Intimate Partner Violence in Rural Kansas

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According to the CDC, one in four women experience Intimate Partner Violence (IPV) in their lifetime, and for those women who live in rural areas the experience increases to one in three. In the State of Kansas, 28.6% of the population lives in a rural area (census.gov) with 89 of 105 Kansas counties being classified as rural (kdheks.gov). The purpose of this extended literature review was to explore potential obstacles faced by those who experience Intimate Partner Violence in rural areas in the United States with speculation regarding potential implications for Kansas.

Review of existing research indicates that few published studies to date focus on the unique issues of IPV in rural areas. While initial safety planning issues such as finding emergency shelter, coordinating neutral drop off/pick up sites for non-custodial perpetrator/parent visitation, and related legal assistance are issues that need to be addressed for all IPV victims, research suggests that the traditional service routes may create larger barriers for rural victims who do not want to uproot all aspects of their lives. For example, entering the shelter system involves the loss of one’s whole local support system with the potential for displacement to an urban environment.

The few published studies specific to rural IPV suggest two needed avenues for educational interventions: (1) fostering rural community awareness overall and (2) increasing modes of intervention among rural medical resources. In terms of community interventions, generating awareness of stereotypes held about IPV in rural populations in necessary. Additionally, there is often a general lack of information in regards to resources available in the community, among those who may need services as well as among those who provide services. In generating awareness and networks among service providers, it is important that rural medical providers be part of community safety planning initiatives. Research suggests that medical service providers can be an excellent point of contact for Intimate Partner Violence screenings as well as resource and referral agents. Unfortunately, medical care options are not always as readily available in rural areas regardless of affordability issues.

Using the new provisions of the Affordable Care Act along with best practices recommended in the research, suggestions for building capacity for addressing IPV across medical providers in Kansas will outlined.