# Services responding to domestic violence survivors' needs: A study of Pennsylvania providers' perspective

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**Abstract**: This research examined domestic violence services and programs provided in rural and urban Pennsylvania. The research looked at the needs and characteristics of both the agencies and their clients. From the standpoint of program leaders, it identified possible service gaps and evaluated program adequacy. In addition, Pennsylvania's challenges to successful domestic violence service delivery were examined. A structured questionnaire was used as a primary method of data collection and explored answers for research questions on the challenges and opportunities Domestic Violence agencies' leaderships experiences in providing services. The sampling frame included 60 service providers from Pennsylvania, of which 45 agencies serving the survivors of Domestic Violence participated. A University grant provided funding for this research, and the partnership with Pennsylvania Coalition Against Domestic Violence provided technical assistance and access to agencies. Interviews were done with the Agency leaders who agreed to participate, and it lasted for about 45 -60 minutes. The study found that there is a wide consensus among leaders that transportation and transitional housing services are inadequate in their program service areas while services like crisis hotline, general advocacy, and case management are exceptional. Over 50% of the agencies did not comment on the adequacies of the services such as Job Coaching, Immigrations services, Divorce/Custody representation, and Criminal Court representation. The results have several policy implications regarding federal and state government programs, specific considerations to fund transportation, transitional housing, and legal advocacy services.

**Keywords**: domestic violence; service providers; adequacy; services; barriers; accessibility.

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**Date of first (online) publication**:

## Introduction

According to the Center for Disease Control and Prevention, intimate partner violence (IPV) is a significant public health issue that affects millions of Americans (2019). IPV is a physical, sexual, or psychological injury caused by a current or past partner/spouse. It can happen between heterosexual or same-sex partners and not involve sexual intimacy (CDC, 2019). Domestic Violence (DV) is sometimes used interchangeably with IPV. However, it can be more extensive in scope to include a parent, child, sibling, or other families.

The National Coalition Against Domestic Violence defines DV as a systematic pattern of power and control shown by intimidation, physical assault, or other abusive behaviors (NCADV, 2019).

Domestic Violence is defined by the Pennsylvania Coalition Against Domestic Violence (2020) as knowingly, intentionally, or recklessly causing bodily injury of any kind: causing fear of bodily injury of any kind, assault (sexual or non-sexual), rape, sexually abusing children, or knowingly engaging in repetitive behavior toward a specific individual (i.e., stalking) that puts them in fear of bodily injury.

This research adheres to the definition mentioned earlier of Domestic Violence and the description of the domestic violence victim/survivor-perpetrator connection because it is broad and clarifies victim/survivor needs and services across various factors within the domestic violence framework.

Domestic Violence is an important social problem that affects the physical and mental health of individuals and negatively impacts the affected families and communities. It is alarming that in the United States, 1 in 4 women have experienced physical or sexual abuse and or stalking at some point in their lifetime, and over 43 million women have experienced psychological aggression (CDC, 2019).

This research identifies the available services and the perceived adequacy and gaps of services through the eyes of agency leadership in the state of Pennsylvania. According to PCADV (2020), 1 in 4 women experienced Domestic Violence in PA. The human service agencies in PA served approximately 2630 victims/survivors of domestic violence on a given day. Due to the lack of resources, the needs of the 252 people went unmet (2019). The state of PA cannot meet the needs of 21,168 people annually. This has a huge impact on the victims and their families and the agencies that are attempting to serve them.

There is a dearth of research in the area just mentioned; however, the limited research studies done in the past focused on the barriers experienced by clients. One study found that women from rural areas were more likely to face challenges in accessing health care, the criminal justice system, and human services infrastructure (Peek-Asa et al., 2011). Another study found that rural women were more likely to be isolated, economically deprived, and had limited access to the services (Logan et al., 2003). One of the unnerving findings of the previous study was that rural women were twice as likely to be denied the services as urban women due to lack

of resources available (Peek-Asa et al., 2011). When they are denied services in the rural areas, these women may sometimes seek services in urban areas; therefore, it is important to understand that the challenges rural agencies face touch urban agencies.

