgi, 1997). The example given by Giorgi (1997, p. 3) is "that to be in a state of desire implies that something is desired, or that to know means that one knows something." Being anything requires acknowledgment of the object of the consciousness. This implies that the observer, or the subject, is intimately influenced by, even defined by, the objects presented by the consciousness, and the perception of the object is dependent on the observation and intuition of the subject.

Phenomenological Method: Phenomenological inquiry attempts to describe the experience of human's experience of any given phenomenon. In order to do this the researcher adheres to the three steps essential to the process; phenomenological reduction, description, and search for essences.

Giorgi (1997) stated that in everyday life we experience our world through a "natural attitude." We take for granted that our experience is an accurate representation of reality. This is based in the "totality of lived experience." The experience of the apple is shaped by the culmination of individual experience and is not questioned. The phenomenological researcher refrains from saying "that the object is as it presents itself; one only says that the object presents itself as such and such" (Giorgi, 1997, p. 5). This is the idea behind reduction. Reduction also requires the researcher to put aside their own

knowledge of the phenomenon by "bracketing" or putting aside this past knowledge "about a phenomenon, in order to encounter it freshly and describe it precisely as it is intuited"(Giorgi, 1997, p. 5).

Description is the translation of the experience into language. An adequate description is one that includes "an intrinsic account of the phenomenon" (Giorgi, 1997, p. 6). The statements will inherently contain the description of the phenomenon studied. Giorgi (1997) recommends using open ended, general questions in order to elicit responses that are inclusive and represent the "natural attitude" of the subject.

From adequate description essence is sought. The essence of the phenomenon is the "most invariant meaning for the context" (Giorgi, 1997, p. 7). To discover the essence of a phenomenon the researcher uses "free imaginative variation". If subject A tells us that her partner got her the kind of apple she likes at the store we can distill this by using free imaginative variation. The distillation or transformation should be guided by the discipline of the researcher, i.e., psychology, sociology, nursing. If the word "fruit" is substituted for "apple" is the essential meaning still retained? What if "fruit" is exchanged for "sustenance?" If the whole statement was transformed to "her partner provided nurturing" is the essential meaning retained? If not, the researcher should reevaluate and start down a different line of thinking, or "free imaginative variation" to discover the essence (Giorgi et al., 1985).

Giorgi's Methods: Giorgi (1997) argued that phenomenological theory should contribute to "scientific" knowledge. Scientific knowledge is specific and separate from other kinds of knowing. Science is concerned with "gaining the most valid possible

knowledge of the phenomena of the world" (Giorgi, 1997). In order to meet the criteria for scientific knowledge it must be systematic, methodical, general, and critical. Phenomenological method requires steps to ensure these criteria are met. The five basic steps Giorgi (1997) proposed are; collection of verbal data, reading of the data, breaking of the data into some kind of parts, organization and expression of the data from a disciplinary perspective, and synthesis or summary of the data for communication for the scholarly community. In this way the process becomes a system able to meet the criteria for inclusion in the scientific body of knowledge.

Human Subjects Protection

The researcher was trained in human subject's protection prior to contact with participants in this study. The original study was reviewed by the Montana State University Institutional Review Board and was granted approval. When the study was altered because of the difficulties recruiting research participants, an amendment was submitted describing the change in population. The Board granted approval of the revised project. See Appendix A for documentation of approval and a copy of the informed consent document.

Each subject was informed of study procedures verbally and with a written informed consent document. Participation was entirely voluntary at all times. The consenting of participants was done before any data were collected.

Confidentiality was protected for participants by utilizing safe, private locations for the interviews. The audio-recordings were destroyed after transcription. Personally

identifiable information was redacted from the transcripts. The transcribed data were stored securely either on password protected electronics or, in the case of hard copies, in locked cabinets. Each participant was asked to review the transcribed interview to ensure it was an accurate transcription and described their experience. They were also asked to review the interview and remove any remaining information they thought might be personally identifiable. Participants were notified during the informed consent process of steps to preserve confidentiality for this study.

Data Collection

Procedures for Data Collection

Sample Recruitment: Participants in this study were identified through their employment with programs serving rural survivors of IPV. Letters were sent either in hard copy or in e-mail format to rural programs informing them of the project and asking for volunteers for the study. The letter indicated that they would be called in the next week to discuss the potential for participation. This was not necessary as employees began responding and wanting to participate. The first four employees that responded were included in the study. Those employees responding to the correspondence were briefly screened for inclusion criteria for the study.

Inclusion Criteria: Inclusion criteria used for the study included:

1) The employee must be 18 years or older.
2) The employee must be able to speak English.
3) The employee must be working or have worked in a program for IPV servicing a community that meets the definition of rural for this study. Rural

> is defined as a community of less than 10,000, with a hospital of no more than 100 beds, located at least 15 miles from a community of greater than 50,000 (Koehler, 1998 as cited in Winters, & Lee, 2010, p.59).

Data Collection

Demographic Data: The researcher collected basic demographic data verbally. Information such as the number of years employed with the rural program, place of residence, and other demographics were collected but not taken into account for inclusion (see Appendix B for a list of demographic questions asked)

The Interview: If the employees met criteria for entry into the study the researcher introduced the purpose of the study and answered questions. If they wished to take part an interview time and location was arranged. Before any data was collected at this meeting, the informed consent document was reviewed with each participant providing time for questions and the opportunity to take the document home for further review. If the participant was still interested in taking part in the study, they were formally consented for the study and were asked to sign the consent document. A copy of the consent form was given to them.

At the interview meeting the researcher again reviewed the purpose of the interview. The researcher asked the participants the following question: What has it been like for you to work with survivors of intimate partner violence? If the participants were unsure of where to begin, prompts were given (see Appendix B for a list of prompt questions used). Interviews were approximately one hour in length.

Data Analysis

Data Management

Interviews were audio recorded and participants were notified of this as part of the consent process. The recordings were transcribed verbatim by the researcher. All information that had the potential to identify the participant was removed from the transcription substituting (____) for the redacted information. Each transcribed interview was assigned a code to identify the individual participant in place of names. Participants are identified as A, B, C, and D, in the order that they were interviewed.

Giorgi's Analytic Method

Giorgi et al. (1985) developed the phenomenological methods used for data analysis in this study. After the collection of the data there are four steps to the data analysis of each interview (Giorgi et al. 1985). This method depends on the researcher using their intuition to discover the essential meaning within a described phenomenon. The phenomenon in this case was the experience of employees working in programs that support rural survivors of IPV.

Giorgi et al. (1985) stated the first step is for the researcher to review the data until a general understanding of the whole is achieved. This was done as the interviews were listened to and transcribed by the researcher. At this step the researcher is to refrain from analysis or judgment of the data through bracketing, or suspending preconceptions about the phenomenon.

Step two in the process described by Giorgi et al. (1985) is to intuit meaning units. Giorgi et al. (1985) described this as a breaking up of text into manageably sized parcels. The units are formed as the researcher reads through the text more slowly and "becomes aware of a change of meaning of the situation for the subject that appears to be psychologically sensitive." These transitions are marked throughout the text until the entire transcript is divided. These were moved into groups or themes within each interview. At this stage of the process the original language of the participant is retained. Meaning units that did not address the phenomena were discarded.

