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Urban or Rural? The Risks for Intimate Partner Violence

Hanarose Girona, Ellyssa Tempel, & Annie Woods

Carroll College Nursing Department



QUESTION

Are women in the United States who live in rural areas at higher risk for intimate partner violence compared to those who live in urban areas?



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BACKGROUND

- ❖ Intimate Partner Violence (IPV): actual or threatened psychological, physical, or sexual harm by a current or former partner or spouse (Weil, 2022, para 2).
- ❖ One in four women experience IPV each year (CDC, 2021).
- ❖ IPV is associated with negative health consequences that include physical injuries and mental illness (WHO, 2021).
- ❖ IPF is the killing of women by an intimate partner.
- ❖ Rural areas are defined as geographical areas that are located outside of towns and cities (ERS, 2019).
- ❖ Urban areas are areas with larger, dense population with a developed infrastructure (ERS, 2019).
- ❖ Rural areas experience barriers such as limited access to support services, fewer social connections to healthcare workers and authorities, isolation, and lack of domestic violence shelters (RHIH, 2021).
- ❖ Urban areas experience barriers such as lack of transportation and lengthy hospital wait times (Ravi et al., 2021).

This work is not original. This is an evidence-based practice brief that includes published research conducted by professionals. Guidance was provided by Stephanie Burkholder and Melissa Kukulski, professors of NU307: Evidence Based Practice Research Methods.

STUDY	DESCRIPTION	FINDINGS
Rural Versus Urban Prevalence of Intimate Partner Violence-Related Emergency Department Visits, 2009-2014 by Perez-Patron et al., 2020.	<ul style="list-style-type: none"> ❖ Level IV, retrospective cohort study, with 156,945 emergency room visits between 2009-2014 for patients aged 15-64 years old, admitted with a diagnosis of injury resulting from “battering and other maltreatment by spouse or partner.” ❖ Used the National Emergency Department Sample e-codes of “battering” from ED visits used to determine the IPV prevalence in geographic areas. 	The prevalence of IPV was 30.1 [per 100,000] in rural areas, compared to 21.9 [per 100,000] in non-rural areas. Therefore, the prevalence of IPV was higher in rural areas, compared to urban areas in all places, except the Midwest.
Intimate Partner Violence in Small Towns, Dispersed Rural Areas, and Other Locations: Estimates Using a Reconceptualization of Settlement Type by Dubois et al., 2019.	<ul style="list-style-type: none"> ❖ Level IV, retrospective cohort study, data was gathered from National Crime Victimization Survey (NCVS) data from 1992-2015. Had a total of 5,206 IPV victims reported by women between the ages of 12 and older. ❖ Study wanted to define rural areas better by using measures of small towns and dispersed rural settlements. ❖ This study excluded women who are homeless, military barrack residence, and inmates. 	Incidences of IPV rates were higher in urban populations compared to rural populations. Although, when breaking it down into subgroups, “small towns” (the urbanized portions of non-metropolitan counties) were 18% higher than in “urban cores” (most densely populated area).
Rural Isolation, Small Towns, and the Risk of Intimate Partner Violence by DuBois, 2020.	<ul style="list-style-type: none"> ❖ Level IV, rotating panel design, this study used 578,471 females over the age of 18. The females were interviewed 1,672,999 times over the course of 1994-2015. ❖ The use of NCVS incidence files were categorized having a violence crime (such as rape, assault, or sexual assault), committed by an intimate partner, were used to gather the data, and pooled participants into urban core, suburban, small town, dispersed rural, and exurban. 	Those who live in “small towns” (the urbanized portions of non-metropolitan counties) are most at risk of experiencing IPV. When comparing just urban and rural populations, urban had adjusted rate of 2.53 compared to rural 2.16 per 1,000, making the prevalence higher in urban areas.
Characteristics of Residential Neighborhood Environment Differentiate Intimate Partner Femicide in Urban Versus Rural Settings by Beyer et al., 2013.	<ul style="list-style-type: none"> ❖ Level IV, retrospective cohort study, Cross referenced Wisconsin Violent Death Reporting System (WVDRS) data with Wisconsin Coalition Against Domestic Violence (WCADV) reports from 2004-2008. ❖ Goal was to construct a big picture view of the 84 Intimate Partner Femicide (IPF) cases in relation to rural versus urban neighborhood placement. 	IPF rates vary based on the rurality, marital status, and neighborhood characteristics. Determined different measures needed to look at the rural environments that may influence IPV/IPF. Found this research to support the need for focusing on modifiable social determinants of IPV prevention.
Survivors’ Experiences of Intimate Partner Violence and Shelter Utilization During COVID-19 by Ravi et al., 2021.	<ul style="list-style-type: none"> ❖ Level VI, single qualitative study, participants were ten female survivors receiving services from urban or rural service agencies. ❖ From two IPV services, participants were recruited from a state in Southwestern United States. ❖ The participants had to be over the age of 18, personally experienced IPV in the last 12 months, and live either in the IPV shelter or accept services the IPV service has. 	Urban areas had an increase in police IPV hotline calls, police IPV calls, and orders for protection were initiated. In rural areas, there was a decrease in victims reaching out to IPV hotlines and contacting law enforcement regarding IPV.
Intimate Partner Violence Among Service Members and Veterans: Differences by Sex and Rurality by Albright et al., 2020.	<ul style="list-style-type: none"> ❖ Level IV, cohort study, sample size was 18,755 who lived in different areas such as West Virginia, Nebraska, Hawaii, and Virginia. ❖ The researchers created predictable estimates of IPV for female service members and veterans (SMV) and civilians that were separated by sex in urban and rural areas. 	Female SMV showed that urban IPV prevalence of 23.54% and urban IPV of 23.34% and had higher rates than women without military experience. Women without any military experience indicated rural IPV prevalence of 14.55% and urban IPV of 14.50%.

CONCLUSION

- ❖ The research found in this review that there was an even correlation of IPV prevalence in urban and rural geographical areas.
- ❖ Three articles support the fact of increased IPV prevalence in urban areas.
- ❖ Three articles supporting increased IPV prevalence in rural areas.
- ❖ The result was inconclusive and suggests to researchers' areas of needed investigation.



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APPLICATION

- ❖ Screen for IPV for every patient, every time.
- ❖ Develop new policies within healthcare facilities that include ensuring confidentiality, victim education, outreach programs, and harm reduction strategies.
- ❖ Develop training programs for staff within hospitals on how to properly screen and report IPV.
- ❖ Develop assessment skills to recognize signs and symptoms of both the victim and the abuser.
- ❖ Provide first line support such as building a trusting and compassionate relationship in order to have an open conversation.
- ❖ Collaborate with IPV victims to develop a safety plan and safety strategies if they choose to stay with their abuser.