Studies have found that the rate of vulnerability to IPV among women is higher in rural areas due to differences in characteristics of the rural and urban populations. Rural victims were more likely to be Caucasian females who had childhood trauma experience and whose partners had alcohol/substance use issues (Lanier & Maume, 2009). One of the studies found that domestic violence prevention programs and services were higher in urban areas than their rural counterparts (Van Hightower & Gorton, 1998). This disparity is exhibited in the studies done utilizing the national-level data. For instance, the National Violence against Women Survey and the National Intimate and Sexual Violence Survey data lack geocoded or provincial information (Shuman et al., 2008). Cultural factors and the social environment are the main reasons that contribute to the difference in the experience of IPV among women in rural and urban areas (Van Hightower & Gorton, 2002). One of the biggest challenges the victims of domestic violence face in the rural areas is the lack of accessibility to healthcare due to very limited medical facilities in the rural United States (Peek-Asa et al., 2009). This has a huge impact on women's physical and mental health recovery who experienced domestic violence. The literature indicates that survivor of domestic Violence needs legal services; however, the accessibility to an affordable lawyer or legal aid was limited in rural areas (Peek-Asa et al., 2011; Iyengar & Sabik, 2009). Some studies also indicated that the courts and Law enforcement authorities in rural communities were less acquainted with domestic violence issues and could not provide appropriate responses (Lichtenstein & Johnson, 2009).

Survivors of domestic Violence incur several problems when finding services to help them with their housing, legal, employment, medical, and other needs. Some of these issues were rampant in the areas where the agencies providing services for domestic violence were remarkably scarce. Services like emergency housing. shelter ,legal advocacy is lacking in rural areas (Iyengar & Sabik, 2009). Studies in the past focused on collecting the data directly from clients of services. A paucity of research studies focuses on the service providers› perspective on the types of services offered. This study specifically focused on Pennsylvania and aimed to answer the following research questions:

1. What are the sociodemographic characteristics of the clientele population seeking services from the Domestic Violence Agencies in PA?
2. What kinds of domestic violence services and programs exist in Pennsylvania?
3. Are the services provided in Pennsylvania adequately meeting clients' needs affected by Domestic Violence?
4. What gaps in service and programs are identified by the agency's leadership?

## Literature review

### Domestic violence services

Increased research completed on the impact of location on DV and the need for cultural competence when working in the arena of DV indicate differences between the manifestations of DV in rural and urban settings.

Several unique characteristics have been noted in research about DV in a rural setting. Hayati, Eriksson, Hakimi, Hogber, & Emmelin (2013) note in their study that DV was perceived as a private and internal issue in which outsiders were not welcome to intervene. Hayate et al. found rural women of Indonesia often bore the responsibility for maintaining family harmony and faced disadvantages due to limited access to service. Lower education and socioeconomic constraints, and living in a culture that had some degree of acceptance of DV as a part of patriarchal gender norms. Ajah, Iyoke, Nkwo, Nwakoby, & Ezeonu (2014), found that the prevalence of DV was higher in rural Nigeria (37.2% versus 23.5%) and that rural women were more likely to excuse DV. In this study, urban women who experienced DV were more likely to report the abuse to authorities. In Australia, Ragusa (2017) found that rural women faced increased poverty, lack of informal support, limited formal support access, limited quality housing, and limited crisis counseling. As seen in the above international examples, these same rural challenges for DV victims are present in the United States.

In the United States, there are less than 1,500 domestic violence shelters (National Network to End Domestic Violence, 2012). The vast majority of survivors and their children are denied services due to limited space available and lack of resources. Since the original passage of the Family Violence Prevention and Services Act in 1984, followed by the Violence against Women Act (VAWA) in 1994, funding for shelters has increased considerably. At the same time, the demand for this service has exponentially increased too. This resulted in shelters financially struggling to keep their doors open.

Community based domestic violence programs are most likely to provide services like 24-hour access to crisis hotlines, support groups, counseling services, general advocacy, legal advocacy, childcare, healthcare, mental healthcare, transportation, transitional housing, community outreach, and education (Breiding, Black, & Ziembroski, 2009; Iyengar & Sabik, 2009; Peek-Asa, Wallis, Harland, Beyer, Dickey & Saftlas, 2011). Some of these services are more prevalent in urban areas than rural areas.

