Editorial

VIOLENCE AND VIOLENCE PREVENTION IN RURAL AMERICA

Molly Nolan, MSN-c, RN, SANE
Guest Columnist

Violence is an increasingly recognized public health problem in the United States (Johnson, 2000). In general, violent crime tends to be higher in urban than in rural areas (Duhart, 2000). Although usually attributed to a higher population, some of the conditions often associated with increased crime, such as poverty and unemployment, are often as high or higher in rural communities (Ruback & Menard, 2001). Problems faced by service providers and victims in rural areas have started to emerge. They include victim isolation from services, traveling long distances, lack of medical facilities, and dealing with rural law enforcement that is sometimes quite conservative, unsympathetic, and untrained with respect to domestic violence and sexual assaults (Lewis, 2004).

Few quantitative studies of rural domestic violence victims exist, but the significant problems of victims are likely enhanced by rural factors. These factors include: poverty, lack of public transportation systems, shortages of health care providers, under-insurance or lack of health insurance, and decreased access to many resources. These deficiencies make it difficult for victims of domestic abuse to escape the abusive relationship (Bushy, 1998). Isolation and cultural values can also contribute to the difficult task of ending an abusive relationship in rural areas. Rural women may feel as if there is no support for them, and they may have strong ties to the land, family, and community that would prevent them from reporting violent crimes (Fishwick, 1993).

According to the Networking office of the Council on Abused Women Services, in 2001 13% of all domestic violence victims in North Dakota lived in communities with a population of 1500 or less (DVCC, 2005), and sexual assaults in North Dakota rose 7% from 2003 to 2004. This is a significant statistic for health care implications in this state.

There are many myths regarding sexual assault. Many believe assailants are strangers. However, according to the North Dakota Council on Abused Women Services, only 12 % of sexual assaults reported in 2004 were committed by a strangers; the remainder were reported to be either a friend, acquaintance or date. In general, the closer the relationship between victim and assailant, the less likely the woman is to report the crime. This familiarity is extremely prevalent in rural communities, and many sexual assaults may go unreported (Ruback & Menard 2001). This is complicated by the fact that rural law enforcement is likely to be part of the social network; sexual assault victims may be especially concerned with a lack of confidentiality (Lewis, 2004).

Prevention

Prevention needs to begin at home and in the schools. It's never too soon to talk to a child about violence. Male children need to have strong role models that can offer guidance on how to achieve healthy, respectful relationships. Elementary education programs can highlight non violent behavior and encourage human respect. Children

need to be taught at an early age that violence has no place in a relationship (Family Violence Prevention Fund, 2005). Young people need to be able to recognize early warning signs for physical violence such as a partner's extreme jealousy, controlling behavior, verbal threats, and history of violent tendencies or abusing others, and verbal or emotional abuse (National Sexual Violence Resource Center, 2005). Sexual assaults quite frequently are alcohol related. Too often the victim's story is that their friends left them at a party because they passed out. The victim wakes up the next day with her undergarments missing and presence of evidence from sexual assault. There are tips to teach our youth about the use of alcohol and violence prevention: Do not leave beverages unattended, do not take alcohol from anyone other than the server/bartender, at social functions do not accept opened drinks, and be alert to the behavior of friends. If someone appears to be inebriated, they are in danger of being a victim (Abby, Zawacki, Buck, Clinton, & McAusian, 2001).

Underlying rural social mores often include an aversion to outside involvement. Rural individuals may tend to keep things away from public organizations and agencies and instead deal with any problem in a quiet, more private way. Health care providers in rural areas understand rural people's hesitancy to deal with organizations and have found that one solution is to build strong trusting relationships in the community over time. This allows health care providers to gain access to schools and community forums (Lewis, 2003). Rural health care providers can do many things to address violence in their communities, including:

- Educate themselves regarding violence in their communities;
- Know what services are available for victims and perpetrators of violence and their children;
- Coordinate community initiatives to strengthen safety networks for victims who experience violence;
- Increase public awareness programs by speaking at schools, community clubs and public forums regarding domestic violence and sexual assault;
- Support increased access to services for victims and perpetrators of intimate partner violence as well as for their children;
- Develop educational prevention programs that address how not to be a victim or an assailant.

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