



California State University, San Bernardino  
**CSUSB ScholarWorks**

---

Electronic Theses, Projects, and Dissertations

Office of Graduate Studies

---

6-2020

## Domestic Violence in Rural Areas

Priscilla Ayala

*California State University - San Bernardino*

Patricia Sanchez

*California State University - San Bernardino*

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

---

### Recommended Citation

Ayala, Priscilla and Sanchez, Patricia, "Domestic Violence in Rural Areas" (2020). *Electronic Theses, Projects, and Dissertations*. 1026.

<https://scholarworks.lib.csusb.edu/etd/1026>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

# DOMESTIC VIOLENCE IN RURAL AREAS

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Priscilla Ayala  
Patricia Sanchez  
June 2020

# DOMESTIC VIOLENCE IN RURAL AREAS

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Priscilla Ayala  
Patricia Sanchez  
June 2020

Approved by:

Dr. Deirdre Lanesskog, Faculty Supervisor, Social Work

Dr. Armando Barragan, M.S.W. Research Coordinator

© 2020 Priscilla Ayala and Patricia Sanchez

## ABSTRACT

Domestic violence (DV) negatively impacts individuals and families, including children, across the U.S. Yet, there is little research on the barriers and facilitators to services these families encounter, especially in rural areas. The goal of this study was to examine service availability in rural areas for families who have experienced domestic violence.

This study was conducted using a qualitative research design. Researchers conducted face-to-face and phone interviews with nine human services professionals in one rural California community. The study used in-depth interviews with open-ended questions to encourage participants to share their views and experiences.

The findings were categorized into six key themes: limited knowledge of available services, gaps in rural areas, client reluctance to seek/accept services, need for specialized training to handle crisis situations, families and providers experiencing crisis, and professional discretion on intervention. Implications from the findings suggest the need for increased advocacy, education, and specialized training for professionals and paraprofessionals who encounter DV. Furthermore, participants recommended the implementation of an immediate response team for DV and expressed a desire for an expansion of current domestic violence services in the study community such as shelters and domestic violence counselors.

## ACKNOWLEDGEMENTS

This research study was possible due to the nine interview participants who provided valuable insight on domestic violence services and barriers within the research community. In addition, this project would not have been possible without the assistance, dedication, and constant support of our research advisor Dr. Deirdre Lanesskog.

## DEDICATION

I dedicate this project to my entire family for being my source of strength. I would like to dedicate this to my wonderful husband for being incredibly supportive throughout my entire education process and being with me every step of the way with words of love and encouragement. I also dedicate this paper to my mom who motivated me every day to continue to pursue my goals and is a role model for hard work and dedication. To my dad for all his faith in my work and the incentives to keep me focused. To my nieces and nephews who inspire me every single day and are my motivation and to my siblings and all my friends who cheered me on. Lastly, my research partner, it was a crazy ride and I am forever grateful to have you as a research partner and friend.

Priscilla Ayala

As a small token of my appreciation, I dedicated this project to the most important individuals in my life. Mom and Dad I thank you for your sacrifices, encouragement, and support through this journey of achieving a higher education. I would also like to dedicate this project to my amazing partner. Bug thank you for your constant motivation when I needed it the most and your unconditional love through the most stressful nights. Lastly, I want to dedicate this project to my research partner who continuously pushed me and challenged me every day. Thank you for sharing this experience with me from beginning to end.

Patricia Sanchez

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGEMENTS.....	iv
CHAPTER ONE: INTRODUCTION .....	1
Problem Formulation.....	1
Purpose of the Study .....	3
Significance of the Project for Social Work Practice .....	4
CHAPTER TWO: LITERATURE REVIEW.....	6
Introduction.....	6
Worker Perspectives on Domestic Violence Cases .....	6
Interventions Utilized in Domestic Violence Cases .....	10
Theories Guiding Conceptualization .....	14
CHAPTER THREE: METHODS .....	17
Introduction .....	17
Study Design .....	17
Sampling.....	18
Data Collection and Instruments.....	19
Procedures .....	20
Protection of Human Subjects .....	20
Data Analysis.....	21
Summary .....	22
CHAPTER FOUR: RESULTS.....	23
Introduction .....	23



Demographics.....	23
Key Themes.....	24
Limited Knowledge of Available Services.....	24
Gaps in Rural Services .....	25
Client Reluctance to Seek/Accept Services .....	29
Need for Specialized Training to Handle Crisis Situations .....	31
Families and Providers Experience Crisis.....	34
Professional Discretion on Intervention.....	36
Summary .....	38
CHAPTER FIVE: DISCUSSION .....	39
Introduction .....	39
Overview of the Study.....	39
Findings .....	40
Discussion of Key Themes .....	41
Limited Knowledge of Available Services.....	41
Gaps in Rural Areas.....	41
Client Reluctance to Seek/Accept Services .....	41
Need for Specialized Training to Handle Crisis Situations .....	42
Professional Discretion on Intervention.....	42
Statement of Limitations .....	44
Implications for Social Work Research, Practice, and Policy .....	44
Conclusion .....	45
APPENDIX A: INTERVIEW GUIDE.....	47
APPENDIX B: INFORMED CONSENT .....	49

APPENDIX C: IRB APPROVAL LETTER.....	51
REFERENCES.....	54
ASSIGNED RESPONSIBILTIES .....	57

# CHAPTER ONE

## INTRODUCTION

### Problem Formulation

Significant research exists regarding the effects witnessing domestic violence (DV) has on children, the rates to which this issue is increasing, and the co-occurring stressors families with DV endure. According to the literature, 57,000 individuals in the United States have died as a result of DV in the last 25 years (Fantuzzo & Fusco, 2007). What makes this astonishing number of higher importance is the fact that children are present in at least half of all DV events (Fantuzzo & Fusco, 2007). This is important to note because DV in the home severely impacts children at varying stages of development.

First, according to Katz et al. (2007), exposure to DV leads to a child being emotionally dysregulated which in turn causes social problems, negative peer interactions, and both negative externalizing and internalizing behaviors as well as conduct disorders. Research also shows that there is a positive correlation between DV rates and families living in poverty, higher rates of ethnic minorities, and those already experiencing other life stressors such as work, financial problems, and other environmental factors. Fantuzzo and Fusco (2007) confirmed this information in their study which concluded that in households where DV had occurred there were also risk factors such as poverty, substance abuse, and female headed households. In addition, their study stated that 63 % of DV victims were minorities.

Although DV is an increasing area of concern for social workers, knowledge on interventions utilized to help these families and the barriers to receiving these services continues to be minimal. Furthermore, few studies have been conducted on DV in rural areas, although there are high rates of DV occurring. The National Advisory Committee on Rural Health (2015) did however indicate that there was a 7.4% difference in higher rates of women in rural areas experiencing DV than in urban areas. Meltzer, Doos, Vostanis, Ford, and Goodman (2009) concluded that an average of 10 million children witnessed DV annually. Because of the increasing rates of DV, social service agencies, clients, and future workers should be concerned regarding both the awareness of the availability and the utilization of interventions to help families affected by DV. However, social workers still lack a model of practice interventions to assist those who experience domestic violence with an in-depth understanding of the matter. Additionally, they suggest that students are graduating with a lack of knowledge on assisting those affected by DV and little awareness of interventions specific for families of DV. Data shows that many cases in which domestic violence is present, results in the request from the social worker for parental separation and or child removal (Crabtree-Nelson, Grossman, & Lundy, 2016).

