Disclaimer

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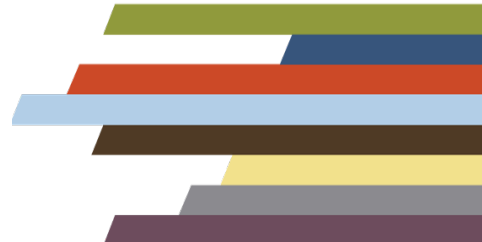
At the time of this presentation, Elinore F. McCance-Katz, served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Tracy Evanson and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



Mountain Plains ATTC (HHS Region 8)

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Intimate Partner Violence in Rural Areas: Considerations for Behavioral Health

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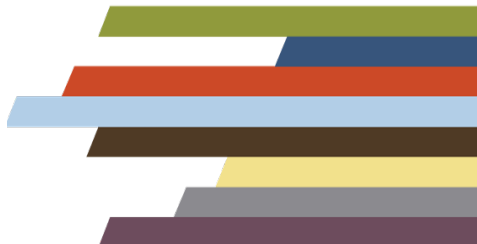
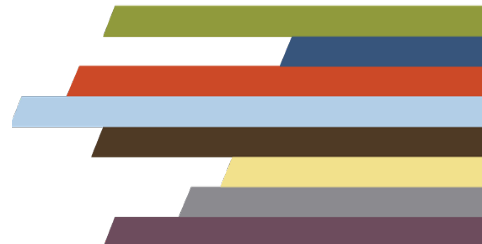


Objectives

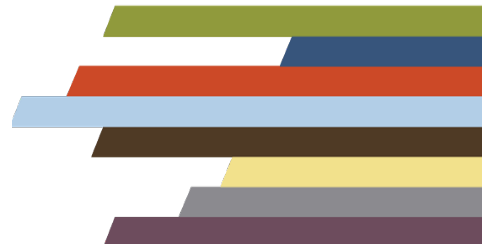
Upon completion of this presentation, participants will be able to:

1. Define intimate partner violence (IPV)
2. Identify how IPV and behavioral health are interrelated
3. Describe how factors related to living rural create unique challenges for survivors of IPV
4. Understand the implications for behavioral health when working with rural survivors of IPV



Intimate Partner Violence (IPV) Defined

- A systematic pattern of learned behaviors that a person uses to control, dominate, or coerce a current or former intimate partner.
- The behaviors occur over time and are likely to become more frequent and severe.
- Includes physical, psychological, and sexual abuse, stalking, coercion related to mental health and substance use, as well as destruction of property and pets.



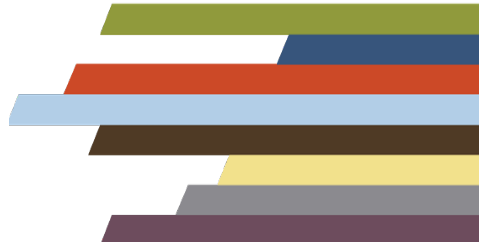
Power and control is what drives the behaviors

Who are victims/survivors?

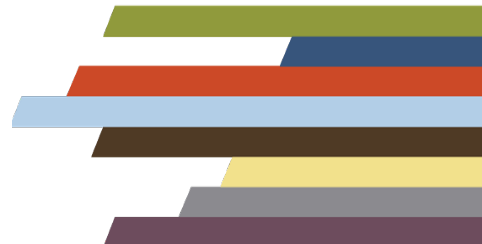
Approximately 1 in 4 women and nearly 1 in 10 men have experienced sexual violence, physical violence and/or stalking by an intimate partner in their lifetime and reported some type of IPV-related impact (Smith et al., 2018)

IPV in Rural Populations

- IPV in rural areas is as high or higher than in non-rural
  - One frequently cited study (Peek-Asa et al., 2011) found:
    - Women in small rural and isolated areas had the highest prevalence of IPV (22.5% and 17.9% respectively) compared to 15.5% among urban women
    - Rural women had significantly greater severity of physical abuse than urban women
  - Femicide (murder of a female by an intimate partner)
    - Higher in rural counties than non-rural (Beyer, 2013; Gallup-Black, 2005)



The Intersection of IPV and Behavioral Health

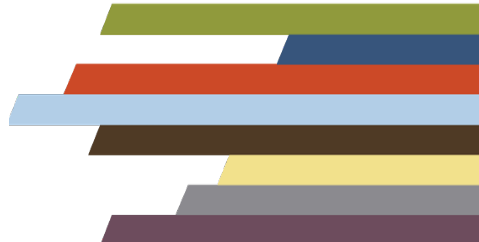


The Co-Occurrence of IPV and SUDs

- Among women survivors of IPV
  - 18-72% report substance use or abuse
  - The prevalence is consistently higher when compared with persons who have not experienced IPV