In step three of the process described by Giorgi et al. (1985) each meaning unit is then reduced further into psychological language. This utilizes the researcher's "imaginative variation" in order to reflect on the meaning units and attempt to determine the psychological meaning. Giorgi et al. (1985) called these new statements "transformed meaning units". Giorgi et al. (1985) discussed the importance of not imposing pre-existing knowledge or assumption on this process but instead allowing the data to proceed through the reduction without losing the essence of the phenomena as expressed by the subject. Beside each meaning unit a statement is written that captures the psychological meaning, thus creating the transformed meaning unit. This was done in each of the four transcribed interviews for this study. Transformed meaning units were combined if recurrent meaning was present.

Below in Table 3.1 is an example of what this process of steps one through three looks like as the verbatim interview shown in the left hand column is broken into

meaning units shown in separate cells on the left hand side. These are then transformed as shown in the right hand column.

Table 3.1. Giorgi's Analytic Method.

J: Ok… um… Do you ever fear for your safety here?	1. She fears for her safety because of her work.
B: 1) Uh yeah… Absolutely,	
2) in fact um my husband has tried to get me to take the concealed weapons license course multiple times because he'd like me to carry my gun all the time.	2. Her husband would like her to carry a gun for her safety.
3) And Umm my attitude is I like guns and I like shooting guns but uh… but when it came to you know, somebody was gonna threaten my life (sigh) I just don't think I could pull the trigger. I'm not a cop. I'm not… it's just something…	3. She likes to shoot guns but doesn't think she could shoot a person even if threatened.

Each interview was analyzed with steps one through four of this method. The interviews were then physically cut apart and meaning units were grouped in order to discover recurrent aspects of the phenomenon. Each interview was separated into major categories that were established through free imaginative variation and reflection on the prolonged engagement with the data. These groupings were then combined across interviews and consolidated to discover themes that were consistent between interviewees. Themes were further broken down into sub-themes. Themes and sub-themes that could not be combined across interviews were not eliminated but were left to stand as the expression of experience of the interviewee. This process created the final description of the essential structure of the phenomenon.

Procedures for Determining Trustworthiness

Guba and Lincoln, (1989) developed criteria for maintaining trustworthiness in qualitative research. They asserted that quantitative methods and terms for evaluating and ensuring scientific rigor (internal validity, external validity, reliability and objectivity) were not directly applicable to qualitative research techniques. They proposed the following criteria that are rooted in the theories of constructivist inquiry: credibility, transferability, dependability, and confirmability. Each of these will be discussed separately in regard to their definitions and use in the course of this study.

Credibility: This criterion is parallel to the quantitative concept of internal validity. It assesses if the researcher is representing the truth of the experiences that were presented to them by subjects. Guba and Lincoln, (1989) proposed six areas that can assist in achieving credibility

(1) The researcher can seek "prolonged engagement" with the subject of inquiry to build trust and understanding that reduce the effects of misinformation, distortion, or presented "fronts."

(2) "Persistent observation" allows the researcher the opportunity to build a depth of understanding by increasing the scope of their experience with the subject. This allows the researcher to evaluate what elements of the subject are most relevant.

(3) "Peer debriefing" provides additional perspective on the subject from a peer not intimately involved with the project. This provides opportunity for inquiry into the analysis and conclusions or the researcher by another familiar

with the processes in order to bring to light the individual influences a researcher might have upon the data.

(4) "Negative case analysis" provides an opportunity to test the conclusions by determining if they accurately represent a significant proportion of cases.

(5) The process of "progressive subjectivity" improves credibility by identifying the researcher's expectations throughout the investigation and recording these at regular intervals. This allows the researcher to reflect on her/his expectations and be able to reduce or eliminate her/his influence on the outcomes.

(6) Guba and Lincoln stated the most powerful method for establishing credibility is taking the analysis and conclusions back to the subjects and asking them to verify the faithfulness with which they represent the experiences they shared. This process is called "member checks."

For this study utilizing persistent observation was not practical. To ensure credibility peer debriefing was conducted with the thesis committee, prolonged engagement was accomplished through transcription of the interviews by the researcher, and progressive subjectivity and member checks were performed.

Transferability: Guba and Lincoln (1989) related transferability to external validity. They stated that transferability means the ability to apply findings to other situations. To achieve this, the researcher must provide as complete a data set as possible, using what is termed "thick description" in order to establish context for conclusions. Thick description requires that "the time, the place, the context, and the

culture in which those hypotheses were found to be salient" (Guba & Lincoln, 1989, p. 242) are recorded to support this data base.

This was achieved in this study by recording the demographic data of the participants in order to provide as large a data base as possible for evaluation.

Dependability: Dependability is equivalent to reliability in the quantitative tradition. The dependability of data depends of the stability of data over time. That is to say that the process by which the researcher analyzes the data does not change because of exhaustion, boredom or stress resulting from the process. In order to confirm dependability the researcher must keep detailed records of their process that is traceable.

The data analysis of this study was recorded in the step by step process proposed by Giorgi et al. (1985). Each step is described and the transformation of the data recorded at each step.

Confirmability: The confirmability criteria is similar to objectivity in the quantitative tradition. This refers to ensuring that the outcome is "rooted in contexts and persons apart from the evaluator." (Guba & Lincoln, 1989, p. 243). Evaluation of this requires that data can be tracked to its source and is available for outside review.

For this study confirmability was ensured by providing verbatim transcription of the interviews and recording the transformation of this information according to the steps for data analysis by Giorgi et al.(1985).

Personal Memos

During the interview process verbal dictations were kept regarding the context of the interviews. Information about the community in which the interviewee lived including reflections on the town and known demographics was recorded. The investigator recorded several minutes of reflection on the location, the interviewee, the interaction during the interview and the content of the interview. This reflection aided in providing the thick description that the investigator could refer back to during analysis.

The interviews were all transcribed verbatim by the investigator. This provided an opportunity for prolonged engagement with the interview data. Meaning units were created for each individual interview immediately after transcription. Transformation of meaning units was done one interview at a time.

The analysis process started with collaboration between the investigator and the thesis chair. The meaning units for the first interview were separated into groupings and this served as an example for the work for the other three interviews. Bracketing was used during this process in order to set aside personal values or pre-conceptions about the experiences that were reported in the interviews. Notes were made beside meaning units in red text to identify these personal values. The author considered these when transforming meaning units and trying to discover the most invariant meaning or the essence of statements.

Summary

This study utilized data analysis methods described by Giorgi et al. (1985) in order to describe the experiences of employees working in agencies in rural areas serving survivors of IPV. Participants were protected through institutional review, informed consent, and good clinical practice that provided for safety and confidentiality. The study ensured rigor by following the recommendations of Guba and Lincoln (1989) for evaluating rigor in qualitative research.