This topic is also of interest to many domestic violence advocates and clients who understand that parental separation or child removal from DV cases is not the way to stop or fix this issue. Furthermore, because social workers are charged with the duty to provide services to these vulnerable individuals, it is

important for them to be equipped with an adequate theoretical understanding, skills for assessment, and awareness of interventions that are in place. Crabtree-Nelson, Grossman, and Lundy (2016) suggested that it is the duty of researchers, educators, clinicians, and social work educators to bridge the gap between practice and research by ensuring future social workers are knowledgeable in intervention strategies for those working with victims of domestic violence. They provided a call to social workers to address DV and adequately connect these individuals to services, resources, and interventions- which is what this research is aiming to achieve.

Finally, research shows that there is a high correlation between DV and child maltreatment. It is estimated that in thirty to sixty percent of cases where either domestic violence or child maltreatment is identified, it is likely that both forms of abuse exist (NAC, ORHHS, 2015). Domestic violence falls within the large umbrella of abuse and neglect because to Children and Family Services, DV is recognized as a contributor to emotional abuse and or general neglect towards a child.

### Purpose of the Study

There is limited research that focuses on the interventions social workers within child welfare use when working domestic violence (DV) cases, as well as the barriers families face in order to receive these services. More specifically, there is little focus on the barriers to services in rural areas such as the high desert regions of California. This study aims to better understand the available

services for families experiencing domestic violence and the barriers they face according to the views of professionals and paraprofessionals.

This study will be conducted utilizing a qualitative design which will help explore the awareness and beliefs of professionals and paraprofessionals about domestic violence services and the barriers to families receiving these services in rural areas. Because there are few studies done on interventions outlined in the literature, a qualitative design will be useful to examine possible new interventions that may already be utilized by some workers that are not well known throughout the profession. In order to gain a better understanding of the research question, the study will only utilize interviews with social workers working within child welfare agencies, counselors, police officers, and DV advocates. Participants will be recruited through the use of convenience and snowball sampling. Participants will be recruited through non-probability sampling, utilizing the researchers' personal and professional networks, and will be interviewed outside of work hours.

#### Significance of the Project for Social Work Practice

The findings of this study will provide insight into the unique needs and responses of rural communities and the social service workers who intervene in cases where children are subjected to DV in their home. Findings of this study may inform training and education of social workers, and identify interventions already used in rural communities. Also, it may illustrate and help explain social workers' perspectives regarding the utilization of other interventions rather than

parent separation or child removal in cases with DV incidents. This will allow us to help clients and populations affected by domestic violence, especially those living in non-urban settings. In conclusion, knowledge gained from this study may be used to improve training, programming, and implementation of services for professionals who work with individuals and families experiencing domestic violence.

The study may contribute to the social work profession by providing insight as to why families experiencing DV either do not complete services or why they cannot access services. In addition, it may provide insights into the barriers and other means of providing services for families experiencing DV. It may also identify DV services available in rural areas that are not widely known. Furthermore, this study will contribute to social work research by bridging the gap in the lack of literature focused on the knowledge of professionals and paraprofessionals on DV services and barriers to services in rural areas. Lastly, this study may generate policy changes to improve domestic violence awareness and assistance. Due to higher rates of DV cases in rural areas and the co-occurrence of DV and child maltreatment, this study is relevant to child welfare practice. The research question for this study is: What are professionals' and paraprofessionals' perspectives on services for families experiencing domestic violence and the barriers to receiving these services in rural communities.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter examines research on families involved in domestic violence in rural areas. The initial two sub-sections consist of professionals' perceptions of domestic violence followed by the known interventions utilized in domestic violence cases. The last subsection includes theories applicable to this study, including crisis theory, social entrapment theory, and ecological systems theory.

#### Worker Perspectives on Domestic Violence Cases

Domestic violence and child abuse are often related. Many cases where domestic violence is present also contain a form of child maltreatment, which leads to child welfare agency involvement. A qualitative research study by Hughes, Chau, and Poff (2011) explored ways in which social workers approached and assessed cases involved with domestic violence. According to many child welfare agencies, domestic violence is highly considered a factor contributing to their risk assessment decisions. Participants from the study agreed to feel more at ease to close a case or return a child back home only if the victim left the abusive relationship. Research showed that professionals were making decisions about DV cases based on risk factors along with parent's attitudes and actions. The study explained social workers' desire to provide support to victimized parents, but they also experienced fear that the child would



be harmed if the victim parent did not act accordingly to provide safety for the child which many times led to further involvement. A limitation to this study was the variation of responses by social workers and their beliefs about domestic violence. Additional information revealed that workers had limited training on domestic violence, and more importantly, no training in how to balance both the child's safety and parental support. In addition, the research discussed different response programs and interventions designed to provide intensive services to parents engaging in domestic violence. This intervention would be an unusual practice and would require workers to remain more open and flexible to continue working with families rather than removing children and punishing victim parents with failure to protect.

A literature review by Ogbonnaya and Pohle (2013) focused on child welfare involvement and case outcomes for cases with DV. The authors looked into the correlation between domestic violence referrals and case outcomes ending in out-of-home placement for children. Although the mission statement for children protective services aims to provide services in the least intrusive manner while focusing on family preservation, findings from this literature review shows otherwise. Child protective services seemed to place a greater importance on the safety of the child rather than working and providing services to families impacted by DV. Findings of this literature review illustrate that cases in which domestic violence is present, are more likely than not, to end in out of home child placements with limited chances for the family to be able to reunify. This impacts

this study by further pushing the idea that workers' attitudes towards DV interventions continues to be removing the child from the incident.

Furthermore, Henry (2018) gave readers insight to the misconstrued definition of child maltreatment that allows for workers to substantiate cases with exposure to DV as a form of abuse. Agency assessment tools and agency guidelines expect workers to construe child exposure to domestic violence as either a type of neglect due to failure to protect or emotional abuse depending on the severity of the child's exposure to the abuse. Incorporated into this study was a survey of 152 workers to analyze their responses of two hypothetical scenarios describing a severe case of DV and a low-level case of DV. Social workers' responses for both cases recommended child welfare involvement regardless of the severity of the cases. Although this proved concerning, this study addressed incidents where DV referrals did not have cases open, but instead where given referrals for DV services. This was found to be due to the involvement of law enforcement and the removal of the perpetrating parent. Overall findings of this study placed importance on revealing the attitudes of child welfare workers and agencies regarding DV referrals.

Similarly, a study proposed by Petrucci and Mills (2002) looked into discovering how much child welfare agencies have integrated DV assessment within their child abuse assessments to increase possible interventions. This study proposed a questionnaire which inquired about the development of ways in which both mother and the child can be protected by CPS workers when their

case involves DV. This study used feminist approaches, very similar to the strength-based perspective, to emphasize the importance of involving the victims of domestic violence in the case planning of their child when involved with CPS. The findings of this study illustrated that although most child welfare agencies have implemented DV into their risk assessment when gathering initial information about the family's case, it has not been adequately practiced - which minimized other possible DV interventions. Key findings of this study linked the importance of the case worker's perception of the battered victims with their ability to empower them as well as linked the worker's perception to the types of intervention approach they would use for the remainder of the case. Much emphasis has been put on the importance of having intervention strategies that involve both the parent-child relationship as well as focusing and setting accountability on the abuse between partners, yet this isn't the case for many agencies.

