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Rural Domestic Violence: An Interdisciplinary Model for Rural Practice

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Abstract. *Social workers have a long history of modeling the person in environment perspective in rural communities. One issue that is addressed from multiple system levels by social workers in rural areas is domestic violence. The Coordinated Community Response model, developed by the Domestic Abuse Intervention Project in Duluth, MN, focuses on victim safety and offender accountability from a multidimensional interdisciplinary systems perspective and is consistent with social work practice in rural areas. The model's focus on interdisciplinary partnerships makes this a solid model for rural social work practice addressing a range of issues while embracing the person in environment perspective.*

Keywords: coordinated community response, domestic violence, person in environment, rural

The early years of social work in settlement houses embodied a dual perspective that addressed the day to day needs of individuals and families as teachers, brokers, and advocates while simultaneously engaging in activism, planning, outreach, and research. Rural communities, often characterized by sparsely populated geographic areas and fragmented services, desperately require professionals equipped to meet both individual needs and address system change. Thus, social workers are uniquely positioned and skilled at identifying the environmental factors that must be acknowledged in providing services in rural areas.

Social work in rural communities continues to exemplify the person in environment perspective over 120 years after the first settlement house opened in the United States. Practitioners in rural communities consistently work on multiple levels simultaneously. At the National Institute on Social Work and Human Services conference in 2003, Joanne Riebschleger conducted focus groups with 11 rural social work practitioners (Riebschleger, 2007). The results of the focus groups emphasized themes of community, connections, generalist practice, and diversity along with the need for additional research about innovative strategies in rural practice (Riebschleger, 2007). This paper will present one model, Coordinated Community Response, that has been implemented to address the issue of domestic violence in rural areas. Although the model addresses the system response to domestic violence, it has the potential to be adapted to address other issues in rural communities while simultaneously responding to the strengths, challenges, and barriers reported by rural social work practitioners.

Literature Review

Domestic Violence and Social Work in Rural Areas

The last four decades have shown promising attention to addressing the complexities of violence against women. Over the last 15 years three common themes have endured and

represent ongoing barriers for domestic violence survivors in rural areas in the United States: (1) rural isolation (including physical and geographic isolation), (2) service limitations, and (3) the collective attitudes and belief systems in rural areas (Cardarelli, 1997; Kershner & Ferraro, 1998; Krishnan, Hilbert, & VanLeeuwen, 2001; Lichtenstein & Johnson, 2009; Schafer & Giblin, 2010; Turner, 2005). Similarly, social work practitioners in rural areas also describe barriers related to geographic isolation, fragmented or limited services, and the impact of rural stigma (Riebschleger, 2007). Social work provides a solid interpretative lens for understanding the implications of domestic violence for individuals, communities, and the larger society. Specifically, generalist social work practitioners, those trained to work at multiple system levels, are uniquely equipped to understand and address the complexity of rural battering. The dynamics of rural communities require a multifaceted approach that includes both victim services and social change through community outreach, advocacy, program planning, and policy change. A coordinated community response model is one innovative strategy that specifically addresses the strengths and challenges of rural social work practice.

Geographic isolation. Isolation is the most omnipresent theme in the literature on domestic violence in rural communities (Grama, 2000; Krishnan et al., 2001; Turner, 2005). Isolation from supportive social networks as a strategy for perpetrators to maintain power and control over their partners is not unique to rural areas. However, the social isolation of rural women is magnified by physical and geographic isolation in rural areas. Rural communities are often characterized by unpaved roads, significant distance between neighbors and limited access to public transportation. In rural areas, it is not uncommon for women to be 100 miles from the nearest shelter and several miles from the nearest paved road (Grama, 2000). Neighbors might be several miles away in rural areas and thus less likely to alert authorities or provide support (Schafer & Giblin, 2010). Interviews with 102 women in a rural shelter-based study described feelings of physical isolation and limited access to transportation and communication resources (Krishnan et al., 2001). This same theme was also consistent with a single case study in rural Minnesota in which women described never seeing neighbors and only interacting with the community while grocery shopping (Kershner & Ferraro, 1998). Physical and geographic barriers inherent in the landscape of rural communities compound the social isolation experienced by battered women.