It is important to note that very few programs offer the array of services discussed above. However, survivors/victims of Domestic Violence faces barriers in accessing those limited services due to various reasons. Often, the survivors may have co-occurring issues such as substance use and mental health problems. In such instances, clients are confused about the accessibility and availability of the

services. One study finds that people in need of domestic violence services who also experience mental health issues are more likely to have a greater level of confusion about the availability of these services (Rosenheck & Lam, 1997), resulting in not seeking out help.

Rural women experienced barriers to access to emergency or transitional housing. Iyengar and Sabik (2009) found that a quarter of the programs that offered housing services for victims of domestic Violence only provided emergency housing in rural and urban areas. However, they highlighted this being especially prevalent in rural areas (2009). The National Network to End Domestic Violence (NNEDV) reported the findings from their one-day national snapshot study in 2018. Their results indicated that 65% of service requests by victims of domestic violence that went unfulfilled were for housing.

Additionally, of the services eliminated or scaled back in 2017 across the nation, 84 programs provided hotel and motel stay, fifty-four transitional housing services, and 26 were emergency shelter services (NNEDV, 2018). Further, in Pennsylvania, NNEDV counted that 852 people in shelters, and 426 were served in transitional or other types of housing, accounting for a total of 51.4% of the services sought out in that single day (2018). Across the board, evidence found that providing increased access to housing options decreases the rates of suicides and homicides deaths related to domestic violence cases.

The literature review provided recurring themes of an array of barriers to service accessibility for rural and urban domestic violence victims. There were psychosocial and structural barriers to accessing domestic violence services. Shared psychosocial barriers between rural and urban groups included stigma associated with seeking domestic violence services, fear of retaliation from the abuser, prior negative experiences with seeking or utilizing services, and social perceptions of domestic violence (Logan et al., 2004).

McCall-Hosenfeld et al. conducted a study with interns, and medical providers in rural areas of central Pennsylvania found that rural women's social perceptions of domestic violence led to their need to be self-reliant, thus dissuading them from seeking help (2014). Social isolation, fear of abuser retaliation, and lack of privacy emerged as contributing factors for not seeking services in rural areas (Breiding et al., 2009). The nature of tight-knit rural communities added to women's fear, and hence they were not comfortable disclosing the experience of violence to service providers. Also, women were apprehensive about seeking services as they were not confident that their experience would remain confidential with the service providers.

The majority of rural women felt that individuals should be tolerant and that family problem were private (Carrington et al., 2013; Owen & Carrington, 2014; Wendt, 2009). Several other studies also found that these cultural norms prevented women from seeking help and leaving abusive relationships. These values minimized the issue of abuse, and women, in turn, did not utilize domestic violence

services (Loddon Campaspe Community Legal Centre, 2015; Loxton, Hussain, & Schofield, 2003; Owen & Carrington, 2014; Wendt, 2009a, 2009b). Additionally, women who reported their experience of domestic and sought support from local service providers often experienced shame and stigma and were often excluded from the family and society (Loxton et al., 2003; Owen & Carrington, 2014; Ragusa, 2013; Wendt, 2009a). These factors act as a barrier to seeking services in rural areas, and the importance of maintaining family privacy and sustaining harmony acts as an 'informal social control that pressures women into hiding instances of DV' (Owen and Carrington, 2014, p. 6).

Victims of domestic violence in urban areas face multiple barriers in seeking and receiving services. Studies found that urban women reported denial of experience related to domestic violence as they had limited knowledge about the process of getting protective orders. Many women anticipated encountering problems with system bureaucracy when seeking out services. Other barriers included the women's perception of the lack of efficiency and gender-role stereotypes in the criminal justice system (Logan et al., 2004). Also, language was a huge barrier for not seeking help among some of the urban women whose first language was not English (Cunningham & West, 2007). Feelings of embarrassment or stigma associated with seeking services for domestic violence had been stated as a psychosocial barrier for urban women as well, stating that some felt the need to 'handle it on their own' (Logan et al., 2004, p. 47).