The study by Petrucci and Mills (2002) incorporated a study by Columbia University regarding a domestic violence protocol that required CPS workers to assess for DV issues at the beginning of any investigation. Findings showed some support for the implementation of the DV assessment, but most workers felt their ultimate role as CPS workers was to provide safety to the child and not advocate for adult victims of partner abuse. Child welfare workers have been recognized for blaming victims of their domestic abuse and stigmatizing the victim parent with "failure to protect", which sometimes ends cases in the removal

of the child or children. CPS attitudes continue to struggle between focusing on the immediate risk and safety of the child and their willingness to incorporate other interventions for parents encountering domestic violence.

Postmus (2009) opened up a discussion about the beliefs and attitudes of 64 surveyed child welfare workers regarding DV and its treatment. This study shows contradicting findings between several factors that contribute to a worker's decision about CFS involvement in cases where children are exposed to DV. The first factor with inconclusive data is the length of the workers' employment affecting a worker's decision to remove a child. The second factor with insufficient data was workers' personal experiences and attitudes with DV and how their views intervene with the case. Lastly, due to the different ways in which workers define DV again the study was unable to find a correlation between the worker and their intervention. This exploratory study had various limitations to it. First it surveys a small and convenient sample study population. Secondly, the survey measurement for this study is an untested instrument with unknown validity and reliability. This study proved that there is still a need for more research that will look into how CPS personal experience and training on domestic violence can affect workers' attitudes and beliefs when working with such cases.

#### Interventions Utilized in Domestic Violence Cases

Although significant research exists regarding DV, there is little literature on effective intervention strategies in place to help families dealing with DV that

does not require the family to separate. Research shows that most interventions are secondary prevention, meaning that they are applied to those who have already experienced or are experiencing DV in the home. These interventions include: arrest, restraining or protective orders, and monitoring offenders. In addition, shelters can be utilized by the victims as a place for safety (Prenzler & Fardell, 2017). All these interventions entail family separation, which according to the literature, ending an abusive relationship is thought as the only way to end the abuse. In addition, there is little evidence on intervention strategies being applied to the father - as most of the accountability for child protection is put on the mother. Furthermore, studies suggest that a father's responsibility to avoid their children being exposed to DV is ignored, and in contrast, the expectation is that the mother separate from her partner to ensure their children are safe from the abuse. Other than the fact that we are taking away the need for the perpetrator to also be responsible for their child's well-being, we are not holding them accountable for their behavior.

A study by Meyer (2018) also revealed that parents were unaware of the harmful effects witnessing DV had on their children and therefore educating the perpetrators early on, on the relationship damaging effects DV will have on their relationship with their child can serve as a start to a change in the behavior. Meyer (2018) also suggested that because fathers had a desire to maintain a relationship with their children, engaging the perpetrator in behavioral change intervention programs is possible utilizing the relationship with their child as

motivation. These intervention programs should include relationship education, gender education, and social accountability. This type of intervention should be implemented widely in CFS agencies.

Current practice in child welfare agencies provides minimal services for the families they serve that are experiencing domestic violence. Current policy for child welfare workers includes that the worker identifies and assesses all cases for DV, that they provide services to the families that do have DV in the home, and that they hold the perpetrators accountable. Child welfare social workers work in partnership with DV shelters and other DV programs in order to provide education, safety, and develop policies for practice (Child Welfare and Information Gateway, 2014). In addition, the workers provide referrals or resources to DV shelters, health assistance, housing assistance, legal aid, food assistance, and other services to the clients they serve. The extent of the availability of these services and the feasibility of accessing these services by the client is unknown.

Grossman and Lund (2007) provided some insight to the barriers families experiencing domestic violence encountered when seeking help and attempting to receive services. They indicated that African American women may deter from calling the police because it would have resulted in further stigmatization of their race or incarceration of the batterer and themselves. On the other hand, undocumented individuals were found to fear calling the police due to their fear of deportation (Sen, 1999 as cited in Grossman & Lund, 2007). In addition,

immigrant women may have come from a place where police were not a resource, but instead violent and oppressive, making it difficult for them to call the police for help. Another barrier to receiving services in DV situations was the level of acculturation of the affected individuals. They found that not speaking the common language made it difficult for the victims to be aware of the available services, actually receive services, and minimized the social support these individuals had (Huisman, 1996 as cited in Grossman & Lund, 2007).

Limited research shows that rural areas contain higher rates of domestic violence. A study by The National Advisory Committee on Rural Health and Human Services (NACORHHS) found that “22.9 percent of women in small rural areas reported being victims of IPV, compared to 15.5 percent of women in urban areas. The study also found that women living in rural communities reported significantly higher severity of physical abuse than women living in urban areas” (NACORHHS, 2015, p. 3). Lastly, the study indicated that “women who have experienced IPV in rural America are more likely to be murdered by a partner than those living in cities” (NACORHHS, 2015, p. 4).

In summary, although there are higher rates of DV in rural areas, there is minimal research on possible social interventions that social workers can provide to families with DV and even less is known on the accessibility of these services by the clients who are living in rural areas. Although there is extensive research on the effects of DV, social service agencies fall short on being able to provide services to keep the family intact while targeting the abuse at the same time. This

further highlights the need for the development of interventions social service agencies can use to give DV victims and their families options to provide safety to their children as well as keep their families together. In addition, there is a significant gap in the literature on what prohibits these clients from seeking help and receiving services once they are in contact with professionals. Furthermore, there is less information available on the specific services available in rural areas and the barriers that population encounters. More information is needed on the barriers to access these services to minimize the service gaps- therefore a study in this area is of high importance.

#### Theories Guiding Conceptualization

There are a couple of theories that have guided past research on domestic violence (DV). One of these is the crisis theory which is utilized by crisis teams (Corcoran & Allen, 20005). This theory indicates that when an individual is experiencing a stressful life event, they are at a disequilibrium and therefore are willing to accept intervention and have the ability to learn new coping skills. The goal of this theory is to help victims and prevent future abuse (Corcoran & Allen, 20005). Domestic violence can be a traumatic event for both the victim and the children witnessing the abuse, therefore utilizing crisis intervention at the first interaction with the family is beneficial to stabilize the situation.

Social entrapment and coercive theory can also be applied to families experiencing domestic violence (Postmus, 2009). It is common for social workers to require a victim of DV to create a safe space for herself and her children by



leaving the perpetrator - yet many don't realize that these expectations can end up aiding the perpetrator and hurting the victim. This is due to the fact that sometimes separation brings on additional factors such as homelessness, lack of money, and emotional problems for the victim. This in turn places the victim in a place where the perpetrator can control them through financial means or their ability to provide housing to the victim. Social entrapment theory and coercive theory explains how strategies like isolation, fear, and coercion keep victims in abusive relationships, acknowledge how institutions have shown low empathy and understanding about the victim's experience, and lastly, how social inequalities play a role in the abuse by the perpetrator (Postmus, 2009).

Another theory that guides conceptualization for this study is the general systems theory. General systems theory describes human behavior through interchanging and interrelated subsystems at the micro, mezzo, and macro levels (Turner, 2011). Societies, organizations, groups, families, and individuals are all interrelated and influence one another. This theory is applicable to families experiencing domestic violence for several reasons. First, because the actions of each family member impact the family unit as a whole. For instance, the harm caused to the victim by the perpetrator in turn hurts the children and the other family members involved. In addition, this theory examines how environmental stressors affect the families functioning which can lead to DV occurring. For this reason, having appropriate services for families of DV to provide support that will enable the family to return to stability is important. Additionally, this research will

utilize professionals who interact with families at different levels of their lives to exemplify the connection of community support to the victims. In addition, through this theory, this study will explain how the locality of a family experiencing DV can contribute to their ability to overcome the abuse.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter will introduce the methods the study used. The study's design, sampling, data collection, along with the interview instrument will also be presented in this section. Lastly, the procedures, protection of human subjects, and qualitative data analysis will also be discussed.