Just as the rural geography leads to both social and physical isolation for survivors of domestic violence, this same variable impacts social work practitioners. Social workers in Riebschleger's (2007) focus groups indicated that professional isolation meant that social workers often felt isolated from peers in the field, significant travel time for collaborative meetings, and limited professional support. A model that addresses the geographic isolation felt by both survivors of domestic violence and social work practitioners in rural areas would be critical for rural social work.

Service limitations. Over time, research has noted the challenges faced by rural women in accessing health, mental health and emergency services (Krishnan et al., 2001; Lichtenstein & Johnson, 2009; Schafer & Giblin, 2010; Turner, 2005). A 2001 study of shelter residents in the rural southwest indicated that of the participants who reported physical and emotional abuse, only 50% reported to law enforcement, 35% received medical attention, and less than a

third sought counseling services (Krishnan et al., 2001). Websdale (1997) referred to the White boys' network as a barrier for rural women trying to access emergency services. Over a decade later, the African American women in Lichtenstein and Johnson's (2009) study similarly express frustration over the emergency response in which "domestic violence was treated as a nuisance, a non-crime or a crime in which both parties were arrested as perpetrators" (p. 302).

The perceived lack of anonymity and lack of a critical mass of survivors further complicates the availability and access to services (Schafer & Giblin, 2010). In rural communities people are often related or know each other well and the presence of police scanners in many rural homes and vehicles makes privacy more complicated (Lichtenstein & Johnson, 2009). Victim services such as shelters and other support services specifically designed to meet the needs of domestic violence survivors may be limited due to geography, transportation, and rural attitudes and belief systems (Schafer & Giblin, 2010). When services are available, the perceived lack of confidentiality in rural areas complicates a woman's ability to access services.

Riebschleger's (2007) participants also noted issues related to anonymity and dual relationships. Practitioners in rural areas noted, "nearly everything is connected" (p. 207). This spans not only individuals but services as well. Social workers in rural areas are increasingly aware of the impact of these interlocking systems and the dual relationships that are common in rural practice.

Rural attitudes and belief systems. The final theme emerging from the research on domestic violence in rural communities relates to the myths, attitudes, and beliefs that are pervasive in rural areas and perpetuate violence against women. Over the last two decades numerous studies across the United States describe rural barriers intertwined with conventional beliefs about privacy within the family (Gagne, 1992; Krishnan et al., 2001; Lichtenstein & Johnson, 2009; Websdale, 1995, 1997). A study of battered women in a shelter in the Southwest described the barriers women faced when they felt responsible for the violence and were concerned about causing shame for families that have multiple generations residing in a small community (Krishnan et al., 2001). More recently, Lichtenstein and Johnson (2009) reported that older African American women in the rural Deep South, "were raised to keep the abuse private, not discuss it and to tolerate it" (p. 296). Comments such as these exemplify the rural cultural milieu that has persisted over time and perpetuates the idea that what happens within a family is private and that women are often to blame for the abuse by threatening the family structure.

Understanding rural attitudes and belief systems is central to the work of rural social work practitioners. Social workers in rural communities note the importance of cultivating relationships and understanding the unique dimensions of each rural community in which they work. Riebschleger's (2007) participants describe the importance of "insider group status" in becoming fully trusted in rural communities. This, along with acknowledging the impacts of rural stigma, is critical to social work in rural areas.

Coordinated Community Response Model

The domestic violence movement was born out of the grassroots advocacy work of survivors of domestic violence. The Coordinated Community Response model, developed by the Domestic Abuse Intervention Project in Duluth, MN, represents a movement to formalize interdisciplinary partnerships. Schafer and Giblin's (2010) study of policing intimate partner violence in rural communities' calls attention to the need for formalization of policies and procedures through partnerships between law enforcement and social service providers in rural areas. The Coordinated Community Response model focuses on eight areas of community change: (a) philosophical approaches, (b) standardizing practices, (c) exchange of information, (d) tracking and monitoring, (e) resources for survivors, (f) sanctions for offenders, and (g) needs of child (Pence & McMahon, 1997). Although not all of these areas of change are relevant to other issues in rural communities, the model does create a useful framework to address rural barriers for both practitioners and clients in rural communities.