Barriers to access housing services were similar between urban and rural areas. Iyengar and Sabik caution that victims of domestic violence who utilized homeless shelters instead of specific domestic violence programs were at a higher likelihood of experiencing structural barriers: lack of transportation, availability of resources, cost of services and access to health insurance, lack of housing options, the fragmented nature of services, the nature of criminal justice services, and bureaucracy (Logan et al., 2004; Iyengar & Sabik, 2009). Structural barriers identified for rural and urban women include the availability of resources like transportation, access to health insurance, and inadequacy of housing options (Breiding et al., 2009; Eastmen & Bunch, 2007; Logan et al., 2004; McCall-Hosenfeld et al., 2014). Breiding et al., through a study conducted with the 2005 Behavioral Risk Factor Surveillance System (BRFSS) analyzing 65,737 people across sixteen states, identified two key barriers to accessing domestic violence services: the lack of a 'preventive health infrastructure' and the fact that women have 'fewer resources available' (2009). Inadequate staffing of domestic violence programs and services was a barrier to service accessibility for women (Peek-Asa et al., 2011) in rural and urban areas, more so in rural places. In urban areas, availability and adequacy of resources were barriers (Eastman & Brunch, 2007; Logan et al., 2004). Transportation, accessibility, availability of housing services, and lack of victim-specific services such as advocacy and counseling were barriers for women (Iyengar & Sabik, 2009).

Often, women did not seek help due to certain barriers and obstacles. These

obstructions tend to make people believe that getting help might not be the best option (Hamby, 2014); hence they choose not to seek help. However, some of the theories developed by the domestic violence researchers emphasize that kind of help the survivors of Domestic Violence would seek is more complex. They have a better insight into their situations (Davies & Lyon, 2014). The majority of the women did not want to be called battered women as it connotes a negatively constructed social image where one is viewed as intimidated and helpless. Davies and Lyon's (2014) theory suggests that there are four areas women assess when deciding to seek help and support for their experience with IPV: (a) the violence, (b) their children, (c) their partner, and (d) available resources. This model allows us to examine key areas that might affect the respondents seeking help. All the barriers discussed helps in understanding the importance of women's cultural values. Moreover, how their location in terms of rural and urban contribute to their decision to seek out help based on their assessment of the experience with violence, their children's well-being, their partner, and available resources.

Researchers (Averill et al., 2007; DeKeseredy & Schwartz, 2006, 2009; Gallup-Black, 2005; Logan, Cole, Shannon, & Walker, 2007; Logan, Shannon, & Walker, 2005; Logan, Walker, Cole, Ratliff,& Leukefeld, 2003; Olimb, Brownlee, & Tranter, 2002; Pruitt, 2008) have identified poverty, lack of community resources, substance abuse issues, geographic and social isolation, patriarchal societal values, privacy norms, religiosity, women's lack of autonomy, and distrust in social agencies/government/law enforcement, as important risk factors for IPV both in rural and urban areas. However, in rural communities' high levels of collective patriarchal values and norms may contribute to encouraging the women to ignore the experience of IPV, which contributes to fostering a higher and more severe level of IPV. Women may find it difficult to seek out help if the perpetrator holds high levels of social status in a close-knit rural community (DeKe-seredy and Schwartz, 2009). A research study conducted in Iowa with 1,478 women to assess the prevalence of intimate partner violence (IPV) found that rural women (22.5%) and women who lived in isolated areas (17.9%) reported the higher experience of IPV than urban women (15.5%) counterpart. The study also found that women who live in rural areas endure more frequent and severe abuse and are twice as likely to be turned away from services due to lack of staffing of community health programs (Peek-Asa et al., 2011).

## Methodology

The present study used a non-probability purposive sampling procedure. The use of purposive sampling methods enabled the researchers to access the specific targeted population of those agencies serving the victims of domestic violence in

Pennsylvania (PA). The participants in this research were leadership positions (directors and other managers) of the Domestic Violence agencies across PA. The inclusion criteria required the participants to be a leader of the Pennsylvania Coalition against Domestic Violence (PCADV) affiliated agency. PCADV is an organization that provides support to the victims of Domestic Violence and their Children through its partnership with 60 community-based Programs and state offices. The partnership with PCADV provided technical assistance and access to agencies leadership.