#### Study Design

This study was conducted with the purpose of exploring the availability of services in rural areas, such as the high desert, for families experiencing domestic violence (DV) according to the views of professionals and paraprofessionals. The study aimed to identify the availability of services, or lack of services, in place to help families experiencing DV as well as outline any potential barriers to seeking and receiving services for these families. This investigation utilized open-ended questions to better delve into the individuals' understandings of service limitations including but not limited to micro and macro constraints. The research question for the study is professionals' and paraprofessionals' views on the available services and barriers to services for families experiencing domestic violence in rural areas.

This study used a qualitative design approach to collect data. Face to face interviews, along with phone interviews were conducted throughout the high desert area with 9 professionals and paraprofessionals including: social workers, counselors, police officers and domestic violence advocates. Using a qualitative approach proved more effective in allowing participants to openly express their views, perspectives, and sentiments regarding accessible and inaccessible aid for domestic violence victims and clients. The strengths this design possesses are that it did not limit responses and it allowed a subjective view from participants on the availability of services as well as allow the participant to openly discuss their views of the needed services for families affected by DV. However, a limitation to the study is the lack of a proper representation of all rural areas as it is solely confined to the high desert and cannot be generalized. Furthermore, due to this study being time-sensitive only a minimal number of professionals and paraprofessionals were interviewed for data collection.

### Sampling

Researchers in this study used non-probability convenience sampling along with snowball sampling to obtain participants. The researchers recruited social workers, counselors, police officers and domestic violence advocates, all 18 years or older, working in the high desert community, from the researchers' personal and professional networks. Through those individual connections additional participants were recruited through the use of a snowball sampling. Researchers interviewed 9 participants whose work requires contact with families

experiencing domestic violence. Researchers sought interview participants from various professions to gain a better understanding of the available services and the barriers families experiencing DV encounter from varying perspectives. Participants from various professions were utilized as these are the individuals' families affected by DV encounters in their daily interactions. Additionally, each profession entails different approaches to helping families with DV and offers different resources to these families which provides a deeper understanding of what services are actually available in the high desert area, the extent to which the services are known across various professions, and the barriers these families face.

#### Data Collection and Instruments

Face to face interviews were conducted, using an open-ended interview guide consisting of twelve open-ended questions, created by the researchers, to collect data for this study. Utilization of a standardized open-ended interview guide minimized biases and maximized the comparability of the responses from the participants. The instrument guide included six general demographic questions such as age, gender, ethnicity, level of education, occupation title, and job location. The other additional six questions asked participants about their knowledge, awareness, and training regarding domestic violence and frequency of how often the professional encounters domestic violence victims. Furthermore, researchers elicited information about the services available around their area and their perceptions on accessing services for families living in rural areas.

## Procedures

Participants were recruited through the researchers' personal and professional networks. Individuals were invited to participate in the study and were given a clear explanation of the study which included information on the duration of the interview which was approximately 20-30 minutes. The researchers then provided the subjects with an informed consent and then began the interview with permission from the interviewee.

Participants for this study were recruited from February 2020 through April 2020. Individuals were contacted Monday through Friday, 9:00 a.m. through 5:00 p.m. Interviews were conducted in local rural areas, but for confidentiality reasons private and quiet places were requested such as coffee shops. Over the phone interviews were conducted during day-light time at the individuals request and convenience. Face to face interviews and phone interviews were recorded to ensure accuracy. Upon completion of the interview, participants were thanked for their time and participation.

## Protection of Human Subjects

The researchers took all appropriate measures to secure the safety and well-being of all participants participating in this study. Participation was on a voluntary basis and participants received an informed consent form which included an audio consent at the time of the interview which required they mark with an X to consent to be audio taped and participate in the study. Participants were informed and reminded of the purpose of the study, all if any potential risks

and benefits, and about voluntary participation. Participants had the ability to choose to terminate the interview at any time, if they no longer wished to participate, without any repercussions. In addition, the researchers informed the participants of IRB approval, who the researchers were, and who was supervising the study. Participants were also informed on who they could contact if any issues should arise and where the findings would be presented after the study was concluded.

Participants' confidentiality was maintained through assigning each participant a number ranging from 1 to 9 rather than utilizing their name. Participants' names were not utilized during the interview and all identifiable information was shredded and destroyed. Data was stored in a password protected computer which only allowed access to the researchers. All completed interview guides remained in a locked and safe place, and all data was destroyed at the conclusion of the study.

### Data Analysis

Data was analyzed utilizing thematic analysis techniques. Interviews were audio recorded and were transcribed verbatim. The researchers independently read each transcript and used open coding to note key points of emphasis and repetitive statements, as well as their dimensions. The researchers then reviewed each transcript together, developing codes into broader themes. Finally, the researchers used axial coding to connect the themes to one another and to tell the story of the research.

## Summary

This chapter outlined the methods to be utilized in this study. In essence, the methodology presented in this chapter included the use of a qualitative design along with non-probability convenience and snowball sampling. A standardized open-ended interview was used to conduct over the phone and face to face interviews. The procedure for this study and the steps the researchers took to protect all participants have also been highlighted in this chapter. Lastly, discussed was the proposed use of qualitative data analysis for this study.



## CHAPTER FOUR

### RESULTS

#### Introduction

The researchers were able to recruit nine participants for this study utilizing non-probability convenience sampling and snowball sampling. The participants were all individuals who worked with victims of domestic violence and the individuals were from four different professions. The participants were interviewed from February to April 2020.

There were several themes identified in the study. The themes were categorized in the following manner: limited knowledge of available services, gaps in rural areas, client reluctance to seek/accept services, need for specialized training to handle crisis situations, families and providers experiencing Crisis, and professional discretion on intervention. This chapter will discuss the demographics of the participants and the themes that emerged.

#### Demographics

In this qualitative study there were a total of six female participants and three male participants. The ages of the participants ranged from 25-52 years of age. Four participants identified themselves as Hispanic, three as Caucasian, one as African American, and one as multi-racial. Two participants completed a graduate degree, four completed a bachelor's degree, two completed two years of college and one completed a high school diploma. The researchers

interviewed three participants from law enforcement, two social workers within child welfare, a school counselor, a family support counselor, a legal advocate, and a youth advocate. The length of time each professional has been employed in their position ranged from five months to 25 years of service.

## Key Themes

### Limited Knowledge of Available Services

Collectively, the participants were able to identify a wide range of services available for families who have experienced domestic violence in the study community. Participants identified domestic violence classes, counseling, shelters, support groups, county resources, and psychoeducation resources. In addition, they reported being able to help clients with basic needs and transportation, to refer victims to a domestic violence advocate, and to report to the Department of Children and Family Services (DCFS) when children were present during a domestic violence incident. Yet, the majority of participants could only identify two to three available services and were unsure of where exactly the victims would receive these services. Participant number 1 explained, “those are the only two I can think of off the top of my head.”

Another barrier that was identified was the lack of awareness and education of domestic violence and on the available services. Three of the participants indicated that with unlimited funding, they would use the funding to do an extensive amount of outreach in the form of public service announcements or billboards to bring awareness on domestic violence resources and create

more preventative programs. It was noted that professionals and paraprofessional who encounter victims and families affected by domestic violence have limited awareness of domestic violence services and service providers. Participant 4 expressed the need for more community outreach to educate other professionals and community agencies about available resources in order to be better equipped to refer clients out.

