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INDIVIDUAL FUNDING: A POLICY SOLUTION TO FAMILY ABUSE IN RURAL AREAS IMPACTED BY THE COVID-19 PANDEMIC

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#### Abstract

Intimate partner violence is an issue in the United States experienced by more than one in three women. This article addresses the topic of intimate partner violence and the factors contributing to the perpetuation of abuse. It focuses on how these factors manifest in rural areas and in the context of the COVID-19 pandemic, which increased isolation and economic abuse. This article explores policies currently used to combat intimate partner violence in these contexts. The current acts, including the Victims of Crime Act (VOCA), the Family Violence Prevention and Services Act (FVPSA), and the Violence Against Women Act (VAWA), expressly prohibit the allotment of monetary entities directly, requiring victims to connect with governmentfunded programs to receive aid in the form of funding. This article proposes distributing individual, unrestricted funding to the victim rather than through an agency receiving funding from other government sources.


## Introduction

More than one in three women in the United States will experience intimate partner violence ("IPV") in their lifetime, with studies showing that rates of IPV are equally high or higher in rural areas. ${ }^{1}$ The COVID-19 pandemic exacerbated the rates, with U.S. police departments reporting increases in domestic violence ${ }^{2}$ calls as high as $27 \%$ in the first month following the issuance of stay-at-home orders. ${ }^{3}$ In an audit report of the National Domestic Violence Hotline by the U.S. Department of Health and Human Services Office of the Inspector General, it was reported that there was a $40 \%$ increase in contacts seeking assistance for protective/restraining orders in the first year of the pandemic versus the year leading up to the start of COVID-19 lockdowns. ${ }^{4}$ COVID-19 has highlighted the isolation and economic abuse experienced by victims of intimate partner violence, and federal funding guidelines should be changed to enable the distribution of unrestricted funding to individual intimate partner violence victims who may have limited access to help.

[^1]This article begins by broadly discussing intimate partner violence and the factors that contribute to the perpetuation of the abuse, focusing on how IPV manifests in rural areas and in the context of COVID-19. The article examines the factors that contribute to increased IPV in these contexts and the policies currently in place to combat these incidents. Finally, the article proposes individual unrestricted funding as a potential solution to combat IPV in these contexts.

## I. Defining Intimate Partner Violence and its Contributing FACTORS

According to the Centers for Disease Control, intimate partner violence is defined to include physical and sexual violence, stalking, and psychological aggression by a current or former intimate partner. ${ }^{5}$ In Virginia, family abuse includes any act involving violence, force, or threat that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury and is committed by a person against such person's family or household member. ${ }^{6}$ Even in instances where there is not current physical violence, the threat of future attacks allows the abuser to take control over the victim's life. ${ }^{7}$

A helpful tool called the Power and Control wheel describes the overall pattern of abuse in these situations, detailing tactics on the part of an abuser such as economic abuse and isolation. ${ }^{8}$ Economic abuse often makes it difficult for a victim from getting or keeping a job, requires them to ask their abuser for money, or prevents access to family income, which further isolates the victim and functions as another method for the abuser to assert control. ${ }^{9}$ Isolation involves an abuser controlling what a victim does, whom they see, and whom they talk to, often using jealousy to justify these actions. ${ }^{10}$

Unfortunately, domestic violence shelters can exacerbate these factors,

[^2]creating their own forms of economic abuse and isolation. ${ }^{11}$ Shelters sometimes interfere with a victim's ability to maintain employment through the enforcement of facility policies such as curfews, requirements to attend meetings, and performing "chores." ${ }^{12}$ Additionally, victims may be forced to quit or change jobs due to the strict confidentiality rules surrounding the location and existence of a shelter. ${ }^{13}$ Confidentiality requirements may further require a victim to break ties with their friends, family, or community, inadvertently increasing a victim's sense of isolation. ${ }^{14}$ Some shelters also restrict access to the telephone, limiting access to the outside world. ${ }^{15}$

Intimate partner violence involves a combination of individual, relational, community, and social factors. Gender plays a significant role in IPV, as the most commonly abused demographic are women between the ages of eighteen and twenty-four. ${ }^{16}$ Factors that increase the likelihood of IPV include economic stress; low community involvement; and weak health, educational, economic, and social policies. ${ }^{17}$ Protective factors against IPV include strong social support networks; and stable, positive relationships with others; and coordination of resources and services among community agencies and communities. ${ }^{18}$

