

# The Lived Experience of Intimate Partner Violence in the Rural Setting

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## Keywords

domestic violence  
gender-based violence  
intimate partner violence  
rural health  
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## ABSTRACT

**Objective:** To understand the lived experience of intimate partner violence (IPV) for women living in a rural setting to inform efforts to provide effective care, support, and resources.

**Design:** Qualitative descriptive.

**Setting:** Adirondack Mountain region of upstate New York.

**Participants:** Twelve women with recent experiences of IPV living in a rural area.

**Methods:** In-depth interviews were conducted.

**Results:** Key findings were the self-imposed isolation women engage in to manage stigma and the system-wide abuse by law enforcement and the legal system.

**Conclusion:** The results of this study illustrate the complex web of individual, social, cultural, economic, and political factors that create and perpetuate the problem of IPV. It is critical to eliminate IPV-related stigma, cut through isolation, and address the ongoing system-wide abuse and discrimination women face. Finally, many of the issues raised by the participants, such as discrimination, financial constraints, and problems with the legal system, originate outside the health care system. Therefore, nursing care must be provided as part of a comprehensive public health approach.

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Intimate partner violence (IPV) against women is a pervasive health and social problem in the United States. According to the 2010 National Violence Against Women Survey, one in three women in the United States reported being abused by an intimate partner in her lifetime (Black et al., 2011). An estimated 1.5 million women suffer IPV every year, and more than 4.8 million attacks are perpetrated overall. Intimate partner violence presents unique challenges to women in rural areas that increase their vulnerability, limit options for seeking safety, and hamper efforts to leave abusive relationships (Bosch & Schumm, 2004; DeKeseredy, & Schwartz, 2008; Eastman & Bunch, 2007). Gallup-Black (2005) examined population-based rates of IPV-related murders during a 20-year period and found that they were significantly higher in rural versus urban settings (9 per 100,000 vs. 2 per 100,000, respectively); although rates decreased in urban areas over time, rates in rural areas increased by 60%. Rural women are often geographically isolated and face limited access to resources, including emergency department resources, mental health services, and shelters (Bhandari

et al., 2008; Choo, Newgard, Lowe, Hall, & McConnell, 2011; Donnelly, Cook, & Wilson, 1999; Logan, Stevenson, Evans, & Leukefeld, 2004; Riddell, Ford-Gilboe, & Leipert, 2009). In a study in Iowa, researchers found that rural women had to travel three times farther for services than women in urban areas and that 25% (vs. 1% of urban women) traveled more than 40 miles (Peek-Asa et al., 2011).

If rural women can reach services, they are more likely to be turned away. Iyengar and Sabik (2009) studied the availability of IPV services across the United States in one 24-hour period and found more than twice as many requests for transitional housing (which is key to being able to permanently leave an abuser) could not be met in rural versus urban areas (7 vs. 3, respectively). Women in rural areas are also more likely to face greater economic hardship or instability. Demographic data from comparative studies of rural and urban abused women consistently show lower income levels, less education, and lower rates of employment for women in rural areas (Logan, Shannon, & Walker, 2005; Logan et al.,

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**Understanding the experience of intimate partner violence for rural women is crucial to provide effective interventions, strategies, and services to address the specific challenges they face.**

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2004; Shannon, Logan, Cole, & Medley, 2006). For example, in a study of 757 rural ( $n = 378$ ) and urban ( $n = 379$ ) women, researchers found that 68.5% of rural women versus 48.2% of urban women had annual incomes less than \$14,999, 37.3% versus 20.6% did not complete high school, and 25.7% versus 42.5% were employed full-time (Shannon et al., 2006).

Despite the evidence that women in the rural setting face unique challenges, their voices are negligible in the IPV literature. The seminal ethnographic research conducted by Websdale (1995) is now more than 20 years old. Understanding the experiences of these women is crucial to provide effective interventions, strategies, and services to address the specific challenges they face. Therefore, we conducted a qualitative descriptive study to explore the lived experience of IPV for women in rural settings.

The theoretical framework for our study was Bronfenbrenner's (1977) ecological systems model, which focuses on the immediate and distant contexts of lives, including physical, environmental, social, and temporal factors. The individual and the microsystem (relationships in the immediate setting such as family, colleagues, friends, employer), exosystem (formal and informal social structures that encompass the immediate setting), and macrosystem (overarching social, cultural, political, and economic patterns) are interdependent and nested within each other.

## Methods

Institutional review board approval was received from New York University. For the purposes of this study, we used the definition of the Centers for Disease Control and Prevention of IPV as "physical, sexual or psychological harm by a current or former partner or spouse" (Centers for Disease Control and Prevention, 2010, para. 1). The definition of *rural* from the Office of Management and Budget (2010) was used, which states that an area is considered rural if it does not contain any "delineated urban cluster of at least 50,000 or a Census Bureau delineated urban cluster of at

least 10,000 population" (Health Resources and Services Administration, 2012, p. 37,249). Q4

## Setting

We conducted the study in three rural counties in northeastern New York State. Most residents in the region are White (94.2%–97.3%) with a median age of 39 years. Eighty-five to 89% of residents older than 25 years have at least a high school diploma, and 23% to 26% have at least a bachelor's degree. The median household income from 2006 to 2010 ranged from \$29,965 to \$51,619, with an average weekly wage of from \$540 to \$687, well below the \$891 national average (Bureau of Labor Statistics, 2012; U.S. Census Bureau, 2012). Q5

## Sample

We used criterion sampling to select a purposeful sample of women living in a rural area who experienced IPV. Inclusion criteria were women 18 years of age or older who had a current or recent history (within 3 years) of IPV, spoke English, and lived in an area that meets the Office of Management and Budget definition of rural. Because of the emergent process intrinsic to qualitative research, the final sample size was not determined before data collection. Interviews were conducted until saturation was achieved.

## Recruitment

Participants were recruited through flyers placed at various sites in the community, including health centers, laundromats, convenience stores, grocery stores, hair salons, and libraries. In addition, at the suggestion of the director of the local domestic violence program, recruitment information was placed in local newspapers.

Interested women were directed to call the primary investigator (K.R.), at which time the study was explained in detail. An interview was arranged at a time and place designated by the participant for her convenience and safety. Study participants received a cash payment of \$40.00 at the time of the interview to compensate them for their time and transportation expense. Participants read the consent form and gave verbal consent before the interview.

## Data Collection

*Interviews.* The primary investigator (K.R.) conducted interviews using an interview guide generated from the literature and Bronfenbrenner's (1977) ecological systems model. One pilot

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