Apart from educating professionals, participants also appeared to share the same belief that the general population could benefit from more DV awareness. A few of the participants declared that with unlimited funding they would all enhance knowledge about domestic violence prevention and realities. Participant 3 shared a common misconception that people in domestic violence relationships lack to recognize. Victims don't realize they are in an abusive relationship "if you don't have a black eye, or a bruised lip" which reinforces the need for additional education about the matter.

#### Gaps in Rural Services

Participants indicated that although there are services available in the study community for victims of domestic violence there is still a need for additional services and improvements to the current existing services. Participant 6 described the study community as being "a whole different monster with a completely different lifestyle" that needs services to be modified to its own culture. Despite what is already available, there is a great need for more service providers in the region. One of the participants who works within a domestic

violence agency implied that there are only two agencies that serve the study community. Participant 6 indicated that one agency that provides domestic violence psychoeducational services has struggled with overcrowding and lack of space for additional DV participants. Social workers working within the child welfare scope of practice both requested for more domestic violence counselors for clients who are involved with DCFS. In addition, more mental health services were also requested by a couple participants. Along with more service providers there is a need for more agency flexibility. Participant 3 shared “we have providers, but they don't do weekend and or after hours.” Furthermore, participant 3 informed us that due to the rural location, consistent professional employees are rare. She added “Something clients lack is consistency. To have different counselors all the time doesn't give them any stability.” Ultimately, in spite of the vast geographical and multicultural area that the study community covers, only one participant deliberated on the need to grant services and programs in different languages other than English.

Transportation. The lack of transportation across the vast study community was a barrier identified for victims of domestic violence in accessing services. Participant 2 indicated that when trying to separate the victim and the perpetrator they request one of the parties to leave the home. He further explained that sometimes the perpetrators response is, “well I don't have a ride.” In addition, participant 2 stated that they will offer transport for them if there is a place they could go nearby, however, if the only place the perpetrator could go is

far away, they won't provide transportation and it results in another call of domestic violence coming in. Participant 1 reiterated that "public transit is sad in the study community of how long you have to wait for the bus." In addition, participant 7 shared that response time for police in the study community depends on where the location of the incident is. The participant said, "the distance in the study community can be a lot, when driving from one of the outer cities to a call in another city could take longer." When given unlimited funding to allocate towards domestic violence services, a majority of participants agreed to build more shelters and improve the transit system in the study community.

Lack of Culturally Appropriate Services for Special Populations Including Immigrants and Men. Limited services/resources, language barriers, and immigration status also create a barrier to accessing domestic violence services. Participant 8 indicated that services are impacted because there are not enough resources. They provide an example of a domestic violence shelter who only "has so many beds, and then they're full." The participant went on to explain that limited resources in the area makes it harder to keep families engaged in services. Participant 2 also identified the availability of beds as a challenge. They indicated that sometimes victims must wait "a couple days or even a week to get housed." In the meantime, the participant is left to hope that the victim has a place to stay or finds a place to go while the suspect comes back if arrested. Participant 9 indicated that limited services along with language barriers are challenges families face in accessing DV services "If agencies don't have

bilingual speakers it creates hardships for families seeking services.” Other barriers include the lack of medical insurance or a social security number.

Another participant suggestion was an increase in services for male victims of domestic violence. Participant 9 shared,

For children, I'm not very aware of many services. For women I know there's a couple shelters, they offer supportive groups as well and they specify on this population exactly. Whereas for men, I'm not much aware of any services regarding domestic. (Participant 9)

Participant 5 added that it is easier to find shelters for women and women with children than it is for men “You know, men sometimes are victims or can be and it's usually harder to find places for them. If they have children it's easier but still difficult.” Domestic violence services in the study community appear to be focused towards female victims. When discussing female shelters, Participant 2 was well-rounded with knowledge about the shelter's guidelines and regulations, but had limited contact nor information regarding male shelters policies and procedures.

Longer Police Response Times. Lastly, the low number of police officers within the study community was found to be a difficulty to victims of domestic violence. Participant 2 disclosed that one of the cities in the study community only has three deputies patrolling the area. Furthermore, they indicated that a nearby city may only have 10 to 11 officers patrolling a population of over 150,000 residents, which makes timely police response unmanageable.

## Client Reluctance to Seek/Accept Services

Psychological Barriers. A few of the participants commented on the reasons why victims stay in abusive relationships. Only three participants indicated they have encountered victims who are self-referred, who want help, and who recognize that they're in domestic violence relationships. Contrary to this, participant 2 shared that some families are hesitant in calling for help, because it's "kind of like that battered woman syndrome" where they think their abuser will change. Similarly, participant 7 indicated that the victim's psychology of it is like a "Stockholm syndrome where they're like, it's my fault they're that way. I did something." The participant also indicated that there are circumstances in which the victim is scared to death and they want resources, they want help. However, a couple participants shared about victims who are informed of the resources available, but they choose not to take advantage or utilize them.

It was made aware that victims of domestic violence oftentimes minimize the abuse or deny it completely, sometimes due to fear of their abuser. Participant 7 shared a case in which they encountered a domestic violence victim and although evidence suggested they had been abused, the victim continued to deny the allegations and maintained that the perpetrator had done nothing wrong. Participant 2 spoke regarding a victim who at first denied domestic violence had occurred until the perpetrator was detained at which point she then "spilled out the whole story" and the victim claimed "I'm so afraid of him".

Participant 7 also explained that a victim becomes reluctant to seek services if they do not call immediately after an incident because they start to minimize and reason with the abuse and begin to tell themselves they contributed to the incident in some way. In addition, participant 7 told the researchers that oftentimes family connections keep victims feeling trapped in their abusive relationships. Participant 8 also spoke on a case in which the victim continued to engage with their abuser and that the abuser continued to manipulate their way back into their lives and the victim was not strong enough to stop it. Participant 8 further explained that “domestic violence becomes a cycle, a lifestyle” and so getting the victim’s buy-in is difficult.

A couple participants suggested implementing an immediate response team that could potentially go out with officers to domestic violence calls. This team would provide services to victims right after an incident occurred, to benefit the victims who are in a vulnerable and helpless state. Other participants pondered over developing a “one-stop shop facility” for individuals affected by domestic violence. This facility would offer all types of services including, but not limited to individual and family therapy with the goal to minimize service gaps.

Substance Abuse and Mental Health Problems. Substance abuse and mental health problems were another common barrier that was identified by the participants. Participant 1 disclosed that substance abuse is an obstacle for families accessing services because there is a lot of methamphetamine use in the study community. This participant also shared a case in which the family had



to go to substance abuse treatment because alcohol played a major role in the DV. Participant 2 indicated that there is a lot of mental illness in the study community among those experiencing domestic violence. In addition, participant 2 explained that there are no hospitals in the study community that offer psychiatric treatment so those individuals would need to be taken to other nearby city areas to seek help.

Fear of Authorities. A fear of law-enforcement and DCFS also pose a barrier to seeking domestic violence services. A few participants indicated that there are a lot of families who are afraid of law enforcement and of DCFS. Participant 1 explained that families are afraid if DCFS comes to their home they will “automatically be going to pick up their children without giving them a chance.”

Financial Constraints. Another barrier is the financial constraints these families are in. Participants stated that a lot of the families they work with are of low socioeconomic status. Furthermore they claimed that financial issues cause a barrier to the families seeking services because when they have to choose to either attend a domestic violence class, go to work, or to the welfare office they will choose to go to the welfare office to fulfill the CalWorks obligations so they don't get their financial aid cut off.