Data were collected from 45 agencies across PA serving the survivors of Domestic Violence. The sampling frame includes 60 service providers from Pennsylvania. A structured questionnaire with established face and content validity was administered. Content and face validity was established by a pilot study eliciting feedback on the questionnaire by a panel of experts from the PCADV group. The feedback provided was incorporated before the administration of the questionnaire.

The questionnaire consisted of seventeen questions in total. Demographic questions were used to collect the number of clients served, their age, ethnicity, income, gender, level of education, employment status, and marital status. Question with regards to the types of services provided was asked. Participants were asked to rate the adequacy of Crisis Hotline, Educational and Outreach programs, Housing/ Shelter Services, Employment Support, Legal Services, Transportation, Counselling, Health and Wellness and other services like Childcare, Case Management, and Mindfulness. They were asked to identify the gaps in the services mentioned above. The questionnaire also collected information on the types of community resources utilized by the agencies to refer their clients for the services they were unable to provide.

The recruitment effort was discussed in detail with the PCADV and the agency's leadership during the PCADV conference held in October 2017. The researchers informed potential participants about the study through the flyers distributed during a PCADV statewide conference. Aided by a research assistant, the researchers contacted all of the 60 agencies in the network for interviews. Prior to this research, the researchers completed the IRB process as required by the University before conducting any research. The interview lasted for about 45 -60 minutes. Participation in the research was completely voluntary, and if any participants felt uncomfortable answering the questions in the survey, they could opt out of the study without any consequences. They were made aware that if they decide not to participate in the research study, their relationship with PCADV will not be affected. After the detailed explanation of the research, participants were asked to read and sign the consent form. Researchers were available to answer any questions with regards to the research study. The completed interview response in the form of a survey was collected and placed in the box kept in the double-locked door of the researcher's office. Confidentiality was ensured. Participants were

informed of the steps taken to ensure confidentiality. The researcher replaced each participating agencies' name with a random number. The researcher maintained a confidential list of the names of the participants with the assigned random number. This list was kept in a locked file cabinet only accessible to the researchers.

The goals of this study are to provide demographic information about the clientele populations seeking services from Domestic Violence agencies in PA: compile data on the types of services provided by agencies in PA; assess the adequacy of the services provided and identify the gaps in services from agency's leadership's perspective.

## Results

The data was analyzed by using various statistical processes. First, the preliminary analysis was done to obtain descriptive statistics of the data. The descriptive analysis included frequencies, percentages, means, and standard deviation of the demographic and the major variables. Bivariate analysis helped to contrast results related to rural and urban agencies in PA.

Characteristics of the agencies in Pennsylvania

As indicated in Table 1, there were 45 participating agencies out of 60 possible, a participation rate of 75 %. Of these agencies, 27, or 60%, were defined as rural and 18, or 40%, were Urban. 26, or 58 %, were classified as small (serving less than 1200 people /yr.), and 19, or 42 %, were classified as large (serving over 1201 people/yr.).

Table 1
Agency by size and location N=45

| Type of Agency | Small | | Large | | Total by Size | |
|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) |
| Rural | 20 | (77) | 7 | (37) | 27 | (60) |
| Urban | 6 | (23) | 12 | (63) | 18 | (40) |
| Total by location | 26 | (58) | 19 | (42) | 45 | (100) |

### Sociodemographic characteristic

Table 2 helps answer the research question on sociodemographic characteristics of the clientele population. Forty-five agencies reporting client numbers indicated that they served approximately 70,000 individuals (This may include multiple service incidents). Of those served, 88% were women, 11% were men, and the rest were non-conforming or transgender. Most clients (55%) were in the group of 20 to

40 years old, 28% between the ages of 41 to 60, while about 13 % were less than 20 years old, and about 6 % were 61 and above. Forty-one percent of the clients served had an annual income of less than $20,000, while very few (2.6%) had an income over sixty thousand dollars. Fifty percent of the people served were white, twenty-four percent as black, seven percent identified as Latino(X), and six percent of various other groups. About eleven percent of the clientele population's ethnicity was unknown.