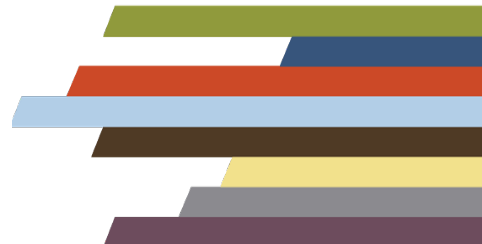
- Among women with SUDs
  - 47-90% of women in SUD treatment settings report experiencing IPV during their lifetime
  - 31-67% report experiencing IPV within the past year
  - Consistently higher than the prevalence reported in national studies with the general population

Rivera et al. (2015)



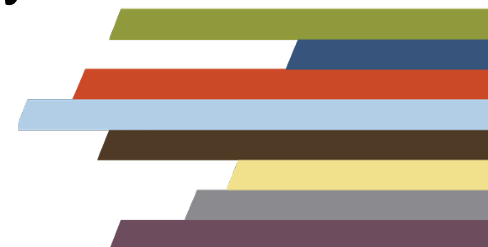
Mental Health and IPV

- Depression
  - IPV survivors have 3 times the risk of developing a major depressive disorder, when compared with women who have not experienced IPV (Beydoun et al., 2012)
  - Rural females with histories of IPV were found to be 2.4 times more likely to have depressive symptoms than those without any abuse histories.(Renner et al., 2014)
- PTSD
  - 31% - 84% of IPV survivors meet the criteria for PTSD (Woods, 2005)
  - 3 times higher risk (Beydoun et al., 2012)

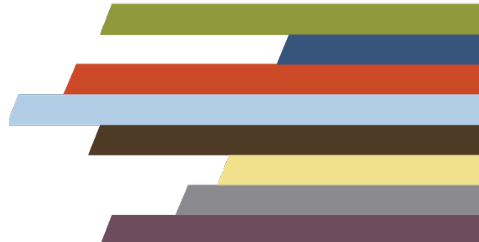


Mental Health and IPV

- Severe Mental Illness
  - Best estimates suggest the rate of IPV among women with SMI is between 22 – 76%
  - Women with SMI are at greater risk of continued victimization
  - Victimization exacerbates symptom severity (Van Deinse et al., 2018)
- Suicide
  - women who make suicide attempts experience higher rates of IPV than women who do not
  - women who experience IPV have higher rates of suicide attempts and suicidal ideation than women who have not been victimized by an intimate partner. (Warshaw et al. 2018)

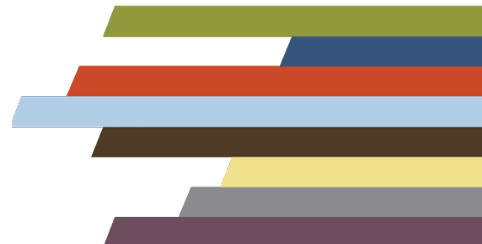


Unique Issues related to IPV in Rural Areas



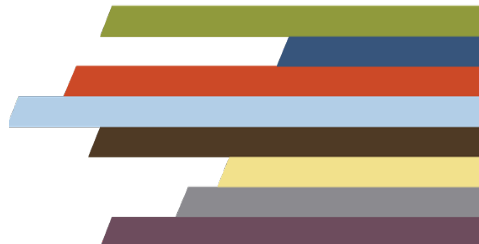
Social Isolation

- Geographic location
- Difficult for others to hear or witness IPV
- More difficult for rural victims to develop a social network



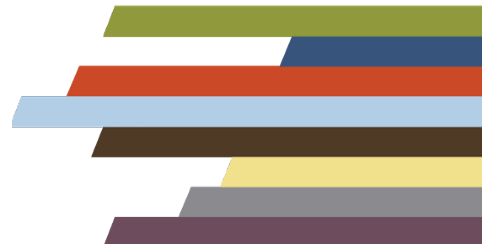
Patriarchal Beliefs and Traditional Gender Roles

- A study on rural IPV found that, “Patriarchal views of the family and the role of women, the permanence of marriage, religious convictions, and rural cultural norms pose challenges for providing community resources in rural areas” (Riddell et al., 2009)
- Common belief—What happens between a man and a woman is a private matter (Riddell et al., 2009)
- These attitudes toward IPV may contribute to rural survivors’ feelings of shame and self-blame, and in turn hinder help-seeking