#### Need for Specialized Training to Handle Crisis Situations

Despite their frequent contact with DV victims, most participants lacked specific training on domestic violence. Participants reported engaging in a variety

of mandatory and voluntary training through their agencies. Participant 4 reported they only received, “a child abuse training which touches upon domestic violence, since it is classified as a form of abuse.” Participants from law enforcement reported receiving recurring training every three months covering: shooting, education on law changes, studying the penal code, de-escalation techniques, and training on identifying mental health issues, yet no training with a fixed attention on domestic violence. Participant 7 explained that they have learned to better articulate, differentiate, and document great bodily injuries on victims of domestic abuse through exposures to cases while on the job rather than through training.

Participant 8 confirmed having statewide child welfare mandatory training, online webinars, and voluntary training opportunities. They mentioned, “there’s nothing specific like, you must attend this training in order to be well versed in working with these types of parents or these types of situations.” Furthermore participant 8 expressed her sentiment regarding the agency’s outlook on voluntary training as “just find the training and get your hours.” Participant 1 reported receiving “training on safety organized practice with one or two sections dealing specifically with domestic violence” along with having hands on training as situations arose. Additionally, this participant disclosed taking a “domestic violence mapping training of how to create an effective timeline to not only keep mom and children safe, but also to get the full story of triggers and what worked

and what did not work for the family” the individual was unclear whether or not this course was mandatory or voluntary.

The lack of preparation about DV was puzzling since most participants claimed they fill many roles at once when responding to DV incidents. Yet with diversified degrees of training, their abilities to provide effective services varies. One participant stated “at the end of the day we end up being counselors. We wear many hats” (Participant 2). Yet when asked about their training to provide counseling, they disclosed using “just life experience and de-escalation techniques.”

Lastly, participants with the titles of advocates, described their roles in agencies as more than one. Advocates interviewed also carry the roles of case managers and facilitators. They demonstrated to have the most in-depth training regarding domestic violence and abuse. Participant 6 communicated “everybody that works here at this agency wears many hats”. Furthermore, this participant explained that anybody who's going to work or even volunteer with domestic violence victims is mandated to go through a forty-hour training. Participant 6 shared their passion for lifelong learning, they disclosed being a victim of domestic violence along with numerous trainings completed,

I came across John Stillman's narrative therapy course and so I did that in 2017 and got certified. Anger management and parenting are classes I teach, so I'm constantly researching that and about any changes to the laws of domestic violence. Everyone here at the agency is certified in

CPR, first aid and AED. And also recently, because a lot of the population we're serving are homeless or have addictions we are also trained in Narcan, the use of Narcan. We also get self-defense classes just because we don't know what can happen. But our director is really good about us getting training. We've also been trained in trauma informed care, so we're constantly training. (Participant 6)

Very similarly, Participant 3 also disclosed "I actually, I have a lot of roles as many nonprofits do. I'm a legal advocate. I help people with restraining orders. I do presentations, educating people about domestic violence and what we can do to prevent it". Participant 3 added that the agency also provides training on "cultural competency, case management training, five protective factors training and trauma informed care along with a mandatory forty-hour training once a year." Without completing such training, one cannot work with victims of domestic violence.

#### Families and Providers Experience Crisis

Most participants described that they came into contact with the families experiencing DV during or directly after the incident which is described as a traumatic event. A few participants shared about a time when they responded to a domestic violence incident where children called in the abuse. When professionals respond to such a crisis it is not only dangerous for the professionals, victims, and the perpetrators but also for the children involved. One participant indicated that DV calls are high priority and considered

dangerous situations, which requires at least two officers to respond. Such calls are considered threatening, as explained by participant 2, “so volatile and with so many emotions going on with the family.” Lastly, participant 2 claimed, that DV shelters do not allow the opposite sex to be present on site because, such traumatic exposure can alarm triggers preventing victims from speaking up.

The topics of exposure and effects that children have from domestic violence were also discussed during the interviews. Participant 1 spoke in regards to a case where the children could vividly describe exactly what happened. They could narrate the story such as, “Daddy kicked in the door, daddy started screaming at mommy, he threw some stuff around, he almost hit the baby, and we were really scared and hid with mom until dad went away.” The children in this scenario also disclosed they felt afraid when their mom and dad fought “really bad”. Furthermore, emotional abuse was substantiated in this case and the children were required to attend counseling. Similarly, participant 8 shared a case in which the children brought to her attention that their parents were fighting again and that dad had “punched a hole through the hotel room window shattering glass all over the room.” Participant 8 expanded on the effects that witnessing DV had on children. The participant revealed that children they work with will oftentimes display the same types of behaviors: physical aggression, verbal aggression, yelling, screaming, hitting, breaking toys, and punching walls- the same kind of behaviors they grow up with. In attempts to

assist with processing such trauma, participant 8 pointed out the existence of children therapy groups.

#### Professional Discretion on Intervention

The majority of the participants in this study indicated they had some degree of discretion when working with the families experiencing DV. Participant 1 for example discussed that they worked very close with the family to stabilize them instead of “picking up their children.” They also indicated that at the first encounter with the family they worked with they didn’t conduct a Children and Family Team Meeting (CFTM) and just gave them resources and had a conversation with the family. Then at the second encounter with the family for another DV incident they participant stepped up the intervention by completing a CFTM, ensuring the family had a strong support network, checking in with the support network, and checking in with the children several times. In addition, the parents were asked to drug test upon request, the mom attended a substance abuse program, and the mom was also talking to a therapist.

Furthermore, participants indicated the degree of intervention depends on the situation, on the evidence they see, and if children are involved. A few of the participants indicated that if there was no visible evidence such as bruising or marks, they were unable to intervene at that time. A participant indicated that at times they don’t have enough to make that higher-level intervention, and that the victim can always tell them they don’t want voluntary family maintenance intervention. Participant 1 shared “I walk away because there’s just not enough

evidence and I know something is wrong.” An example the participant shared was a case where they walked away and within the next week or two they received another referral that the same baby was in the hospital because mom squeezed the baby so hard as her boyfriend was beating her up, which cracked the baby’s ribs. The participants also discussed that if children are involved or need to be removed then they contact DCFS and a few of them identified as mandated reporters. Yet they have the discretion to write in the report what they assess the totality of child endangerment and risk is. In such case, the way they make the report might affect if a child abuse referral is created or evaluated out. Participant 5 gave an example of cross reporting to CFS as “hey this happened but we handled it and we're letting you know; they may send a social worker out to talk to everybody”.

In addition, the majority of the participants indicated that domestic violence many times happens more than once between families and couples. A couple participants expressed the importance for professionals to have self-awareness of their own bias and to walk into every case with an open mind in order to better assess the situation. One participant described an incident where they had previously reported to a household with various domestic violence incidents and realized that his own assumptions of who was the victim and who was the abuser would affect his performance as a first responder. He stated “I realized I had to step back and let my partner talk to everybody because I became biased. I'd been there twice”. (Participant 5)

Many of our participants conduct their own interviews, carry out their own investigation, and select interventions, whether taking someone to jail, removing a child, or referring to certain services. These interviewing and investigations are based on the professional judgment and observations, allowing discretions to their plan for intervention.

### Summary

This chapter touched upon the demographics of the participants in the study and the themes identified within the data collected. The study recognizes professionals and paraprofessionals' views regarding the services available for families experiencing domestic violence in rural areas, along with the various barriers that individuals face based on their perceptions. Additional themes illustrated in this chapter depict: limited knowledge of available services, gaps in rural areas, client reluctance to seek/accept services, need for specialized training to handle crisis situations, families and providers experience crisis, and professional discretion on intervention.



## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter discusses the findings of the study and their relationship to the existing literature on domestic violence services in rural areas. In addition, a discussion of the study's limitations and implications for social work research, practice, and policy is also included.

#### Overview of the Study

The purpose of this study was to examine professionals' and paraprofessionals' perceptions on services available for families affected by domestic violence in rural areas. More specifically, the goal was to better understand the barriers that such families face due to their location. A total of nine participants from law enforcement, social work, counseling, and advocate backgrounds participated in the research to unfold more accuracy regarding domestic violence. The study took place in a non-urban setting, in a remote area with limited and uneasily accessible service providers for domestic violence victims.

## Findings

The findings for this study identified the following themes: limited knowledge of available services, gaps in rural areas, client reluctance to seek/accept services, need for specialized training to handle crisis situations, families and providers experience crisis, and professional discretion on intervention. This study brought to light barriers families face in accessing domestic violence services, the lack of adequate resources available in rural areas, and the lack of awareness of these services that were not previously mentioned in the literature. Further, our findings suggest the need for more shelters, education, and awareness about domestic violence. In addition, our findings show that transportation in the study community is viewed as unreliable and poses a barrier for individuals and families to access services. Findings for this study showed that professional and paraprofessionals also face challenges when working with individuals affected by domestic violence and that they hold a high degree of discretion when working with DV victims and their families. In addition, the lack of training that professionals receive addressing domestic violence brings doubt that they are well equipped to manage such situations. Lastly, despite the barrier of individuals' fear regarding child welfare involvement due to DV, our participants suggested positive outcomes for families with children where the children were not removed from home even if the allegations were substantiated.

## Discussion of Key Themes

### Limited Knowledge of Available Services

The findings highlighted that there is limited knowledge of available services in the study community. Each participant was only able to identify two or three services. In addition, many of the participants indicated there was a need to spread awareness on the available services in the study community. This finding from the study is consistent with the literature which indicated that workers will provide resources and referrals to services to the client (Child Welfare and Information Gateway, 2014); however, the extent of the availability and the accessibility of these services were not discussed in the literature.

### Gaps in Rural Areas

A finding in this study suggested that services are needed in languages other than English. They indicated that victims who did not speak the common language had difficulty receiving services. Limited services posed barriers for Spanish speaking families to accessing services which coincides with the literature (Grossman & Lund, 2007). Yet, our participants did not mention acculturation as a barrier to receiving services for DV, as was discussed in the literature (Grossman and Lund, 2007).

### Client Reluctance to Seek/Accept Services

The findings from this study suggested that there are some factors that contribute to the client's reluctance to seek or accept DV services. These factors included fear of law enforcement and fear of DCFS. This is consistent with the

literature as the literature indicates that undocumented individuals and immigrant women feared calling the police for help. This was due to fear of deportation and having the belief that police were not a resource, but rather violent and oppressive (Huisman, 1996 as cited in Grossman & Lund, 2007).

#### Need for Specialized Training to Handle Crisis Situations

The literature on mothers who have experienced intimate partner violence and have been involved in the child protection system suggested that workers had limited training on domestic violence (Hughes, Chau, & Poff, 2011). This is consistent with the findings in this study. This study found that although all the participants had received training upon hire and some had additional optional training in which they could participate, the majority of the participants did not have any specific training focused purely on domestic violence. The participants were each expected to work with families experiencing DV, usually during crisis, with minimal training on DV intervention or the effects of DV on the families.

#### Professional Discretion on Intervention

This study found that professional discretion plays a role with the intervention that professionals choose to implement to cases involving domestic violence. For example, based on law enforcement investigation findings, they decided how and what they report to child protective services. Such findings concur with the literature by Petrucci and Mills (2002) where social workers' perception of the victims and case was linked to their type of involvement. These services were specifically outlined in the literature, including referrals to DV

shelters, health assistance, housing assistance, legal aid, and food assistance (Child Welfare and Information Gateway, 2014). Similarly, findings in this study highlight that services utilized in the study community are domestic violence classes, counseling, shelters, support groups, county resources, and psychoeducation resources.

Findings for this study also highlighted that some responses to DV incidents include separating the parties involved, arrests, and child welfare involvement. These findings are consistent with the literature that suggests that family separation is likely. For example, Prenzler and Fardell (2017) found the interventions utilized during DV cases were restraining orders, arrest, monitoring offenders, and shelters. Furthermore, they indicated that these interventions caused family separation. Several participants indicated the need to contact child welfare if children were present during the DV incident which aligns with the literature, suggesting that child welfare involvement is needed as DV and child abuse are correlated (Hughes, Chau, & Poff, 2011). Additionally, existing literature found that due to the importance of child safety, child welfare cases would likely end in child removal (Postmus, 2009). However, this statement is inconsistent with the findings in this study as participants indicated they would work with the families to put supports in place and stabilize the family rather than removing the children.

## Statement of Limitations

This study is limited in several ways. The first limitation is the possibility that participants may have felt compelled to provide socially desirable responses, or those they believe the researchers wanted to hear. Second, although this study attempted to gain input from a wide variety of professions, findings are limited to only four different types of professionals who encounter individuals affected by DV. Another limitation to this study is the small sample size which was limited due to the COVID 19 pandemic which shortened our data collection timeline. Moreover, due to the types of participants requested for this study, many being essential workers, their priorities were shifted to respond to the abrupt societal crisis. Finally, our participants' experiences may well be representative of their own rural community, but may be different from those of providers in other rural communities.

## Implications for Social Work Research, Practice, and Policy

This study raises several concerns related to domestic violence services and barriers in rural areas. It also shines light on the need for direct social work advocacy at a micro, mezzo, and macro level. Due to the interconnectedness between domestic violence, child maltreatment, and child exposure to the abuse, social workers hold a responsibility to help individuals and families affected by this phenomenon. Prevention programs aimed to help children cope with exposure to domestic violence need support from child welfare agencies and community partners.

In addition, results from this study suggest that implementing mandated DV training for all professionals who often encounter DV situations would be beneficial not only for the general population, but also for the professional and paraprofessionals working with them. Furthermore, this study highlights concerns about effectiveness of providers' prevention and treatment measures in rural communities. It calls for more community outreach among professionals and for the implementation of services specific to the community's needs. A potential approach would be to implement a one stop shop like the one recommended by participants which would diminish more than one barrier. Lastly, this population and community would benefit from a broader range of data that examines more than one study community. There is also still work to do in advocating to remove the stigma attached to victims of domestic violence, and the negative stigma attached to social service agencies like the Department of Children and Family Services.

### Conclusion

Domestic violence incidents in the presence of children happen more often than not. Such crisis situations are not only experienced by the victims and perpetrators but also by the professionals who encounter such situations like law enforcement, social workers, counselors and advocates. Working with children and parents affected by domestic violence is a complex and unpredictable matter. It requires professionals to wear various hats and be well versed in knowledge. Ultimately, this study reveals professionals' and paraprofessionals

views of barriers that keep victims of domestic violence in rural areas from attaining services. It also proposes components for better practice including but not limited to increasing services for male victims of domestic violence, increasing awareness and education about the matter, and imposing specialized training for professionals to be well-equipped. Perhaps the biggest take away from this study is that domestic violence has such a high number of incidence rates with so many negative impacts on children, victims, and families as a whole. Therefore, interventions to aid these families during possibly one of the most traumatic times of their lives need to be not only readily available and accessible to these families, but also carried out by individuals fully trained and knowledgeable in the services they are providing.