Stemming from these factors, rural areas have presented much higher levels of IPV and exhibit higher barriers to successful intervention. ${ }^{19}$ The U.S. Census Bureau does not define the term "rural," rather stating that whatever is not urban is considered rural. ${ }^{20}$ Furthermore, the Office of Management and Budget (OMB) designates counties as metropolitan, micropolitan, or neither; metropolitan areas contain core areas of 50,000 or more in population and micropolitan areas contain an urban core of at least $10,000 .{ }^{21}$ According to the OMB, all counties that are not part of a Metropolitan area are

[^3]considered rural. ${ }^{22}$ A "rural area" means any open country, or any place, town, village, or city which is not part of or associated with an urban area and which has a population not in excess of 2,500 inhabitants, or has a population in excess of 2,500 but not in excess of 10,000 if it is rural in character, or has a population in excess of 10,000 but less than 20,000 , and is not contained within a metropolitan statistical area and has a serious lack of mortgage credit for lower and moderate-income families. ${ }^{23}$

The COVID-19 pandemic created a perfect storm for increased incidents of IPV due to isolation in combination with psychological and emotional stressors. ${ }^{24}$ Although the pandemic is a comparatively new set of circumstances, the presence of isolation with psychological and emotional stressors is not. Rather, it is a long-standing issue affecting rural IPV victims.

## II. Current Federal Programs Do Not Adequately Address Challenges of IPV Victims in Rural Areas

Experiences of IPV differ due to unique circumstances experienced by each victim. In a pre-pandemic study of IPV, women in rural and isolated areas reported the highest prevalence of IPV. ${ }^{25}$ Between $18-22 \%$ of women in these communities experience IPV compared to $15.5 \%$ of women in urban localities. ${ }^{26}$ IPV victims in rural areas often face unique circumstances, facing obstacles that urban victims may not experience. Rural areas present many of the factors delineated by the CDC that increase the likelihood of domestic violence, including economic stress and weak health, educational, economic, and social policies. ${ }^{27}$ Rural areas are not homogeneous and differ from each other, including by factors such as population density, size of population clusters, areas with combined high prevalence and persistence of poverty, low levels of resources for local use, and low levels of investment. ${ }^{28}$ Lack of community resources may include a lack of public transportation, no local domestic violence shelters, or few connections to legal support services or

[^4]victim advocates. ${ }^{29}$
Challenges to escaping abuse exist no matter the circumstances but are even more significant in rural populations. As social visibility like personal habits and routines may be high in a community in a rural area, abusers often isolate victims in response. ${ }^{30}$ Rural women often lack access to services, and even if they can find them, may be turned away because of insufficient numbers of programs and inadequate staffing. ${ }^{31}$

Isolation is characteristic of rural settings-vast amounts of land with few people. ${ }^{32}$ The lack of access to the outside world facilitates the abuse as it allows the abuser to control who the victim sees, what they do, and to limit access to any external services. This isolation causes many further issues, such as access to a car, a telephone, or the internet. ${ }^{33}$ Many abusers have the sole car, requiring victims attempting to leave to do so while their abuser is home, so the victim has access to a car, or by foot. ${ }^{34}$ In addition to geographic isolation, IPV victims in rural areas may face social isolation, which is measured by the type and extent of social support. ${ }^{35}$ Socially, victims tend to have less social support; it has been identified that as the level of social support increases, likelihood of violence decreases. ${ }^{36}$

Furthermore, abusers frequently utilize geographic location as a method of financial isolation. Many rural areas are impoverished, facing an average poverty rate $3.1 \%$ higher than metropolitan counties; abusers often function as the financial breadwinner, having the abused work inside of the house, further isolating them. ${ }^{37}$ One reason women in rural areas may stay in relationships is due to a lack of being able to support themselves, with the areas