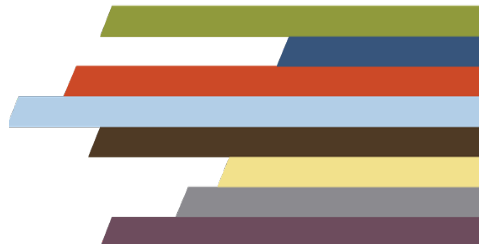
Religious Beliefs

- Churches are the center of rural communities
- Higher degree of religiosity and attendance at worship services
- Some literal interpretations of religious teachings support that women must serve and obey their husbands at all costs
- A survivor that believes divorce is a sin may not view leaving her husband as an option
- Many rural residents rely upon local clergy for counseling for IPV, SUDs, and mental health conditions



Ties to the Land

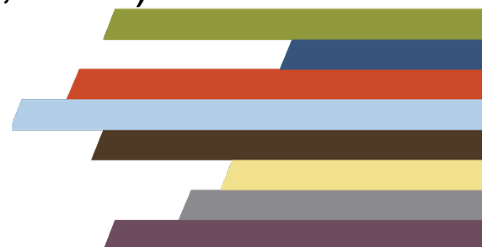
- The “family farm”
- Leaving the farm means not only leaving their home, but also their place of business and economic investment
- Moving to an area where counseling/treatment services and educational & employment opportunities are more available, is a difficult consideration (Faller et al., 2018)



Stigma

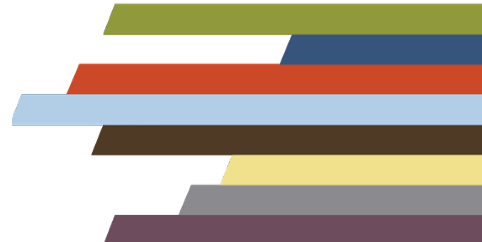
- Stigma/Bias
  - “Victim-Blaming”
  - Credibility of survivors is often in doubt.
  - When survivors have either a history of SUD and/or mental health condition, she will have an even higher level of doubt placed on her (Warshaw & White-Domain, 2014)

- Rural women are likely to be fearful of seeking treatment even for physical injuries because of community stigma (Bender, 2016).



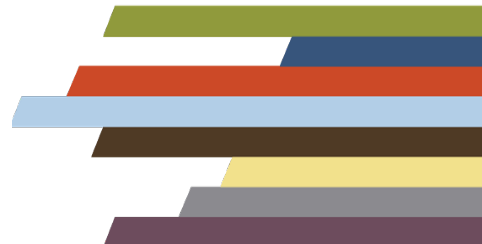
Employment and Economic Factors

- Rural populations have higher rates of poverty, lower average incomes, and less employment opportunities
  - Less resources for survivors to be economically independent of their partner (National Advisory Committee on Rural Health and Human Services, 2015)
  - Stigma related to IPV, mental illness and SUDs may prevent survivors from being able to obtain employment (Bender, 2016)
- Unemployment among abusive men has been found to be the greatest sociodemographic factor associated with femicide (Campbell et al., 2003).



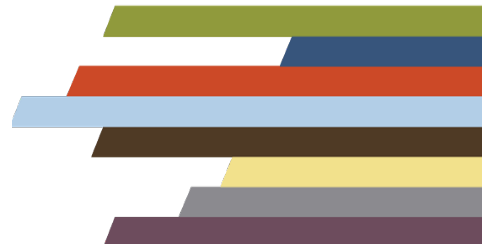
Lack of Anonymity, Privacy, Confidentiality

- “Everybody knows everybody”
- Fears of loss of confidentiality, privacy prevent rural women from seeking care and treatment for SUDs, mental health, and IPV.



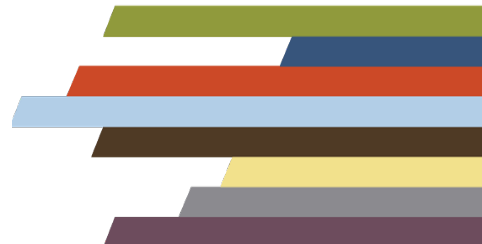
Law Enforcement Factors

- Fewer officers spread out over larger distances = longer response times
- Reluctance to contact law enforcement due to possible personal relationships, stigma, confidentiality concerns
- Firearms are common in rural homes = increased risk of lethality
- Restraining/Protection orders may be less effective in rural communities (Vittes & Sorenson, ,2008; Hansen & Lory, 2020).