Table 2
Sociodemographic Characteristics of the Clients Served

| Variables | n | % |
|---|---|---|
| Gender | | |
| Women | 60934 | 88 |
| Men | 7788 | 11 |
| Non-Confirming Gender | 500 | 1 |
| Income | 69222* | |
| Less than $20,000 | 28460 | 41 |
| $20,000- $ 40,000 | 9337 | 13 |
| $40,000- $ 60,000 | 2830 | 4 |
| $60,000 and above | 1575 | 2.5 |
| Age | | |
| Less than 20years | 9254 | 13 |
| 21- 40 years | 38201 | 55 |
| 41- 60 years | 19373 | 28 |
| 61 and above | 4520 | 6 |
| Ethnicity | | |
| White | 34843 | 50 |
| Black | 16613 | 24 |
| Latin (X) | 4977 | 7 |
| Others | 4054 | 6 |
| Unknown | 7527 | 11 |

* Average salary

## Services offered

This result helps to answer the research question related to the kind of domestic violence services and programs provided in Pennsylvania. Agencies offer a variety of services to their client. Almost universally, participating rural and urban agencies

offered the services like shelter/safe house (91%), crisis hotline (100%); general (100%), legal (95.6%), and youth advocacy (93.3%); community outreach and education (100%), transportation support (88.9%), supportive counseling (100%), and case management (93.3).

With various degrees of frequency, both rural and urban agencies provided other services such as diversity education (60%), parenting skills training (62.2), job coaching (40%), in-shelter financial aid (62.2%), food pantry (64.4%), peer support groups (82.2%), psychoeducational groups (64.4%), and child care (51.1%).

Less frequently, they provided job skills and vocational training (33.3%), immigration services (31.1%), criminal court representation (22.2%), onsite mental health support (33.1%), medical clinic (4.4%), and psychiatric services (2.2%). Very few rural agencies were able to provide these services; for instance, immigration services were provided by only 18% of the rural agencies as opposed to 50% of their urban counterpart. Similarly, only 22% of the rural agencies provided onsite mental health support as opposed to 45% of the urban organizations. It is important to note that none of the rural agencies provided medical and psychiatric services.

## Adequacy of services

The results in this section help to answer the research question-related adequacy of service provided. The majority of both the rural and urban agencies indicated that adequate services were provided in the area of Crisis hotline (98%), Supportive counseling (93%), Psychoeducational groups (93%), General legal and youth advocacy (89%), Case management (85.2%), Shelter/safe house, (76%) Peer Support (72%), and Food pantry (64%). Cross-tabulation was done to assess the difference in the adequacies of the services provided in the rural and urban areas. The results indicated that 45 programs provided crisis hotline services. Of those, 27 (60%) were rural and 18 (40%) urban. Overwhelmingly, the agencies reported crisis hotline services as adequate. Overall, 98 % of the agencies reported the crisis hotline as adequate and exceptional. Results further indicated that urban agencies reported providing exceptional services a little more heavily than their rural counterparts (61.1% vs. 56.6%). However, a chi-square test of independence was performed to examine the crisis hotline service provided in rural and urban Pennsylvania. The relation between these variables was not significant, $X^2$ (2, $N$ = 45) = .73, $p$ = .69.

Similarly, all rural and urban agencies provided legal services. Ninety-two percent of the rural and urban agencies reported providing adequate and exceptional legal services. However, the rating for exceptional services was higher for urban (50%) than rural (33%). Youth Advocacy was provided by 43 agencies overall. Of which 26 (58%) were rural, 17 (38%) were urban, and 1 (4%) of the rural agency reported that

they do not have the information on the adequacy of the youth advocacy service. Adequacy rating for the youth advocacy was higher among the rural agencies (62%) than urban (41%).

Only 60% of the agencies provided Diversity education training. 20 (74%) were rural, and 7 (26%) were urban. Results indicated that 35% of the rural agencies reported the service as inadequate as opposed to 0% of the urban. Similarly, of the 60% of the agency that provided community education and outreach service, 15% of the rural as opposed to 50% of the urban reported the service provided as inadequate.