CHAPTER 4

RESULTS

Introduction

Through the use of a phenomenological research approach, the purpose of this study is to explore the experience of employees of rural programs supporting survivors of IPV and gain the employees perspectives of rural women's experience of IPV. Four participants in a mountain west states were interviewed for this research.

The interviews ranged between one to two hours in length. All participants in this study were female between the ages of 33 and 55. Study participants will be referred to as advocates and their place of employment will be referred to as an agency. The victims of IPV that they served in their agencies will be referred to as survivors. The length of advocate employment at their respective agencies ranged from less than a year to ten years. Three of the agencies were independent non-profit organizations and one was a county agency. All of the advocates lived in or around the rural community where they were working. They had all lived in their respective communities for a number of years ranging from seven to twenty three. Two of the communities had less than 2000 inhabitants and two had less than 5000. Three of the women had bachelor's degrees in literature, psychology and geography, and one had a technical certification as a legal assistant. The interviews were analyzed using Giorgi's method as described in chapter 3.

Numerous themes emerged from the interviews. The themes were organized into four main categories relating to: a) the characteristics of the work, b) addressing IPV, c)

the advocate's experience, d) suggestions for change. Each of these main categories has subcategories that more fully describe the themes that emerged from the data. The remainder of this chapter will describe these themes.

Discussion of Results

Work Characteristics

This theme emerged as the advocates detailed the requirements of the position and the challenges they faced functioning in their work role. They described the basic structure of their work and how they go about doing their jobs. Three major sub-themes emerged: a) the nuts and bolts of the work and its basic characteristics; b) work challenges; c) the resources they use when working with clients.

Basic Characteristics: Advocates characterized the survivor population they serve and the volume of survivors they serve. The advocates reported that most of the survivors are from their late teens to their mid-thirties and have children. They described the kind of services they provide including shelter, legal aid, financial aid, education and support to survivors, and education and outreach to schools and community groups. They talked about where their agencies receive funding and how many people are directly employed in the agency. They discussed their work load and utilization of volunteers. They talked about their daily interaction and their working relationships with law enforcement and the legal system.

Advocates also described how they work with clients. One function of their job is to provide education and support, empowering survivors, and helping them find the resources they need.

> *I think our job here as advocates isn't to tell people what to do, it's to support the decisions they make.*

Advocates spoke about seeing their clients or their client's perpetrators in the community and how they respond in ways that maintains the survivor's confidentiality.

Work Challenges: They related practical challenges in their daily work including a lack of training for their position, a difficult or dysfunctional system for reporting the crimes perpetrated, managing the public relations of their agency to or for the community they are in, and on occasion not having adequate interpreters for people who speak a foreign language. Advocates also noted challenges in the lack of resources they need to do their jobs. This will be covered in depth in the next section.

All four advocates spoke about their safety concerns and the precautions they take at their agency to protect themselves and their clients.

> *We have an office alarm, but we also have a little. . . I don't think there's one in here . . . a little under the desk alarm.*

> *I fear for my client's safety obviously a lot more than I would ever mine, but we do um, (pause) we're in lock down mode all the time here.*

Resources: One major challenge that advocates stated they face is finding the right resources for survivors. The rural nature of their agencies makes providing service challenging while the job itself would be a challenge no matter where they were.

Local tax bases do not support a lot of social services and finding a grant they can apply for because of their small population can be challenging. The lack of funding makes other services difficult to access as well. There is a backlog on analysis of sexual assault assessment kits and sometimes even finding a trained provider to perform the assessment is a barrier. The communication infrastructure for local citizens also is lacking. With the internet communication has improved some, but a lot of their clients can't afford internet. Cellular phones often can be out of range. A survivor may have difficulty making calls, or knowing where to find help.

Many of the survivors they serve have little or no money. The advocates expressed that the survivors are likely to be financially dependent on their partner and not have access to those financial resources. Survivors feel that if they leave they will have no way to support themselves or their children.

> *Most of them are unemployed (pause), There's a lot of them who have not been able to be employed because either their partner sabotages whatever job they have, because earning her own money can be seen as financial independence, which can weaken her dependence on him which weakens his control. So that happens too. Um (pause) I think also kinda what we see is people who are undereducated, who haven't had employment opportunities yet, are easier to victimize because they don't have that financial independence*

The lack of public transportation is also a problem. Many survivors have no transportation at all and the distance to travel to services can be very long. This is a barrier to accessing the agency for assistance or making appointments for legal aid. Survivors may have no way to physically leave their home. Advocates or law enforcement can sometimes assist with this but tight budgets limit the amount of travel they can do as well.

> *We have quite a few clients who have absolutely no transportation and um, you know, we're only twelve miles from (name of smaller nearby community) but that can be a huge barrier. When someone literally can't get here and there is no predictable transportation as far as a bus system or anything like that. So people are really at the mercy especially since taking away car keys or taking away someone's, um, transportation is a really, um, (pause) often used coercive tactic in an abusive relationship.*

Transportation can create barriers for survivors to access shelter services as sometimes there is no temporary shelter option in the rural community and they would have to travel to a larger community in order to access a shelter. Transportation can also create a problem if they have children in school. They would either have to transfer their children to another school, which they often aren't willing to do, or find transportation for their children to and from the shelter.

Advocates reported that providing a referral to temporary housing when survivors have decided to leave a partner is a commonly utilized tactic. Space at rural shelters is often not adequate to accommodate all who need the service. Thus women, with literally nowhere to go, make the choice to return to their abuser. Shelters often do not meet all the needs of a family and survivors may be reluctant to utilize them. Lack of available rental units and low income housing is also a problem for rural survivors. Some communities have a few transitional housing units for survivors but these are often full as well.

> *When a victim finally says that today's the day I'm gonna leave and they do what they think they need to do and jump through the appropriate hoops only to be told, "You know it's probably going to be 3-4months before you get your section eight voucher so here's hoping." You know that's really disheartening for people. (pause) It's really hard.*

In rural areas, the advocates reported that survivors can sometimes find help and resources through local churches. Sometimes there is social support that people in the community provide to each other if they are aware of the need. However, in rural areas distance, once again, can make accessing that social support difficult. Isolation means that sometimes the abuse occurring goes undetected whereas in a city the neighbors, if they heard or saw what was going on, might notify law enforcement.

> *I would say the lack of neighbors is a big thing. Once you get out of the little towns we have here it could be a half mile, mile, five miles between homes. So you can't hear your neighbors. You can't see your neighbors so there's no one. To find someone to look out for you and to say, "Hey if I hear something do you want me to call" That's just not there…*

Counseling, therapy, and support groups are often unavailable in their communities and transportation and distance again becomes a barrier to survivors for accessing those services. Sometimes there is a counselor or group available but because of concerns around confidentiality survivors are reluctant to use these services.