APPENDIX A  
INTERVIEW GUIDE

1. Tell me about yourself and your work
  - a. Job title? Agency? Length of time in that role?
  - b. Where do you live and/or work?

### **DEMOGRAPHICS**

1. What is your gender? \_\_\_\_\_
2. What is your age? \_\_\_\_\_
3. What is your ethnicity? \_\_\_\_\_
4. What is the highest level of formal education you have completed?

---

### **OPEN-ENDED/ DETAILED QUESTIONS**

1. Tell me about your professional experiences with victims of domestic violence
  - a. How often?
  - b. In what circumstances.
2. What type of training does your job provide you for working with families experiencing domestic violence?
  - a. How Often
3. What services are available for families affected by domestic violence in the high desert?
  - a. For adults?
  - b. For children?
  - c. For families?
4. In your opinion, what challenges do families face in accessing domestic violence services?
5. What services are needed in the high desert to help families experiencing domestic violence that are not currently available?
  - a. Are there any services that you know of in other places that are not available here?
6. Now I'd like to ask you to think of a time you worked with a DV victim. Without identifying the victim's name, tell me about that experience.
  - a. What happened?
  - b. What steps did you take?
  - c. What was the outcome?
  - d. Looking back, would you do anything differently? What would you have wished for?
  - e. Imagine a scenario in which you had unlimited funding; what would you do to improve DV services in the high desert

Developed by: Priscilla Ayala and Patricia Sanchez

APPENDIX B  
INFORMED CONSENT



College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are asked to participate in is designed to examine professionals' and paraprofessionals' views on available services and barriers to services for victims experiencing domestic violence in rural areas such as the high desert. The study is being conducted by Priscilla Ayala and Patricia Sanchez, MSW students under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work, California State University, San Bernardino. This study has been approved by the Institutional Review Board at California State University, San Bernardino.

**PURPOSE:** The purpose of the study is to better understand the available services for families experiencing domestic violence in rural areas and the barriers they face according to the views of professionals and paraprofessionals.

**DESCRIPTION:** Participants will be asked a few questions on their general demographics, services offered to families experiencing domestic violence, knowledge of the availability of services in the high desert, barriers these families encounter when accessing these services, additional need for services, and their training in working with families experiencing domestic violence.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be reported in group form only.

**DURATION:** It will take approximately 30-60 minutes to complete the standardized interview.

**RISKS:** There are no foreseeable risks to the participant other than minimal risk of feeling discomfort while answering question from the interview guide. In such case, participants will be informed that they do not have to answer any questions without any penalties or repercussions.

**BENEFITS:** There will not be any direct benefits to the participants. Yet participation in this research may increase awareness on domestic violence services and why these services may be limited or non-existing in rural areas.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-7222 (email: [Deirdre.Lanesskog@csusb.edu](mailto:Deirdre.Lanesskog@csusb.edu)).

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here \_\_\_\_\_ Date \_\_\_\_\_  
I agree to be audio recorded: \_\_\_\_\_ Yes \_\_\_\_\_ No

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C  
IRB APPROVAL LETTER



January 2, 2020

**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2020-131

Priscilla Ayala Deirdre Lanesskog, Patricia Sanchez  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Priscilla Ayala Deirdre Lanesskog, Patricia Sanchez

Your application to use human subjects, titled "Domestic Violence Services in Rural Areas" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Your responsibilities as the researcher/investigator reporting to the IRB Committee the following three requirements highlighted below. Please note failure of the investigator to notify the IRB of the below requirements may result in disciplinary action.

- Submit a protocol modification (change) form if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before implemented in your study to ensure the risk level to participants has not increased,
- If any unanticipated/adverse events are experienced by subjects during your research, and
- Submit a study closure through the Cayuse IRB submission system when your study has ended.

The protocol modification, adverse/unanticipated event, and closure forms are located in the Cayuse IRB System. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

*Donna Garcia*

Donna Garcia, Ph.D., IRB Chair  
CSUSB Institutional Review Board

DG/MG

## REFERENCES

- Corcoran, J., & Allen, S. (2005). The effects of a police/victim assistance crisis team approach to domestic violence. *Journal of Family Violence, 20*(1), 39-45.
- Crabtree-Nelson, S., Grossman, S., & Lundy, M. (2016). A call to action: domestic violence education in social work. *Social Work, 61*(4), 359-362.
- Child Welfare Information Gateway. (2014). Domestic violence and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Fantuzzo, J., & Fusco, R. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. Retrieved from [http://repository.upenn.edu/gse\\_pubs/125](http://repository.upenn.edu/gse_pubs/125)
- Grossman, S., & Lundy, M. (2007). Domestic violence across race and ethnicity: Implications for social work practice and policy. *Violence Against Women, 13*(10), 1029-1052.
- Henry, C. (2018). Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice." *Child Abuse & Neglect, 86*, 79-88.
- Hughes, J., Chau, S., & Poff, D, C. (2011). "They're not my favourite people": What mothers who have experienced intimate partner violence say about involvement



- in the child protection system. *Children and Youth Services Review*, 33(7), 1084-1089.
- Katz, L., Hessler, D., & Annest, A. (2007). Domestic violence, emotional competence, and child adjustment. *Social Development*, 16(3), 513-538.
- Meltzer, H., Doos, L., Vostanis, P., Ford, T., & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work*, 14(4), 491-501.
- Meyer, S. (2018). Motivating perpetrators of domestic and family violence to engage in behaviour change: The role of fatherhood. *Child & Family Social Work*, 23(1), 97-104
- National Advisory Committee on Rural Health and Human Services. (2015). *Intimate Partner Violence in Rural America: Policy Brief* March 2015: 1-10.
- Ogbonnaya, I., & Pohle, C. (2013). Case outcomes of child welfare-involved families affected by domestic violence: A review of the literature. *Children and Youth Services Review*, 35(9), 1400-1407.
- Petrucci, Carrie J. (2002). Domestic violence assessment: Current practices and new models for improved child welfare interventions. *Brief Treatment & Crisis Intervention*, 2(2), 153-173.

Postmus, Judy L. (2010). When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. *Children & Youth Services Review* 32(3), 309-18.

Prenzler, T., & Fardell, L. (2017). Situational prevention of domestic violence: A review of security-based programs. *Aggression and Violent Behavior*, 34, 51-58.

Turner, F. J. (Ed.). (2011). *Social work treatment: Interlocking theoretical approaches* (5th ed.). New York, NY: Oxford University Press.

## ASSIGNED RESPONSIBILITIES

This research study was completed in collaboration between Priscilla Ayala and Patricia Sanchez. Both research partners shared equal responsibility in the completion of this project. The sections were completed as followed:

1. Data Collection and Data Analysis: Priscilla Ayala and Patricia Sanchez
2. Written Report and Presentation of Findings
  - a. Abstract: Patricia Sanchez
  - b. Acknowledgments: Priscilla Ayala
  - c. Chapter One. Introduction: Priscilla Ayala and Patricia Sanchez
  - d. Chapter Two. Literature Review: Priscilla Ayala and Patricia Sanchez
  - e. Chapter Three. Methods: Priscilla Ayala and Patricia Sanchez
  - f. Chapter Four. Results: Priscilla Ayala and Patricia Sanchez
  - g. Chapter Five. Discussion: Priscilla Ayala and Patricia Sanchez
3. Other Materials
  - a. IRB Application: Priscilla Ayala and Patricia Sanchez
  - b. Formatting and Edits: Priscilla Ayala