[^5]perpetuating the isolation due to limited and undiversified labor markets. ${ }^{38}$
Higher poverty levels and smaller populations also limit access to community resources, since public transportation or services like domestic violence shelters or advocates may not exist in these communities. ${ }^{39}$ Abusers sometimes take advantage of the lack of access, even moving victims from the urban areas to rural localities. ${ }^{40}$ Services like shelters, police, and specialized courts are essential to those attempting to stop the abuse; any hindrance of such help furthers the dynamic of power and control. ${ }^{41}$ In rural areas, these services may be hard to reach, be less equipped with proper training, or lack funding. ${ }^{42}$ Shelters in rural counties have critical resource gaps, rely on community partners' limited resources, and have fewer intervention programs than shelters in urban counties. ${ }^{43}$

In response to domestic violence more broadly, the government enacted the Victims of Crime Act (VOCA), the Family Violence Prevention and Services Act (FVPSA), and the Violence Against Women Act (VAWA). VOCA provides funding for many different services, including those that respond to crime victims' immediate emotional, psychological, and safety needs. ${ }^{44}$ It funds programs that directly service victims of crime, such as domestic violence shelters and rape crisis centers. ${ }^{45}$ Notably, what is not allowed is any compensation for victims of crime. ${ }^{46}$ There are several potential rationales behind this disallowance of direct compensation, including the idea that programs should be available equally and avoid a welfare setup where only the impoverished recover. ${ }^{47}$ Another rationale is fear of increased government liability if the government essentially accepts a legal obligation to

[^6]compensate victims. ${ }^{48}$
FVPSA is the primary federal funding stream for State and Territorial Domestic Violence Coalitions and provides funding for the National Domestic Violence Hotline, which is a 24 -hour, national, toll-free telephone hotline. ${ }^{49}$ Additionally, FVPSA funds emergency shelters, crisis lines, counseling, and victim assistance but lacks funding, resulting in inadequate services for those seeking them. ${ }^{50}$

Of particular importance to rural victims, VAWA was intended to address violence against women, and recognizes specific at-risk populations. ${ }^{51}$ VAWA, administered by the Office on Violence Against Women, was first passed by Congress in 1994 and was reauthorized most recently in $2022 .{ }^{52}$ VAWA takes a comprehensive approach to violence against women by combining tough new penalties to prosecute offenders while implementing programs to aid victims. ${ }^{53}$

Leading up to the passage of VAWA, advocates began to stress the need for changes in the public and the law enforcement community regarding violence against women in the 1970s. ${ }^{54}$ Passed initially to improve responses to sexual assault, domestic violence, dating violence, and stalking, the Act was also created to increase the availability of services for victims. ${ }^{55}$ The Office on Violence Against Women funds many grants through VAWA, undertaking areas responding to particular needs. ${ }^{56}$ VAWA presents many essential programs, including the STOP program to support community response and the Civil Legal Assistance for Victims program to address the civil legal needs of victims. ${ }^{57}$ To be eligible for funding for targeted services in a rural area or community, an applicant must be a state, territory, Indian tribe, local government, or nonprofit entity. ${ }^{58}$

[^7]Originally, VAWA created grant programs for a number of subject areas, including the bolstering of investigations and prosecutions for domestic violence and child abuse in rural states. ${ }^{59}$ These programs aimed to enhance the safety of victims of domestic violence, dating violence, sexual assault, and stalking by supporting projects uniquely designed to address and prevent these crimes in rural jurisdictions. ${ }^{60}$ The Rural Domestic Violence, Dating Violence, Sexual Assault, Stalking, and Child Abuse Enforcement Assistance Office and Program were authorized at $\$ 50$ million in funding in 2018, and $\$ 40$ and $\$ 42$ million in enacted appropriations and set-asides in 2018 and 2019, respectively. ${ }^{61}$ Funding for VAWA has remained stagnant, despite the rising need. ${ }^{62}$ The appropriations are codified for specific allotments only, specified only to grants to Indian tribes, underserved populations, and rural states to carry out programs that address sexual assault and provide technical assistance to sexual assault grantees. ${ }^{63}$