> *Being in a rural environment; everybody knows everybody. Everybody knows everything about everybody else and they're scared. They don't' want people to know what's going on in their home. (pause) and then sometimes they're scared to use the resources because they're afraid of people talking.*

Lack of legal aid is another barrier for rural survivors. In order to create a separation from an abusive partner particularly when the couple has dependent children, legal steps must be taken including a legal separation, divorce, and/or developing a parenting plan. This can be expensive and paying for legal assistance can be difficult for survivors. Often their abusive partners can afford attorneys but the survivors may not have resources to retain a lawyer. Some free legal services are available but often the

availability is inadequate for the number of people needing the service, thus making it necessary for the survivor to travel to a larger community to secure the services. Each advocate noted the need for increased access to legal services for this population. They said that periodically their agencies have been able to hire lawyers depending on funding and that it is one of the most valuable services they are able to provide.

> *I mean housing and or helping them with rent maybe when their partner (has) been arrested and they can't afford rent otherwise, I mean that's a little better triage. That plugs the hole for the time being but being able to provide a lasting legal remedy that keeps them and keeps their children safe from the abuser, you know, forever, in theory, I think is probably the most valuable resource that we have as far as being able to enact long lasting change for IPV survivors.*

Addressing IPV

This theme emerged as advocates indicated observed outcomes of IPV; that is, the results of IPV. Advocates also spoke about how individual survivors, the community, and the legal system address IPV.

Survivor Response: Advocates discussed the emotions they see in the survivors, and what the survivors do in response to the violence, including thoughts on safety planning and examples of safety planning.

Emotions described by the advocates fell into two main categories: a) fear of losing access to family resources, and b) fear of public shame or ridicule. Advocates thought survivors believe if they leave their partners and lose access to the resources in the relationship they may jeopardize their survival or their children's. Advocates spoke about how survivors fear public shame or ridicule and so they often hide abuse.

> *I think people are very good about hiding abuse, and the victims especially. A lot of embarrassment and shame that goes on you know, with having chosen an abusive partner, choosing to stay in an abusive relationship. Like, there's just so much embarrassment that goes into it that I think your victims become masters of hiding what's going on.*

Survivors will also protect their abuser from public ridicule. One advocate described a situation of extreme physical violence where the survivor wouldn't leave because she didn't want the community to think of her husband as an abusive person. Survivor's often love their partners and feel they would be betraying them if they reported the abuse.

Because many survivors will not leave their abusive partners, the advocates described a shift in advocacy from focusing on leaving abusive relationships to trying to find solutions that might make the survivor safer in her situation. As one advocate said,

> *Leaving isn't the answer because around here it's nearly impossible.*

Safety planning is how survivors reduce the violence they face or take steps to change their situation. Often survivors are aware of when their partner is becoming violent and can take steps to intervene.

> *Every intimate partner violence survivor is really in tuned with the moods of their partner. I mean their survival is literally dependent on it so they know when something's brewing. So it can be a matter of if you feel it's happening don't do it in the kitchen, move to the living room where there's no access to weapons or sharp stuff or glass stuff or something like that.*

Another advocate put it this way

> *Well I don't think that it's been something that they consciously think about. I think it's been that they've had to do that I think to survive. That they've had to figure out, "ok when I do this, he gets this way or when I see him acting this way I know what's coming so I can either change it or leave or whatever it is that happens." But when we talk about safety planning it's almost like, "Oh, there's a name for it." So it's giving a*

> *name so it becomes a little bit more real for the (pause) like, "Oh, I have done this." And it gives them that much more strength to go, "Oh I have been doing this. I have been doing something good. I'm not just a piece of trash that people walk over."*

When advocates assisted with safety planning, they gave very practical ideas. If the survivor uses substances, changing her substance use patterns so she is not so vulnerable by using in moderation or not using when she might be alone with her abuser is a plan one advocate mentioned. They also guided survivors through the process of leaving by helping them plan how to leave safely and with the resources they need.

The advocates noted that survivors use different coping mechanisms like substance abuse, speaking out, or seeking counseling. They stated that often women prefer living with the violence than facing the unknown when leaving.

The advocates noted that older survivors tend to respond differently to IPV for many reasons. Some have raised their children so they are no longer a factor to consider in the separation and thus making it easier. The advocates also said that sometimes because survivors are dependent on their spouse for health insurance, which they feel is critical in older age, they decide to stay. They may also feel overwhelmed by the task of separating from a partner that they have lived their life with and don't have the energy to go through with the process.

When survivors wish to leave their partners, all of the advocates agreed that if they leave the community or the state, they are more likely to maintain the separation. Advocates encouraged this approach. However, given that approach, survivors may choose to stay for many reasons including wanting their partner to continue to parent

their children, having social or family support in the community, or not wanting to leave their job.

Community Response: The advocates spoke about how the community responds to IPV and how community can influence IPV. The themes advocates discussed regarding community were: a) cross cultural incongruences; b) community and confidentiality; c) community inaction or improper action.

One advocate described her perception of the Hispanic population in their community. She believes Hispanic culture influences how IPV is perceived within the close knit Hispanic community. She stated the culture seems to promote male dominance and female submission. She also believes that because there are few translators available who are not part of the community that confidentiality can be compromised.

In rural communities advocates again reinforced the idea that the close knit nature of communities leads to concerns about confidentiality if survivors seek services.

> *The confidentiality can be a huge issue and people sometimes don't want to seek services 'cause so and so's aunty works there or my cousin went there one time so she'll know I went there or whatever it is. You know, this, this um (pause) interconnected web that victims can really feel like it's not safe and that their confidentiality isn't going to be respected if they seek services here.*

This fear extends to seeking services with law enforcement, advocacy groups, and health care. Community gossip is something that survivors fear and avoid.

The advocates shared beliefs about the community's inaction on behalf of IPV survivors and gave various reasons why they thought this occurred. Reasons included: a) community member's fear of the abuser's reaction, b) they don't know what to do to

help, c) that IPV is not "their business" and they should not get involved, and d) that community members may normalize abuse because it is part of their own relationships; therefore they do not feel a need to take action. Advocates stated there are also community members who give advice that is wrong, inappropriate, or supportive of the abuse.

Legal System Response: As briefly discussed earlier, the advocates described that a large part of the job they perform relates to the legal system and law enforcement. They described how the reality of enforcing laws is sometimes dysfunctional and inappropriate. Law enforcement or the judicial system may downplay the seriousness of the abuse or survivors fear this will occur and so do not involve the law. Advocates also stated because of a lack of resources, the legal system can be slow to respond to the survivors. Survivors find it difficult to stay with a legal process that can take several years, when they just want to put the abuse behind them.

Advocates stated that a lack of resources can keep law enforcement from responding on time to calls for IPV and long response times can create a dangerous situation for survivors that do call.

> *I mean if there's something happening, an accident happening up in (name of town) and we have a Sherriff's Deputy who's down here in (name of town) it's uh, at least 40 minutes to get up there. And that's, you could be dead or everything cleaned up or you know, it's over. Um, the fear of god is back in her so you know she's not gonna talk, "Everything's fine officer." Uh and there's everything else they handle you know the heavy stuff people get into, all the traffic accidents. They're overwhelmed I think.*

Advocates explained that when an IPV case enters the legal system, the survivor is seen as evidence in a criminal case and not the defendant; the legal system is prosecuting the offence for the state not for the survivor. This is sometimes difficult for survivors to understand and often the case does not progress in a way they are happy with.