Parenting skill training was provided by only 62% of the agencies. 19 (68%) were rural, and 9 (32%) were urban. More urban (44%) agencies reported this service as inadequate than rural (21%). The majority, 41 (99.1%) of the agencies, provided the shelter safe house services. Of those, 26 (63%) were rural, and 15 (37%) were urban. Over 80% of the rural and 60% of the urban agencies reported the services as adequate. Twenty-Four hours of access to a confidential, safe house were provided by 42 (93%) of the agencies. This service was rated as adequate by over 80% of rural and urban agencies. Transitional housing was provided by only 24 (42%) of the agencies. 14 (58%) were rural, and 10 (42%) were urban. This service was rated as inadequate by 50% of the rural and 40 % urban agencies. Housing advocacy was provided by 41(91%) of the agencies. 24 (58%) were rural, and 17(42%) were urban. Over 70% of rural and urban agencies rated the service as adequate and exceptional. However, the chi-square results for both Transitional Housing and Housing Advocacy were not significant in terms of the difference between the rural and urban agencies.

Job coaching was provided by 18 (40%) of the agencies. Of those, 10 (57%) were rural, and 8 (43%) were urban. Over 70 % of rural and urban agencies rate the service as adequate. It is important to note that none of the urban agencies rated this service as exceptional.

Transportation to appointments was provided by 26 (96%) of the rural agencies and 14 (78%) of the urban agencies. This service was rated inadequate by 30% of the rural agencies and 36% of the urban agencies. In terms of the adequacies of the agency's funds for transportation, 8 (30%) of the rural and 2 (6%) of the urban agencies rated the service, of that 50% of both rural and urban agencies reported this service as inadequate. It is important to note that 35 (78%) of the participating agencies did not provide information regarding this service. This indicates that they may not have adequate funding to offer proper transportations services to their clients.

Only one rural and three urban agencies provided substance misuse services. This service was rated as inadequate by the rural agency and adequate by three urban agencies. It is important to note that 91% of rural and urban agencies did not provide this service. Childcare services were provided by 10 (37%) rural and 9 (45%) urban agencies. This service was rated as inadequate by 40 % rural and 50% urban agencies who provided the service.

Finally, this section helps to answer the research question related to the gaps in service and programs identified by the agency's leadership. The results indicate the gaps in services for transitional housing, job coaching, financial counseling and empowerment training, in-shelter financial aid, legal representation for PFA, immigration services, divorce/custody (family court service), criminal court representation, and transportation.

Table 3 presents the results of regression analysis performed to assess the adequacy of services provided in rural and urban Pennsylvania. The concentration indexes based on the different types of services provided in PA was created for four categories, Education and Outreach; Housing/ Shelter; Transportation and Health/ Wellness. The concentration index measured the number of services provided in Education and Outreach; Housing/ Shelter; Transportation and Health/Wellness by a given agency as a proportion of total number of services provided under each concentration. The concentration variable was labelled as Education Conc Index, Shelter Conc Index, Transportation Conc Index, and Health/Wellness Conc Index.

The adequacy on the rating of the different types of services provided in rural and urban Pa was examined by controlling for concentration of the services provided. The results indicated that location of the agency (rural or urban) did not significantly predict the difference in the services such as Education/Outreach; Housing/Shelter and Transportation. However, the results indicates that the location of the agency significantly predicted the difference in Health and Wellness services provided in rural and urban Pa (ß -.16, p<.10).

Table 3
Regression of Adequacy of Services on Rural and Urban Agencies

| *Category* and Variables | r | eta | ß | std error | p |
|---|---|---|---|---|---|
| *Education and Outreach* | | | | | |
| Education Conc index | .73 | .32 | .75 | .08 | .00** |
| Rural (1) and Urban (2) | .73 | .34 | .08 | .14 | .47 |
| *Housing/Shelter* | | | | | |
| Shelter Conc Index | .63 | .10 | -.66 | .07 | .00** |
| Rural (1) and Urban (2) | .63 | .34 | -.11 | .14 | .36 |
| *Transportation* | | | | | |
| Transportation Conc Index | .59 | .04 | -.59 | .24 | .00** |
| Rural (1) and Urban (2) | .59 | .04 | -.02 | .19 | .86 |
| *Health/Wellness* | | | | | |
| Heath/Wellness Conc Index | .81 | .25 | -.75 | .03 | .00** |
| Rural (1) and Urban (2) | .81 | .40 | -.16 | .09 | .07* |