VAWA grants have presented few solutions due to limited funding to address these problems. ${ }^{64}$ However, other grant recipients have utilized their funding to serve victims more efficiently. ${ }^{65}$ Grants have been used to respond to an overwhelming lack of training, providing opportunities for training not only to police officers and prosecutors, but also victim advocates and mental health professionals. ${ }^{66}$ One such example of a grant recipient is the South Dakota Coalition Against Domestic Violence and Sexual Assault. ${ }^{67}$ This coalition took a different approach, upgrading its technology to help those faced with crippling rural spatiality. ${ }^{68}$ It provided its member programs with computers, fax machines, and internet access, enabling further access to connect with attorneys and members at other offices and research. ${ }^{69}$ VAWA grants have allowed rural service provider programs to vastly increase the numbers served. ${ }^{70}$ One example of such programs is the Lower Umpqua Victims' Services, serving 118 victims in 1996, and ten times as many in 2000, after

[^8]receiving VAWA funding. ${ }^{71}$
Of the projects supported by grants awarded by the Office on Violence Against Women, solutions tend to be founded on community collaboration, survivor safety, abusive partner engagement, and accountability. ${ }^{72}$ Coordinated community response is crucial in addressing domestic violence. ${ }^{73}$ Community responses encompass the coordination between law enforcement, victim advocates, and counselors to encompass a more uniform approach. ${ }^{74}$ Most specifically is the need for the coordination to come together to create specialized violence against women services. ${ }^{75}$ The Center for Court Innovation posited that though rural areas do not have endless resources, they could use what resources they do have to improve the court's response to domestic violence. ${ }^{76}$ The paramount issue in domestic violence is survivor safety, where the organization suggested an enhanced technology infrastructure, as transportation is often limited. ${ }^{77}$ However, the age of technology has brought down some barriers and has left work to be done, as rural areas often have unreliable access to the internet or actual devices. ${ }^{78}$

The systems currently in place are not set up for the best aid of the victims. Currently, VAWA requires funding to go to states, agencies, or other nonprofits to distribute them. Those without access to the programs are out of luck, even when they qualify as part of the unique population the Act is intended to support. VAWA's Rural Program is geared towards those who seek to become safe from domestic violence but face significant challenges because of geographic and social isolation. ${ }^{79}$ Further exacerbating the already significant gaps is the added isolation and financial strain prompted by the COVID-19 pandemic.

[^9]
## III. EXACERBATING EFFECTS OF COVID-19 ON RURAL DV VICTIMS

Stressful historical events tend to increase the prevalence of IPV, as evidenced by the 2008 recession. ${ }^{80}$ The effects of COVID-19 on IPV will not be fully known until the pandemic ends. ${ }^{81}$ COVID-19 received large amounts of public resources and notoriety, while IPV occurring at the same time remained less visible. ${ }^{82}$

While the pandemic did not create abusers, growing research has indicated that already-existing domestic violence became more common and severe during the pandemic. ${ }^{83}$ COVID-19 created an ideal environment for increased IPV. ${ }^{84}$ As the world shut down, many people faced loss of income and lack of ability to pay for necessities like food and housing. ${ }^{85}$ Furthermore, the shelter-in-place orders created an environment where victims and abusers often could not remove themselves from each other. ${ }^{86}$

Stay-at-home orders caused interruptions in services intended to help victims of IPV. Often, abusers monitor victims' phone and internet use. ${ }^{87}$ The pandemic gave abusers more control over their victims' technology than ever before, providing increased opportunities to access a victim's phone or computer and install software or alter privacy settings. ${ }^{88}$ The pandemic made seeking alternative arrangements even more difficult, as shelter-in-place orders limited the ability of victims to stay with friends or family. ${ }^{89}$ The added emotional stress over financial losses and the potential for eviction increased IPV, mirroring the increase seen during the 2008 recession. ${ }^{90}$

Similarly to certain natural disasters, research showed an increase in the

[^10]social and emotional stressors that led to IPV during the pandemic. ${ }^{91}$ As stress increased, participants were increasingly more likely to become victims of violence. ${ }^{92}$ The implications of COVID-19 on the abuser and abused implicated multiple spokes of the power and control wheel: isolation, intimidation, and economic abuse. ${ }^{93}$ Isolation in particular was tied to the abuser's control, which was amplified by the stay-at-home orders which strongly discouraged leaving the house for any non-emergency reason. ${ }^{94}$ Additionally, the stay-athome order shut down workplaces, causing financial difficulties in many households and outside work to be transformed into a work-at-home environment. ${ }^{95}$ This created isolation by forcing individuals to cut ties with the outside world. ${ }^{96}$ Abusers' economic control over victims was compounded by the pandemic which forced businesses to shut down, individuals to lose jobs, and money to be tighter. The emotional and economic circumstances of the pandemic added another element of control over the victim. ${ }^{97}$