> *So it's like this crazy labyrinth of a judicial system and we do our best to try to navigate people through that and I feel helpless and hopeless more than anything because it's like you just hit this brick wall.*

Advocates also noted there was a lack of lawyers specializing in IPV or family law which leads to a lack of effective representation.

Although the advocates generally reported a positive relationship with law enforcement there are instances where they have observed officers being demeaning or inappropriate with survivors.

> *I too many times was on site as an advocate listening to law enforcement say things like, 'Well what did you do to piss him off so bad?' or 'Oh you're that girl, oh yeah I've seen you. Man, you really have this ability to pick out real winners.'*

The advocates also described a "good ol' boy" culture that turns a blind eye to IPV, supports other men, and excludes women. One advocate indicated the tension between law enforcement and advocates arises because advocates are watchdogs for the legal system.

Sometimes laws can force action that isn't necessarily in the best interest of the survivors. It may require confidentiality in the case of child abuse and that can hinder collaboration between governmental departments or it can force them to report in such a way that the abuse seems less serious and does not warrant action. There were statements

by the advocates about the need to revise laws regarding IPV to make them more functional and geared more toward the needs of the survivor.

Advocates stated that the law can be manipulated by abusers and survivors to suit their needs in ways that do not serve justice. Abusers or survivors seek restraining orders for vindictive reasons or use the law to assume custody of children when the partner's action has not warranted sole custody. This is an unfortunate reality.

Advocate's Experience

Advocates Philosophy on IPV Dynamics: Advocates discussed their own philosophies on the dynamics of IPV. They talked about how IPV relationships develop, how they are sustained, and reinforced. Family can have a substantial impact either positive or negative on how survivors cope with IPV. Family can encourage survivors to seek help or conversely can create a situation where they keep the abuse a family secret, full of shame. Often this is part of a pattern that the family develops that is passed down generationally. Advocates discussed the intergenerational transfer of violence. They described how witnessing IPV in relationships as a child makes a person likely to repeat those relationship patterns. The couple normalizes the abusive behavior because it is what they know and so don't seek help.

> *So I think a lot of people were raised that way and it's a, it's a continuing cycle. They were raised in the mindset that that's how life was when you're growing up and people are creatures of habit.*

They noted that the survivors and abusers often return to the same relationship or another similar abusive relationship because it is what they know.

If there is IPV in the home, advocates stated that there most likely is child abuse occurring as well. Advocates stated that if a child is subjected to observing IPV, it is considered child abuse and is reportable. Advocates stated that often couples have become parents at a young age or are otherwise not prepared to parent. In many cases survivors maintain contact with the abuser in order to co-parent. Removing children from the abuser is less common but can create intense anger and sometimes incite violence in the abuser.

Advocates indicated that although they see women of financial means, the majority of the women they serve are in poverty. They also noted that mental and psychological abuse, even though they perceive it as more damaging, is less frequently reported. Similarly, reports of men being victimized by IPV it is probably underreported, and advocates see very little of it.

Advocate's Personal Response to Their Work: All of the advocates described how their position affected their personal life and how they have coped with the work they do and the violence they witness.

The advocates discussed their feelings of helplessness, frustration, and hopelessness. These feelings arose from the inability to help make change for survivors because of lack of resources, legal barriers, or because survivors returned to violent relationships. They talked about the pain they experienced when hearing about or seeing the results of the abuse survivors have suffered. They also noted feelings of joy and inspiration when change did occur and they were able to help. They expressed admiration for the survivors' resourcefulness and resiliency.

The advocates spoke of their jobs leading them toward their own personal growth and positive change. They also stated that they have sought out support and counseling to help them cope with what they witness at work. They described creating emotional boundaries and distance in their professional life to prevent their work from affecting their personal lives too much. Even so their work sometimes does put strain on their personal relationships.

> *The boundary I had to learn right away was I had to take off "me as professional" before I walked in the door at home. Because it's easy to take all that shit home. And it's easy to take the frustration and the hurt and all the trauma and you know, I guess I right away realized that if I didn't have the ability to set those boundaries for myself personally and allow myself to… the space to process things and become clear before I walked into my home, that I was never going to be good for my family*

Although they didn't want to, advocates found themselves changing their behavior because of an abuser. They described how they avoid interaction with people they know are abusers in the community and also avoid social situations in general because of the likelihood of having to interact with either a survivor or a known abuser.

> *I think what's harder actually living in a small community is knowing like business owners who are abusers and then just having this um… you know, I don't wanna support their businesses and there's very few places where I can eat anymore. You know like you kinda run outta options. So that's pretty hard too.*

Seeing abusers in the community also creates safety concerns for the advocates. The potential for violence is definitely in their thoughts. They lock their homes and cars even though it's not the community norm. Some carry weapons or are encouraged to do so by family members. Although none had been assaulted in the community they believe the potential existed.

Suggestions for Change

Advocates discussed suggestions for change they thought would help create a more functional system. Building additional shelters and transitional housing in their communities was seen as important. Increasing the availability of legal aid could help survivors navigate the legal system more effectively. They also mentioned raising public awareness about the problem of IPV and educating on how to address it safely. Advocates thought that increasing education to children about healthy relationships and creating prevention programs may be more effective than trying to heal the damage that has been done. One advocate stated that we need to look at what our desired outcome is and work back from there to determine what our actions should be instead of just continuing to try to fix the problem with "band-aids".

> *So it's almost like there needs to be a new revving up of a new way to do it or a new way to look at it or um… a different… It's almost like you gotta look at the end and then look at the beginning. How do you get that… how to get to the end because the way we're doing it right now… it's paved with bandaids.*

Summary

The data gathered form the advocate interviews illuminated many aspects of the experience of working with IPV survivors in a rural setting. Advocates discussed the characteristics of their work and the challenges they faced. They described how IPV affects survivors, communities, and how it is addressed by the legal system. They stated their philosophies about IPV and how their work has affected their personal lives. Finally they gave some suggestions for positive change. The next chapter will examine

the study results and compare them to the current literature. It will also identify possible implications for nursing practice, education, research, and policy.

CHAPTER 5

DISCUSSION

Introduction

The purpose of this study was twofold: a) to explore the experience of employees of rural programs supporting survivors of IPV and b) to gain the employees' perspectives of rural women's experience of IPV. In Chapter Four the results from this research was presented. Chapter Five will include: a) a discussion of the results in terms of how they relate to current literature, b) an evaluation of the trustworthiness of the data analysis based on Guba and Lincoln (1989), c) limitations of this study, and d) implications for nursing.

Results Relating to Current Literature

Characteristics of the Work

Introduction: Themes that emerged in the results of this study were also mentioned in the literature review. These included resource deficits, rural social climate, and physical isolation in rural areas. Advocates also discussed safety at their agencies. This was not a theme found in the literature reviewed for this study. These themes are discussed below.