Note. ***p < .01; **p < .05; *p < .10

## Discussion

The overall purpose of the current study was to examine the types of service provided and the organization's leadership's perspective on its adequacies. Both rural and urban agencies participated in the study. The survey results from the current study indicated that rural agencies faced many challenges in providing services to their clients. Consistent with the finding from other studies (DeKeseredy & Schwartz, 2006, 2009; Gallup-Black, 2005; Logan, Cole, Shannon, & Walker, 2007; Pruitt, 2008), the gaps in services were identified in the area of transportation, childcare, transitional housing, and immigration services.

Also, the majority of the agencies did not provide substances use services, which could result in severe physical and mental health consequences for the survivors of IPV. It is important, especially in the rural areas, to increase awareness of and access to Domestic violence services. Funding needs to be channeled to improving transportation services to help decrease social and geographic isolation. Although the survey instrument did not identify the precise number of personnel involved in each agency, some of the participating leaders from rural areas reported that their agency operated on a staff of less than a couple of individuals. That limits the type and extent of services they can provide. Increasing the resources and funding for IPV intervention and prevention efforts in these areas would contribute towards hiring well-trained staff bilingual interpreters and, in turn, be able to provide more advocacy, legal, childcare, and other pertinent services.

The respondents from the urban agencies reported that there are gaps in services like transitional housing, mental health, immigration, and childcare support. The lack of access to these services may act as a barrier for women in urban areas to seek out help from domestic violence agencies. These findings are consistent with the previous research indicating that there is a lack of the above-mentioned services in both rural and urban areas (Eastman & Brunch, 2007; Logan et al., 2004; McCall-Hosenfeld et al., 2014); however, participants of the previous studies were client/consumers of services and not agency leaders. There is a need for the aforementioned services in both rural and urban areas, however the level of significance in terms of difference in services provided at rural and urban can be addressed by getting the data from the larger sample. Hence, the second phase of this research project will address that by collecting the data from the clients.

## Conclusion and implications

The gaps in services identified by this research study provide a framework for understanding the leaderships' perspective on service accessibility and availability for survivors of domestic Violence in PA. This framework will serve as a foundation

to build future research on the adequacy of Domestic Violence Services. This study will add to the existing knowledge and seek to guide practitioners in adopting best practices. Given the evidence from the results of the current study, advocates must direct their attention to policy changes in the areas of improving access via transportation services, mental health, substance use, and child care. Rural areas need to be provided with additional funding to establish satellite offices. Service providers should explore various alternatives to encourage the victims of domestic violence to seek help. It is imperative to increase awareness of domestic violence in rural and urban areas through public education and by engaging the community members and leaders in the preventive effort. Addressing IPV is a complex and multifaceted process that requires a coordinated collaboration between advocates and service providers and various stakeholders such as law enforcement, legal advocates, and religious leaders.

The findings from this study will have implications for future policies related to Domestic Violence. This effort will continue to help professionals in this field to act as change agents by advocating to shift social norms against Domestic Violence. The PCADV is guided by federal policies, which include The Violence Against Women Act (VAWA), The Victims of Crime Act (VOCA), and The Family Violence Prevention & Services Act (FVPSA). These policies provide funds to PA domestic violence agencies programs and services. These Acts also determine how domestic violence is prosecuted in PA (PCADV, 2020). Federal policymakers are currently debating the 2019 VAWA reauthorization, setting the program's priorities for the next five years (Hunter, 2019). There are major additions and changes that should be implemented in the next VAWA reauthorization. There are current issues within the reauthorization of VAWA that congress must first address to effectively provide services such as transportation, transitional housing, childcare, substance use service, and other legal services to survivors. Congress needs to increase funding to ensure that sufficient, culturally competent services are available to help victims and survivors in rural and urban communities.

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