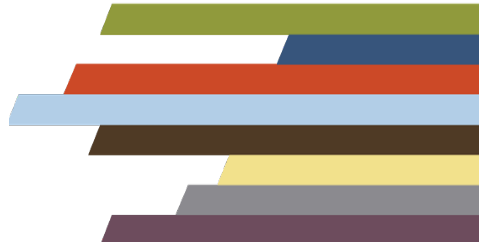
Access to Services

- Rural women attempting to cope with or flee from IPV may have little or no formal support to address their needs related to IPV, PTSD, depression, SMI, or SUDs
- One study found that rural women survivors of IPV commonly were not able to access SUD treatment services until court ordered to do so (Bender, 2016)
- One agency might be serving both the survivor and the perpetrator



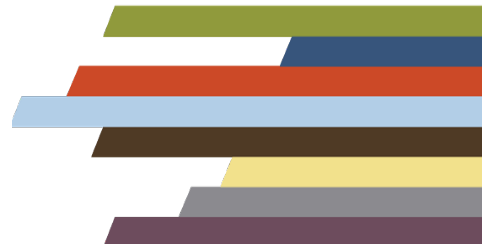
Access to Services

- The distance to travel to the nearest IPV resources is three times greater for rural women than urban
  - Over 25% of women in small rural and isolated areas lived more than 40 miles from the closest program, compared with less than 1% living in urban areas (Peek-Asa et al., 2011).
- No public transportation
- Lack of available/affordable housing
- Lack of childcare



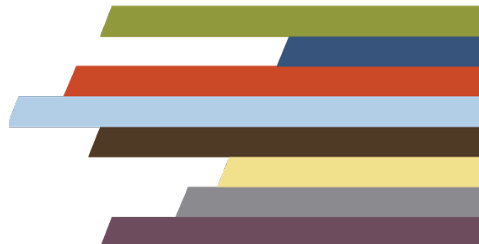
Service Provider Issues

- Population-based funding = less funds to rural, regardless of the magnitude of the problems they face
- Difficult to have evidence-based fidelity to programs, due to lack of evaluation research in rural and frontier areas
- Isolation pertains not only to survivors—professionals can be isolated and lack support as well. (Cook-Craig et al., 2010)
- Rural service providers and law enforcement face high staff turnover rates, overworked existing positions, volunteer burnout, and inadequate training (Faller et al., 2018)



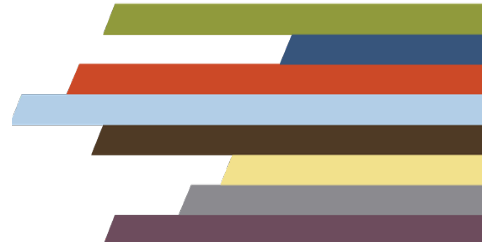
Service Provider Issues

- Little collaboration or communication across agencies
  - Due in part to distance, confidentiality practices, and lack of recommended best practices for coordination among IPV and behavioral health providers (Van Deinse et al., 2018)
- Many rural American Indian and other survivors of color are challenged to find services and interventions relevant to their culture (Faller et al., 2018; National Advisory Committee on Rural Health and Human Services, 2015)
  - One study on IPV in ND, SD, and Minnesota noted that the service provider population was almost entirely white, while the clientele came from diverse backgrounds (Semler et al., 2010)



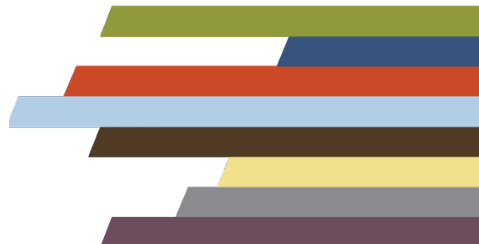
IPV in our COVID-19 World

- The U.N reports that globally, calls to IPV hotlines have increased 2-4 times, since the onset of the COVID-19 pandemic
- Increased time spent in the confines of home, results in greater exposure to IPV
- Unemployment, economic strain, and gun ownership have all been found to increase the likelihood of violence within the home. The coronavirus has caused historically high unemployment claims, severe hits to the stock market, and gun sales have sky-rocketed since March (Hansen & Lory, 2020)



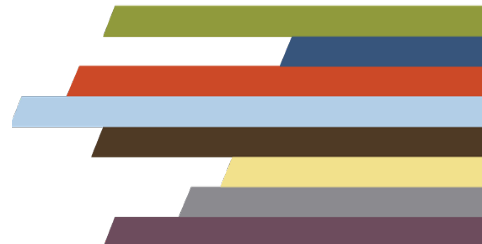
IPV in our COVID-19 World

- Stay-at-home orders can force survivors into dangerous situations (SAMHSA, 2020)
- IPV and SUD services and other help may be less accessible (APA, 2020).
- In rural communities, where law enforcement and social service programs operate with small staff, COVID-19 has the potential to significantly decrease the amount of services that can be provided.