The federal government took steps to address some of the impacts of COVID-19. ${ }^{98}$ Issued during the pandemic, the American Rescue Plan Act of 2021 ("ARPA") provided $\$ 1.9$ trillion in stimulus to aid in the country's recovery from the impacts of the coronavirus, both health-wise and economically. ${ }^{99}$ Specifically, ARPA amended the Family Violence and Prevention Act, which provided an additional $\$ 180$ million for domestic violence and $\$ 198$ million for sexual violence, including shelters, counseling, and supportive services. ${ }^{100}$ In addition, ARPA created a new culturally specific program, and $\$ 5$ billion in emergency housing vouchers were available to help transition individuals and families to stable housing. ${ }^{101}$ Individuals fleeing domestic violence were potentially able to access the vouchers through the formula of the HOME Investments program. ${ }^{102}$ The emergency needs of survivors were addressed, as ARPA provided funding for the rape crisis centers to transition to a virtual format. ${ }^{103}$ Section 511A of the Act provided emergency

[^11]assistance to families through the home visiting program. ${ }^{104}$ Under this section, there was further funding to train home visitors for virtual home visits, including completing IPV screenings. ${ }^{105}$ Additionally, the section provided technology acquisition for individuals served by programs. ${ }^{106}$

However, ARPA comes with limitations. It is currently only issued through the fiscal year 2025, and the pandemic is ongoing, but the world is no longer shut down; therefore, it is unclear if it will be reauthorized. Furthermore, the Act provided funding for technology acquisition to conduct visits but does not further specify how the technology could be obtained. The funding allocation is up to the states and facilities, with no specificity to IPV. Since receiving the funding from ARPA regarding technology, the states have used the funds to support telehealth delivery and address the longstanding technological challenges. ${ }^{107}$ Most states have funneled the funding into infrastructure projects and to providers rather than technology for individuals. ${ }^{108}$ Finally, ARPA funding must be used to support victims' services, but direct cash payment is not allowed. ${ }^{109}$

As of the ongoing pandemic, there has not been research to determine if the data collected suggests causality, as there was no clear way to determine the rates at which IPV was occurring pre-pandemic. ${ }^{110}$ However, a solution was presented regarding the need to have more communication resources available. ${ }^{111}$ By having a more significant line of communication of the programs available, victims may be able to connect to resources such as shelters, domestic violence programs, and therapeutic professionals. ${ }^{112}$

To address the lack of knowledge of how to investigate and prosecute claims in rural areas, civil legal aid could be utilized to further the communication resources during the pandemic. Other states have started implementing

[^12]support for civil legal aid. ${ }^{113}$ Civil legal aid would provide a pipeline for individuals most in need with legal problems compounded by the pandemic. ${ }^{114}$ During the pandemic, those affected by IPV could receive the help needed, as $71 \%$ of low-income households encountered a legal issue during the first year of the pandemic, yet $86 \%$ received inadequate or little legal support. ${ }^{115}$ As IPV victims represented by an attorney are more likely to have successful legal outcomes, funding legal aid would allow individuals to benefit more directly from ARPA. ${ }^{116}$

Although a more significant line of communication would likely benefit victims, issues persist due to the proximity of abusers to victims. ${ }^{117}$ Even though hotlines were available and more utilized during the heart of the coronavirus, those who where trapped by their abuser had no way to use these services. ${ }^{118}$ As they were in quarantine with their abuser, it was much harder for them to call, as the abuser was often in close proximity. ${ }^{119}$ Furthermore, even if a victim was able to call for help, many facilities were forced to reduce their capacities due to social distancing measures, making it difficult to secure a bed at a shelter. ${ }^{120}$

ARPA has been inadequate as a true solution to rural victims of IPV. Much like VAWA, all ARPA presents in the form of a solution for rural victims is the notion that through FVPSA, the funding will reduce barriers to rural communities. ${ }^{121}$ Without a solid solution, victims of IPV in rural areas also facing COVID-19 will be overlooked once again, with their specific issues not addressed. Additionally, the solution of emergency housing vouchers is only effective if properties that fall into the qualifications required are available. Rural areas often lack real estate that qualifies for Section $8 .{ }^{122}$ As rural victims struggle to access domestic violence programs due to isolation from the programs themselves, there is also a possibility that there would be the same

[^13]isolation from the public housing agencies, who distribute the vouchers. ${ }^{123}$
Victims in rural areas continue to face increased negative circumstances when attempting to receive assistance against IPV. COVID-19 has further exacerbated the barriers that prevent victims from receiving the help they need and federal aid like ARPA is not sufficient to clear the fill the gap. To properly address circumstances specific to IPV victims in rural areas and additional factors related to COVID-19, funding directly to individuals is necessary.