Case Study: Rural Domestic Violence and Child Victimization Partnership Project

Helping Services for Northeast Iowa has provided services to children, families, and communities since 1974. Originally a help line for teens, the agency has grown to serve a seven county area in northeast Iowa. Services focus on domestic violence and sexual assault, mentoring, substance abuse prevention, and child abuse prevention. In 2005 the agency wrote a proposal to expand services for the isolated victims of domestic violence and their children focusing specifically on addressing the needs of immigrant women in Postville, IA. As stated in the proposal, "With its unique topography of rolling hills and tall limestone bluffs of the Mississippi River, the area is a majestic setting; it also sustains a long-standing and secretive tradition of violence, including domestic violence and child victimization" (Helping Services for Northeast Iowa, 2005, p. 3). According to the U.S. Census in 2000, the total population of the region was 86,603 with 26 people per square mile.

Over a two-year period from 2005-2007 the program established a coordinated community response team to address rural domestic violence. The team was comprised of representatives from the following areas: domestic violence advocates, law enforcement, county attorney, substance abuse treatment, Department of Human Services, clergy, and mental health. Although collaboration among these agencies had been ongoing for over a decade, the partnership formalized the expectations of partners and elevated the sense of accountability.

During the summer of 2008, a follow-up study was conducted to collect data about the implementation, strengths, and weaknesses of the project. Thirteen key informants were identified by the Program Services Director and the Advocate Supervisor. Interviews with staff and community partners described the strengths of the Coordinated Community Response Model in three key areas: creating a common philosophy, standardizing practice, and exchange of information (Rhodes & Fairman, 2009).

Common philosophy. Creating a coherent philosophical approach that emphasizes the safety of the victim(s) is critical (Pence & McMahon, 1997). Sixty-four percent of respondents indicated that they agreed or strongly agreed that agencies have a shared philosophy about

domestic violence which guides the intervention process. The same percentage (64%) agreed or strongly agreed that there were opportunities for conversation about tensions and conflict on different philosophical approaches to addressing domestic violence (Rhodes & Fairman, 2009).

Rural social workers are familiar with the needs and advantages of working in interdisciplinary partnerships. In Riebschleger's (2007) study, participants described the ways in which there appear to be fewer "agency imposed rules . . . less bureaucracy." However, since agencies exist for various purposes and target populations, it is critical for interdisciplinary partnerships to have open conversations about the issue and identify a common underlying philosophical framework that will guide the intervention process.

Standardizing practices. Coordinated community response teams must also establish policies, procedures, and protocols that will be used to standardize the intervention process of the various practitioners that are involved. Standardizing practices and establishing consistent protocols and policies takes into consideration the unique aspects of the community, formal and informal community resources, and the missions and purposes of the organizations involved.

In a study conducted by Rhodes and Fairman (2009) eighty-three percent of participants agreed or strongly agreed that linkages exist to ensure that agency policies complement one another. However, only 54% agreed or strongly agreed that the policies were reviewed and updated to maximize victim safety and only 33% thought they were reviewed and updated to ensure offender accountability (Rhodes & Fairman, 2009). Examples of standardized practices focus primarily on domestic and sexual abuse response teams that focus specifically on case collaboration between law enforcement, advocates, and county attorneys.

Information exchange. Reducing fragmentation is a key component of a coordinated community response and is an important aspect of rural social work practice. Geographic distance and professional isolation can be a part of what appears to be a fragmentation of services. Coordinating Councils act as a medium for interagency collaboration and communication (Shepard, 1999).

In a study conducted by Rhodes and Fairman (2009), 83% of respondents indicated there was exchange of information and interagency communication on individual cases. However only 64% thought there was exchange of information and discussion on program and policy decisions regarding domestic violence (Rhodes & Fairman, 2009). Interagency meetings, outreach, "ride-alongs" with police departments, and public awareness campaigns are familiar venues for the exchange of information. Practices such as "ride-alongs" reinforce the importance of becoming familiar, through direct experience, with one another's perspectives and experience with the issue.