Resource Deficits: The advocates spoke about resource deficits as a major barrier for women leaving their abusive relationship in their communities. The personal

resources they lacked and the lack of community resources in their rural areas made leaving even more difficult for the IPV survivors. This problem was also described by Annan (2008) and Riddell et al. (2009). An additional problem occurred when, as described by McFarlane et al. (2004), a survivor has reached a point where she was open to change but as advocates described community resources such as housing or legal aid were unavailable. Funding for resources, like staff, housing assistance, or grocery money, within the non-profit agencies in this study were grant dependent and depending on the year and the grant cycle may or may not be available when the survivor needs them. It is unpredictable when any given survivor may again be at a point when she is open to change. Thus opportunities are missed because of lack of funding and this is extremely disappointing.

Rural Social Climate: The advocates reported that the rural social climate was also often a barrier to women attempting to use the available resources because of patriarchal attitudes a "good ol' boy club". Additionally they feared a lack of anonymity. These issues were also described in the literature (Annan, 2008; Krishnan et al., 2001; Riddell et al., 2009)

Physical Isolation: As reported in other studies the advocates stated that physical isolation was a barrier as was lack of transportation and shelters or affordable housing (Annan, 2008; Bosch & Schumm, 2004; Goodman et al, 2005; Lanier & Maume, 2001; Peek-Asa et al., 2011). The advocates reports also supported Chang et al. (2005) stating that counseling services are often sought by survivors and may be effective but in the

rural areas finding a counselor is challenging and again fear of anonymity may keep survivors from seeking these services and advocates from referring to them.

Safety at Agencies: Safety at the advocates' agencies was a theme that was not found in the literature reviewed for this study. Although Fleury et al. (2000) and Anderson and Saunders (2003) both discussed the idea of violence escalating after separation in relationships the focus was on the survivors and the repercussions to agencies that serve them were not discussed. Advocates discussed safety precautions taken in their agencies including silent alarms and other steps they took to keep themselves, staff, and clients safe. The advocates reported that the agencies attempt to keep shelter locations secret but that in rural environments was infeasible thus potentially increasing the risk of harm to survivors during their separation from their partners.

Addressing IPV

Safety Planning: Safety planning was seen as an important element in the reduction of violence by advocates in this study. The importance of safety planning and the importance of developing an individualized safety plan for each woman's needs were also supported in the literature (McFarlane et al., 2004; Ramsay et al., 2009; Riddell et al., 2009). Safety plans included actions that assisted a survivor to take action to leave and those actions that improved safety in the event of a violent situation. Riddell et al. (2009) suggested in home safety planning as a viable alternative to the expectation that a woman leave her partner as a solution to the violence. The statements of the advocates in this study supported this idea as well. Advocates discussed the near impossibility of

leaving within a rural setting. Riddell et al. pointed out that safety planning could empower the women in their situations by suggesting actions to take during times of violence. The advocates echoed these sentiments but also expressed the importance of helping the survivor identify positive measures they currently employ. By doing this the advocates recognized the survivor's expertise in her own situation, her ingenuity, and the strength in her ability to survive.

Community Response: One interesting theme that emerged from this study was advocates' perception about why communities and individuals do not respond appropriately to situations of IPV. This had to do with a possible norm among community members of non-interference in other people's relationships. Advocates perceived a belief among community members that a woman makes a choice to stay in the relationship, and it is up to her to make change. Additionally the advocate's thought that some community members may normalize IPV because they have experienced it in their own lives and identifying it in others may require acknowledging that their own relationships were unhealthy. Advocates also noted that some people do not act because they do not know how to respond and feared that if they did respond violence could be directed at them. These themes speak to the need for increased public education. In order for change to occur, community perceptions must change. The advocates' experiences call for an environment that promotes healthy relationships and is active in addressing IPV.

The burden of change currently is placed on the survivor to find solutions for ending or reducing violence. By requiring that the survivor leave, or the survivor practice

in home safety strategies, responsibility for change is removed for the abuser and the community. This responsibility often results in blaming the survivor. Given this rationale, if the survivor is unable to become free from, or manage the violence, then they are the ones at fault. If individuals and communities were willing to bring IPV into the public discourse, support survivors, and move toward a norm of zero tolerance for IPV, perhaps a new dynamic could be realized. In addition to increasing the availability of community resources, this new dynamic could remove the complete responsibility for safety from the survivor and transfer it to the abuser.

Legal Response: The advocates discussed their perceptions of legal system deficits. These deficits were not addressed in the literature. Advocates reported that law enforcement in their areas was overworked and underfunded. They stated that often the resources were not available for evidence analysis, or even to allow for IPV training for officers. They noted that law enforcement is often used to transport IPV survivors with no other transportation option, but that budget constraints made this difficult as well. They also reported that finding legal representation to assist in the separation from a partner was expensive and difficult to obtain in the rural setting. The advocates saw legal aid and representation as the most valuable resource they could provide to survivors, the one that created lasting change. This should be examined more thoroughly and is a potential topic for future research. Criminal prosecution of the abuser, on the other hand was described by the advocates as an impediment to the healing of a survivor. The survivor is evidence for the state instead of the defendant. Advocates stated the needs of the survivor may be ignored during prosecution in order to meet the needs of the state.

They process can be years long, and the survivor ultimately may not feel the outcome was worth her effort. Change could be made in this process to better serve the interests of the survivor and encourage more people to prosecute IPV crimes

Advocates Experience

The advocate's experience is a perspective on IPV that was not examined in any of the literature reviewed for this study. Current research has been conducted on vicarious trauma in workers assisting survivors of violent crimes but these were not included in the literature review because of the change in project that occurred. The results described what the experience of working with the population of IPV survivors was like and how it affected advocates personally. The experience of the advocate also included their personal philosophies on IPV. The advocates demonstrated extensive knowledge of the dynamics of IPV. They gave detailed descriptions of how social systems function within their communities to serve survivors and where these systems fail. The results identified that the advocates were reacting to their work by isolating themselves in their communities. In such a small community, social interaction with abusers and survivors is unavoidable and advocates chose to remove themselves from these situations. They expressed fear for their safety in their homes and personal lives. They also spoke about trauma from hearing about abuse.

At the end of the interview, in response to a direct question, the advocates discussed ideas about how to reach survivors directly for future research projects. One idea for this was local advertising in a newspaper or by hanging fliers in public areas like laundromats, grocery stores, or the library. Other ideas included working with the

agencies already serving this population. They stated that researchers could either collaborate with agencies to gather information or build relationships with the survivors by volunteering at an agency.

Evaluation of Study Results

Introduction

As described in Chapter 3, Guba and Lincoln (1989) developed criteria for maintaining trustworthiness in qualitative research. They proposed the following criteria that are rooted in the theories of constructivist inquiry: credibility, transferability, dependability, and confirmability.

Credibility

Guba and Lincoln (1989) proposed six criteria for achieving credibility. Three of these were accomplished in the conduct of this study. The ways in which this study has met these criteria to ensure scientific rigor will be discussed below.

Persistent observation was not practical in this case as the study was designed to be conducted through single interviews with advocates. This provided ample data in order to utilize the methods of analysis described by Giorgi et al. (1985).