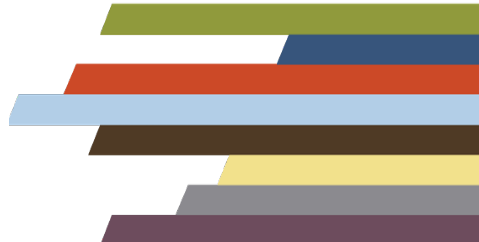
Recommendations for Practice

- Need an integrated approach to effectively address IPV and behavioral health issues
- IPV and behavioral health agencies should implement protocols for universal, standardized screening that includes IPV, substance use, and mental health screenings.
  - Regardless of the response to IPV screening, provide referral to local IPV services.
- For rural survivors, be very up-front with your information about how you will maintain confidentiality; but also discuss the limits of that confidentiality.



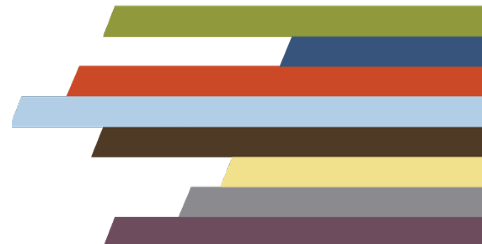
Recommendations for Practice

- Work with your local/state IPV programs to establish cross-training for your agency/staff
- Rural agencies and professionals working with women survivors of IPV who have behavioral health concerns (e.g., mental health providers, SUD providers, IPV agencies, primary care providers, law enforcement, first responders) could consider establishing memoranda of agreement to guide interagency collaboration regarding information sharing, referrals, and timely service referral and access. (Van Deinse et al., 2018)



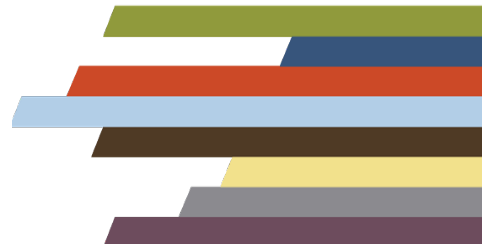
Recommendations for Practice

- In behavioral health, trauma-informed treatment may not be enough, as IPV survivors face issues that a general trauma model does not address:
  - Criminal justice issues related to IPV, unique from issues related to substances
  - Co-parenting with abusive partners and custody issues
  - Stalking and threats by current or former partners
  - Legal remedies such as protection orders
  - Issues are efforts by abusive partners to undermine survivors' SUD or mental illness treatment (Macy & Goodbourn, 2012).
- IPV-informed and gender-specific treatment (SAMHSA, 2011) will have the best results



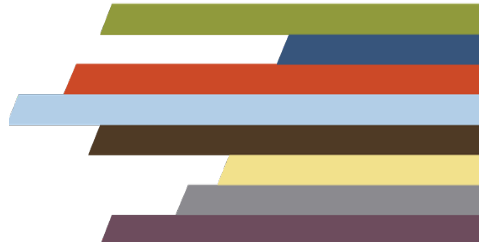
Recommendations for Practice

- Assess safety related issues for rural IPV survivors
  - How far is she from the nearest neighbor?
  - Does she have access to a telephone? A means of transportation?
  - Who does she have for social support? Can she call upon them for help if necessary?
  - Does she know about shelters or other survivor services near her home? Has she used those services or would she consider using them? (Dudgeon & Evanson, 2014)
- Telehealth for mental health services has shown positive effects with IPV survivors
  - Large treatment gains on measures of PTSD and depression symptom severity (Hassija & Gray, 2011)



Take Home Messages

- Life in rural communities creates unique contexts in which IPV can occur, and which may keep survivors entrenched in the relationship
- It is difficult to disentangle the issues of IPV, mental health, and substance use.
- An integrated approach, in which IPV-informed and gender-specific services are provided to survivors will be the most effective
- Networking, cross-training, and collaboration between rural providers of services has the potential to expand the limited resources available in rural areas.
- Rural survivors may seek out assistance and treatment from non-rural providers, in order to protect confidentiality/privacy. Thus, it is important for ALL providers to understand the unique issues that rural survivors face.



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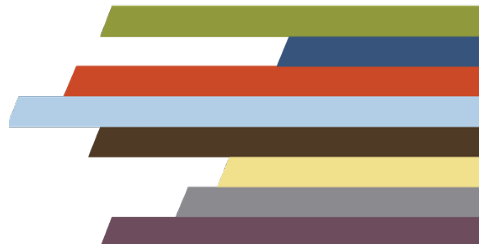

QUESTIONS

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