Discussion

The Coordinated Community Response Model was designed to address issues of domestic violence. However, in light of the strengths and challenges described by rural social workers, the model is versatile and could be adapted to address other issues. Interdisciplinary teams begin to address some of the professional isolation that social workers experience in rural

communities. Furthermore, the model is responsive to the findings of Schafer and Giblin (2010) in which they suggested that formalizing partnerships between law enforcement and social service providers is a critical strategy for addressing interpersonal violence in rural areas. A coordinated community effort that includes developing a shared philosophy about the issue, standardizing practices, tracking and monitoring progress toward goals (using agreed upon outcome measures), providing effective yet confidential means for information exchange, addressing the needs of vulnerable populations (including children), assessing and providing resources, and providing training and evaluation are consistent with both the person in environment perspective and generalist social work practice. Although the model speaks directly to the issue of domestic violence, there are at least three strategies that can be gleaned from this model and be more broadly applied in rural areas.

First, interdisciplinary teams should go beyond collaboration to have open conversations about the role of each professional's and the agencies' philosophical orientations. This would include why the issue is important to the agency, what the agency has done to address the problem (or similar problems in the past), and what strengths and resources the agency can contribute to the interdisciplinary partnership.

Second, the team should establish policies, procedures, and protocols when necessary that will guide their work together and the referral process. In rural areas, where services can be limited, it is important to know what other services are offered and how to access those services. Riebschleger's (2007) participants indicate that one of the strengths of rural practice is that it is often flexible in who the agency can serve. One participant indicates, "Sometimes I had to find a way to serve a client that our agency might not normally serve because [a colleague from another agency was in a bind]" (p. 209). The ability of practitioners in rural areas to have some flexibility to ensure clients' needs are met should be acknowledged in interdisciplinary teams and seen as a strength of rural practice.

Finally, rural partnerships would also benefit from establishing a system for tracking and monitoring. This might include basic generalist practice strategies such as establishing goals, objectives, action steps, and outcomes for practice. The team should identify both qualitative and quantitative outcome measures that would be evidence of progress towards goals. In the area of domestic violence this includes statistical information on the system's response (i.e., arrests, prosecutions, compliance with batterer's education programs, etc.). Regular reporting and updates would allow interdisciplinary partners to see which goals and action steps have been carried out and which need additional attention. A part of this system would also include establishing a system for the exchange of information and interagency communication.

Conclusion

Shortly after being implemented in Northeast Iowa to address the issue of domestic violence in 2005, the Coordinated Community Response model was applied to other issues in this rural area. An article from the Decorah Journal on October 14, 2008 reads, "The Decorah Human Rights Commission is exploring a coordinated community response to an alleged hate crime that occurred recently in the city." In an article written a year later, The Human Rights

Commission used the phrase ‘coordinated community response’ to describe their efforts to come together in a rural area “to prevent acts of hate and to coordinate efforts if and when incidents do occur” (Strandberg, 2009). The Human Rights Commission identified three goals including the desire to “identify or create systems to rapidly mobilize and coordinate existing governmental and community resources to respond appropriately to acts of bias, hatred or bigotry” (Strandberg, 2009). The Decorah Human Rights Commission indicated that the first partners would include law enforcement and media. The members of the Human Rights Commission referenced the model originally developed to address the issue of domestic violence. Its visibility and notable success in bringing awareness and new partnerships to the rural area made it a logical model for implementation in other ways in this rural area.

Since rural communities differ in cultural composition, history, and values it is important to conduct ongoing research that addresses the similarities and differences of rural communities across the United States. Rural communities are not homogenous and therefore more research must be conducted from a perspective that identifies the common discourse of rural communities and the meanings that individuals living in those communities assign to the pervasive attitudes and beliefs.

Social work’s unique person in environment perspective is embodied in the Coordinated Community Response Model. In such a model, individual services are assessed within the larger scope of community, culture, and family values as well as the related services that exist in a given region. The Coordinated Community Response Model encourages practitioners to engage in formalized and systemic interdisciplinary partnerships that move beyond the traditional collaboration common in social work practice. In the process, diverse perspectives are brought into conversation with one another and the team develops a common philosophical approach from which to define, implement, and systematically evaluate services. Furthermore, the model is particularly valuable to practitioners in rural areas where connections are already strong among residents, resources can be sparse or difficult to access, and professional isolation is a challenge. Adapting the Coordinated Community Response model more broadly in rural areas would allow practitioners to overcome the barrier of professional isolation while capitalizing on the strengths and unique attributes of rural communities. Finally, further application and research of this model in rural areas would create opportunities to demonstrate innovative, effective models of generalist social work practice that truly embody the person in environment perspective.

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