Prolonged engagement was accomplished as the researcher transcribed the interviews verbatim and went through the process of data analysis. The researcher was familiar with the data set by the end of this process.

Peer debriefing occurred as the researcher and the thesis chair worked together during data analysis.

Negative case analysis was not conducted to test the conclusions of the study as this is also not a step required in the methods described by Giorgi et al (1985).

Progressive subjectivity was utilized throughout the conduct of the study by keeping notes on the interview process and by reflecting on the concept of bracketing during analysis in order to try to portray the phenomenon "precisely as it was intuited" (Giorgi, 1997)

Member checks were not conducted in the way that Guba and Lincoln (1989) suggested. The conclusions of the study were not taken back to the advocates to verify the faithfulness with which they represented their experiences.

Transferability

Transferability was accomplished by recording the demographic data of the participants in order to create a "thick description" (Guba & Lincoln, 1989). This information provides a large data base for evaluation of the results and gives context.

Dependability

The data analysis of this study was recorded in the step by step process proposed by Giorgi et al. (1985). Each step was described and the transformation of the data recorded at each step. The process is traceable and the consistency of its use is observable.

Confirmability

For this study confirmability was ensured through the verbatim transcription of the interviews and recording the transformation of this information according to steps for

data analysis described by Giorgi et al. (1985). The verbatim transcriptions were also sent back to the advocates for review, prior to transformation of the meaning units, to ensure accuracy.

Limitations of the Study

This study had some limitations. The study design was changed because the original recruitment plan yielded no interviewees. This was the greatest challenge to the study because the perspective of the interviewees changed from the direct experience of IPV to that of an employee working with agencies addressing IPV. Though the perspective was different from originally intended, it provided a view that was reflective, and well educated on the issues involved with IPV.

Although analysis of the advocates' interviews revealed their experience as advocates, a portion of their experience included knowledge of the IPV survivors' experience. It is important to remember that this described knowledge cannot be regarded as the lived experience of IPV survivors. Advocates speculated on the causes of IPV, on the emotions of the survivors and abusers and the effects of IPV for individuals and communities. The advocates shared their own lived experience working with rural IPV survivors and their philosophies on IPV dynamics. Additionally, the literature review was conducted before the change in study design and focused on survivors and leaving IPV. Some topics relevant to the advocates were not explored in the literature review, such as vicarious trauma and burn out.

Another potential concern for this study, arising from other qualitative research traditions, was that saturation was not reached with the sample size of four. This research was conducted as a pilot study, and recruited four participants, in order to fit within the scope of a master's thesis. In this sample of four interviews there were some themes and sub-themes that were only mentioned by one advocate. This may indicate that there were more themes that could emerge with more interviews. Giorgi (1997) stated that an essential structure could be developed from one subject but that additional subjects are preferable in order to examine the convergence and variance in the phenomenon of study. With the four interviews in this analysis, areas of convergence and variance developed but additional interviews may have allowed other important themes to emerge.

Implications for Nursing

The results from this study have implications for the field of nursing. Intimate partner violence education, prevention, and interventions are within the scope of nursing and the nurse is often the practitioner who will address these needs. This is especially true in rural settings where numbers of primary health care providers are limited and nursing services may be the only contact a patient has with the healthcare system. Implications for nursing education, practice, policy development, and research will be discussed in this section.

Education

As the epidemiological data from the literature discussed in Chapter 2 demonstrated, the prevalence of IPV and the seriousness of the consequences makes it an

issue of great importance. Education about IPV needs to be increased within nursing, with particular emphasis on screening and intervention. A fundamental mandate of screening is that available interventions exist or the identified problem. Proper techniques for screening, intervention, and follow up need to be taught as part of nursing curriculum and as continuing education for all nurses. Nurses need foundational understanding of this problem in order to be effective at helping patients.

Practice

The advocates in this study mentioned that public opinion about IPV must change. Nurses can make a difference in this by increasing public education about the issue. Just as the advocates stated they do, nurses can discuss healthy relationship patterns with patients, with health education classes in middle and high school settings, and in community settings, such as health fairs and clinics. Through routine screening for IPV in the health care setting, public awareness will increase, providing continued opportunities to educate and dispel myths and stigma. If nurses can make change at the level of primary prevention the cycle of violence could be broken.

Policy

The advocates identified multiple areas where policy change could have a positive impact on IPV survivors. Advocates stated that increased financial resources for community transportation, for low-income housing options, for free or reduced cost legal aid, would be the most beneficial areas to IPV survivors. Nurses can advocate in communities to adopt policies and establish programs that emphasize these needs.

Nurses can advocate for changes to the legal system that honors the needs of the survivor over the needs of the state. Nurses also need to advocate for hospital policy that is supportive and respectful of the experiences of the survivors. Making sure that staff are trained and available to care for this population and that additional burdens are not placed on the survivor in the process of reporting or pressing charges. Finally, as one advocate noted, nurses need to find ways to work on this problem from a perspective of primary prevention. Policies should address IPV before it occurs. As that advocate pointed out if outcome goals can be identified, then a plan of action can be developed by working backward from there. The issue is then addressed from a position of action instead of facing the problem from a position of re-action.

Research

The themes regarding the legal system were prominent in the results from this study. These were not addressed fully in the literature reviewed for this study. One potential area of inquiry was survivors' perceptions of the function of the legal system and areas for improvement. A review of available legal services, utilization of legal services by survivors, and laws influencing this issue would also be beneficial in expanding our understanding of IPV. Studying perceptions of those in the legal system including law enforcement, lawyers, judges, and legislative representatives may also aid in identifying areas for improvement.

The challenges to advocates in rural settings are intense emotionally. More research should be conducted exploring how to support these individuals and prevent burn out and trauma in these essential workers.

Research should be conducted to aid in the development of effective primary prevention. Public education programs should be evaluated for effectiveness. Evaluating the public outreach and education programs conducted by agencies could identify some current strategies that are positively influencing IPV prevalence in communities.

More research still needs to be done that includes the direct experience of rural survivors of IPV. The advocates in this study gave recommendations for reaching this population. Survivors should be asked what outcomes they believe are healthiest and achievable, and how they believe primary prevention could be achieved in the light of their experiences. Learning from the experience of survivors gives a unique perspective on how and when to intervene in order to achieve the best outcomes.

Many of the reviews of literature used in this study had difficulty comparing the effectiveness of interventions because outcome measures were inconsistent across studies. By creating some consensus about appropriate outcome measures in this field, research could be coordinated more effectively and evaluation of study results could be compared more easily.

The original study proposal for this project aimed to recruit participants that were 6-18 months post extrication from their partners. This may be useful in gaining the lived experience of the process of leaving but may not offer the most information on recovery from IPV. Reaching survivors who have been able to maintain separation and rebuild may be additionally beneficial because of the time they have had to reflect on their own experiences. IPV research has often focused on leaving the relationship but asking survivors about how they are able to cope, and reduce violence within their relationships,

is another important area to study and expand work that has been done in this area (Riddell et al., 2009; Wuest & Merrit- Gray, 2008).

