

Roadblocks to Reporting: Examining Barriers that Deter Domestic Violence Victim-Survivors from Reporting to Law Enforcement in Rural Communities of Pennsylvania

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Abstract: Domestic violence, including intimate partner violence (DV/IPV), is a pervasive issue within the Commonwealth of Pennsylvania. As this crime commonly goes unreported, this study seeks to understand the lack of reporting from the perspective of victim-survivors. Through one-on-one interviews, coupled with a supplemental survey, this study examines the barriers that victim-survivors may face when it comes to reporting DV/IPV victimization to law enforcement. Further, this study examines how barriers may differ among rural and urban Pennsylvanians, and how this may impact their ability to access services or resources from local victim service agencies. Policy considerations stemming from the findings are reviewed.

Key words: domestic violence, intimate partner violence, law enforcement, rural

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Executive Summary

Domestic violence, including intimate partner violence (DV/IPV), is a pervasive issue in the nation; within Pennsylvania, 37% of women and 30% of men report having experienced physical violence, sexual violence, and/or stalking by an intimate partner within their lifetime (PCADV, 2020). Even more alarming is the overwhelming lack of reporting that is associated with this crime. Estimates indicate that almost half of victim-survivors fail to report the crime; as a result, there may be inadequate resources dedicated to this policy area and gaps in services available.

The present report expands upon existing research efforts conducted through the Center for Rural Pennsylvania that focus on domestic violence. This report examines the barriers that prevent or dissuade victim-survivors of DV/IPV from reporting their victimization to law enforcement and the differences among rural and urban Pennsylvanians' reporting. Further, this report examines the experiences that victim-survivors have with law enforcement when they do choose to report their DV/IPV victimization and the outcomes that may result from these experiences, such as barriers to accessing victim services.

Goals and Methods

The goals of the study are to examine the characteristics of domestic victim-survivors, understand the types of domestic violence they face, identify any gaps in victim services, and identify barriers to reporting domestic violence. In addition, the research explores possible differences between rural and urban victim-survivor experiences.

Results are informed by primary data from both surveys and interviews of victim-survivors across the Commonwealth. Participants were recruited with the assistance of victim service organizations and other organizations, such as the Pennsylvania Coalition Against Domestic Violence. Extensive screening processes were used to ensure participant eligibility. The interviews include detailed questions about the survivors' experiences reporting (or not reporting) instances of DV/IPV to the police, disclosing their experiences to and asking for help from family, friends, and other members of their support system, and seeking and receiving services from formal institutions, and their overall experiences.

Key Findings

- Roughly 65% of interview participants and 53% of survey participants reported domestic violence/intimate partner violence victimization (DV/IPV) to law enforcement.
- Urban victim-survivors reported to police more often than rural victim-survivors and were more than twice as likely to contact 911.
- Victim-survivors who experienced physical abuse reported to law enforcement more often than those who experienced other types of abuse, such as verbal or emotional abuse. On closer examination, this is not as likely with rural victim-survivors. For instance, 73% of urban-victim survivors who experienced

- physical violence indicated that they reported IPV to law enforcement, compared to only 50% of rural victim-survivors who experienced violence.
- Generally, survey data show those who reported to victim service organizations (VSO) also reported to police; a smaller number reported only to a VSO.
 - In terms of informal reporting, reporting to friends or family was the most common behavior for victim-survivors, both urban and rural.
 - Interviews revealed that one form of physical abuse, choking, was reported almost exclusively by rural interviewees. Stalking behaviors, including technological monitoring and harassment, were reported at higher rates (77%) by rural participants than their urban counterparts.
 - Surveyed rural victim-survivors were more likely than urban victim-survivors to report that they refrained from reporting IPV to police because they were embarrassed or ashamed, and it was the most frequently mentioned barrier to formal reporting. Furthermore, half of rural respondents who reported to police indicated that they were afraid that law enforcement would tell people in their community about their experience, compared to 29% of their urban counterparts.
 - For urban survey respondents, the most common barrier to formal reporting was fear of retaliation from the abusive partner.
 - Victim-survivors generally reported negative experiences when reporting to law enforcement.
 - Of those who reported to police, fewer than half reported that police shared information about any kind of victim services or resources.
 - More than half of the interview respondents were completely unaware of the organizations and services available to them prior to experience with DV/IPV. The majority of these victim-survivors resided in rural areas of the Commonwealth.
 - Unsurprisingly, the vast majority of victim-survivors who reported to a VSO also received services from that organization. This suggests that not reporting to a VSO is a barrier in and of itself.
 - Counseling and legal services were the most commonly received services for all victim-survivors. Interestingly, housing services were utilized much more frequently by rural recipients than urban.
 - Victim-survivors report barriers to seeking services. In urban areas, fear for personal or family safety was the most frequently reported concern, followed by fear of getting their partner in trouble, and not having enough money. In rural areas, not having enough money was mentioned most often, along with fear of getting their partner in trouble, and not wanting anyone to know.
 - The majority of victim-survivors who received services through victim service organizations reported positive experiences.
 - Victim-survivors most often reported accessing services for counseling, legal aid, and emergency services, such as emergency shelter, clothing, or food assistance.