## IV. CLOSING THE GAPS: UNRESTRICTED FUDNDING TO INDIVIDUALS

Requiring IPV victims to connect with programs in order to receive help hinders access to resources. Currently, the needs of IPV victims are responded to by VAWA, FVPSA, VOCA, and ARPA. ${ }^{124}$ Each Act provides funding to programs rather than to individuals. COVID-isolated victims in rural areas are disadvantaged by this setup.

Funding should be distributed to victims individually, rather than indirectly via government sources. Research has shown that funding is a significant problem in rural areas. ${ }^{125}$ Still, even more so, due to limited funding, government funding sources have classified lack of aid to IPV as not costeffective. ${ }^{126}$ Individualization would take the control out of the hands of the rural locality, allowing governments to use the small amount of funding they do have without the excuses put forth, and the victims could receive funding federally. Similarly, in the COVID-19 pandemic, ARPA funding was given to the programs and states for homelessness support and supportive services. Those funds must "primarily benefit" victims, but up to $15 \%$ of the grant could cover administrative costs. ${ }^{127}$ Allowing victims to receive funding individually would take out the need for the middleman in this scenario, allowing for that percentage to be allocated to victims.

Requiring victims to go through programs perpetuates the isolation

[^14]already present in rural areas and because of the pandemic. VAWA's program currently in place is not set up for the best aid of the victims. In an average six-month period between July 2015 and June 2017, 13,382 victims were served. ${ }^{128}$ Considering the highest rate of IPV among rural women, this number is likely lower than it could be at full effectiveness if the policy were to change. ${ }^{129}$ As the programs do need funding to function, it is understandable that they would use the budget to cover administrative tasks. However, $11 \%$ of the programs receiving funding did not use it for victim services. ${ }^{130}$ As the intention is to help individuals become and remain safe, there are millions of dollars being distributed where victims will not directly benefit. Reallocating that percentage would maintain those programs that are helping victims, as $99 \%$ of individuals requesting services from the providers receiving grants are receiving services, but also allow those who cannot access services to gain the same benefit. ${ }^{131}$

There are complications if the victim does not have a separate bank account or safe place for the money to be sent. However, it is worth the risk of the money ending up in the wrong hands to ensure that IPV victims can receive needed help. Despite the potential drawbacks, providing individualized funding could rectify two of the worst domestic violence prompting environments, rural areas and the COVID-19 pandemic.

## CONCLUSION

Both rural areas and the pandemic involve increased isolation-geographic and social-and lowered economic resources. Legislative changes to allow for individualized funding would create a more accessible way for victims experiencing rural and COVID-based isolation to receive better aid.

Although resources are already put in place through VAWA, FVPSA, VOCA, and ARPA, the resources are funneled through states, agencies, and programs, requiring access to these services to benefit from the services. The pandemic and geographic isolation of IPV victims in rural areas have created barriers to accessing these services. The current acts expressly prohibit the allotment of monetary entities directly to victims. Allowing individual

[^15]funding would provide more options for IPV victims than currently available.


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    ${ }^{31}$ Peek-Asa, et. al., supra note 19, at 1744.
    ${ }_{32}$ Riddell et al., supra note 30, at 144.
    ${ }^{33}$ See Peek-Asa, et. al.., supra note 19, at 1748 (explaining that abusive partners often limit connection to the outside world by limiting access to transportation and tracking movements); see also Riddell et al., supra note 30 , at 147 (providing details of instances of abusers cutting off access to resources like telephone use or other forms of contact).
    ${ }^{34}$ Peek-Asa, et al., supra note 19, at 1748; Riddell, et al., supra note 30, at 147.
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