Summary

This study provides a description of advocates' experiences working with survivors and of their perspectives on IPV. The results add to the body of knowledge about IPV. The study has identified areas of concern for the IPV population that have previously not been addressed by researchers. These areas should be studied and provide opportunities for future work in this field. The results also suggest areas for change in the nursing field to improve health outcomes of IPV survivors.

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APPENDICES

APPENDIX A

THE INFORMED CONSENT DOCUMENT

AND IRB APPROVAL FOR THE STUDY

SUBJECT CONSENT FORM
FOR
PARTICIPATION IN HUMAN RESEARCH AT
MONTANA STATE UNIVERSITY

Project Title: A Description of Employees' Experiences working with Rural Programs for Intimate Partner Violence

You are being asked to participate in a research study about the experiences of employees working with rural programs for survivors of intimate partner violence. Little is known about this experience or the insight you may have into rural intimate partner violence.

What is the purpose of this study?
The purpose of this study is to gain understanding about the experience working in rural programs for IPV. The study aims to describe the experience, what is it like to work with rural programs for IPV, improve our understanding of barriers to leaving faced by rural women, and resources they use to safely address the violence or leave the relationship. With this information we hope to better understand intimate partner violence in the rural setting.

The study goals are to:

a) describe the experience of employees working in rural programs for IPV
b) gain greater understanding of the barriers to leaving faced by rural women, as perceived by the employees, and
c) gain greater understanding of the resources rural women utilize when leaving the abusive relationship, as perceived by the employees.

Who will participate in this study?
Employees of rural programs for survivors of intimate partner violence.

What will happen during this study?
If you agree to take part in this study, you will be asked to participate in one individual interview that may take 1 to 2 hours.

The interview will be conducted at a safe, private place. You will be asked to talk about the experience of working with a rural program for survivors of intimate partner violence. The interview will be audio-recorded.

How long will the study last?
Your interview may take anywhere from 1 to 2 hours. Following the interview, if additional questions about the content of the interview arise, the interviewer (Julie Larkin) may call you to clarify any questions.

What are the risks of the study?
There are few foreseeable risks. Some people may experience distressing feelings when discussing their experiences working with IPV survivors. If this occurs please contact *XXXX at XXX-XXX-XXXX (information removed for thesis publication to protect confidentiality*) You are also encouraged to reach out to your personal support network. If you feel the need please seek mental health services. There is no compensation from Montana State University should you wish to access these services.

What are the benefits of the study?
There are no direct benefits to you for your participation in this study. However, by sharing your experience, we may learn how to better help rural women who are experiencing intimate partner violence in rural settings.
Will it cost me anything to be in this study?
There will be no direct costs to you for your participation.

Will I be paid for participating in this study?
You will not be paid for your participation in this study.

What about confidentiality?
Every effort will be made to maintain your confidentiality. The transcribed interviews will be identified with a code. The list of the codes and the signed consent documents will be kept in two separate locked files, and destroyed after 5 years. Audio recordings will be destroyed after transcription. Transcripts will be entered into a computer with a protected password. Identifying information, such as names and places, will be removed from the transcripts.

For analytical purposes the de-identified transcripts will only be accessible to the following thesis committee members: Patricia Holkup, PhD, RN; Laura Marx, RN, MSN, CFNP; Claire Francoeur BEd, MSN-ANP, FNP, RN. Your name will not be identified in any reports and/or publications resulting from this study.

Is being in the study voluntary?
Participation in this study is completely voluntary. You may withdraw from this study at any time. Any data gathered to that point will be destroyed.

Who is funding the study?
This is an unfunded study for a graduate nursing student thesis.

What if I have questions?
All questions are encouraged. If you have questions about the study, please contact Julie Larkin RN, at (XXX) XXX-XXXX or Julie.guthrie@msu.montana.edu or my advisor, Patricia Holkup, PhD, RN, at (406) 243-2543 or pholkup@montana.edu . This study has been approved by the Human Subjects Committee at Montana State University-

Bozeman. If you have questions about your rights as a study participant, please contact the Chairman of this committee, Mark Quinn, PhD, at (406) 994-4707.

Authorization from adult participants

AUTHORIZATION: I have read the above and understand the discomforts, inconveniences, and risks of this study. I _____ (print name) agree to participate in this research. I understand that by signing this form, I have not given up any of my legal rights. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this form for my own records.

Signed _____ Date _____

Witness _____ Date _____

Researcher _____ Date _____

MONTANA
STATE UNIVERSITY

INSTITUTIONAL REVIEW BOARD
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MEMORANDUM

TO: Julie Larkin and Patricia Holkup

FROM: Mark Quinn, Chair Mark Quinn CJ

DATE: November 5, 2012

RE: *"A Description of Employees' Experiences Working with Rural Programs for Intimate Partner Violence"* [JL110512]

The above research, described in your submission of November 5, 2012, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal regulations, Part 46, section 101. The specific paragraph which applies to your research is:

___ (b) (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

_X_ (b) (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

___ (b) (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

___ (b) (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.

___ (b) (5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

___ (b) (6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.

APPENDIX B

QUESTIONS USED IN THE INTERVIEW

QUESTIONS FOR THE INTERVIEW

Beginning (relevant demographics)
How long have you worked for this program?
Where is your home? In town or out of town?
How long have you lived in this community?
What prepared you to work in this position?

Body of the interview
Beginning with
What has it been like for you to work with survivors of intimate partner violence**?**
To be asked as prompts if the subject doesn't know where to start or what to talk about next.
Would you tell me about how you started working in this field?
How has working here affected you?
What do you see as the biggest differences between what urban and rural survivors of IPV face?
What resources do you see as most useful for rural survivors of IPV?
What do you think is needed to better support rural survivors of IPV?
Are there specific experiences you've had that you think would help us better understand the nature of rural IPV?
For future research, do you think rural survivors would speak with a researcher? How can we reach them to participate in a study?

APPENDIX C

POWER AND CONTROL WHEEL INCLUDING

PERMISSION FROM COPYRIGHT

April 12, 2013

Julie Larkin, RN, BSN
Candidate for Family Psychiatric Mental Health Nurse Practitioner
Montana State University

Re: Permission to use wheels

Dear Julie:

Thank you for your request. You have permission to use the Power and Control Wheel and the Equality Wheel in your thesis work at Montana State University entitled A Description of Employees' Experiences Working with Rural Programs for Intimate Partner Violence. Please do credit each use of the wheels to the Duluth Domestic Abuse Intervention Project, as indicated below.

The Power and Control Wheel was developed in Duluth by battered women who were attending education groups sponsored by the local women's shelter. The wheel is used in our Creating a Process of Change for Men Who Batter curriculum, and in groups of women who are battered, to name and inspire dialogue about tactics of abuse. While we recognize that there are women who use violence against men, and that there are men and women in same-sex relationships who use violence, this wheel is meant specifically to illustrate men's abusive behaviors toward women. The Equality Wheel was developed for use with the same groups.

Your work is important – thank you for taking it forward.

Sincerely,

Karen Kjolhaug
Domestic Abuse Intervention Project

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