- Based on the survey, just over half of all victim-survivors surveyed reported that they contacted police about their experiences with IPV, with respondents in urban areas (65%) reporting their experiences of IPV to police at higher rates than rural respondents (38%).

Policy Considerations

- Trauma-informed training for law enforcement across the Commonwealth.
- Additional collaboration between policy, healthcare providers, and legal aid organizations in providing victim/survivor support and services.
- Adoption of a lethality assessment program by all police departments, which leads to certain protocols for emergency safety and services based on an evaluation of the level of threat to a victim's life.
- Increasing public awareness, funding, and resources for victim service organizations and the specific support they can provide.
- Additional public education on the signs or symptoms of an abusive relationship.
- Legislation creating a distinct legal recognition of domestic violence as a unique crime, distinct from other criminal offenses.

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Introduction

Domestic violence¹ (DV) is a pervasive issue across the nation, with as many as 25% of women and 10% of men indicating that they have experienced some type of domestic violence within their lifetime (CDC, 2021). Within Pennsylvania, 37% of women and 30% of men report having experienced physical violence, sexual violence, and/or stalking by an intimate partner within their lifetime (PCADV, 2020). Even more alarming is the overwhelming lack of reporting that is associated with this crime. For example, in 2019, the National Crime Victimization Survey found that only 52% of DV victim-survivors reported the crime to police, indicating a decline in reporting of about 15% since 2010. Furthermore, the most recently available *Criminal Victimization* report from the U.S. Department of Justice (2023) indicated that the rates of reporting to police and the rates of not reporting to police regarding domestic violence are almost equivalent. In other words, for every 2.6 individuals who are reporting instances of domestic violence, 2.2 individuals are not reporting their experiences with domestic violence (USDOJ, 2023). This lack of reporting is particularly concerning as it can impact policies and funding that are directed toward victim services, resulting in gaps in services and barriers to accessing the services that exist.

In a national study recently conducted by the National Domestic Violence Hotline (2022), researchers examined some of the reasons that victim-survivors provided for not contacting the police to report instances of domestic violence and intimate partner violence (DV/IPV). Victim-survivors who had never contacted the police indicated that some reasons for not involving law enforcement included wanting to keep their violence private, being fearful of their abuser, and being unsure whether what had happened to them constituted a crime (Goodmark & Cook, 2022). Furthermore, victim-survivors indicated that concern regarding police reaction also prevented them from contacting law enforcement. Victim-survivors indicated fear of the police blaming or not believing them, and fear of the police doing nothing, as their two primary concerns about how the police would react. Among victim-survivors who did call the police, 40% felt that calling the police made no difference and 39% felt less safe after calling the police (Goodmark & Cook, 2022). Finally, among victim-survivors who did call the police, almost one-quarter reported that they would not call the police to help them with instances of DV/IPV in the future.

While it is clear that many instances of domestic violence are going unreported, the crime itself is not going unnoticed by law enforcement, specifically in rural areas of Pennsylvania. Prior research conducted through the Center for Rural Pennsylvania indicates that police chiefs in small and rural municipalities in Pennsylvania consider domestic violence to be one of the top three crime concerns within their communities

¹ Domestic violence encompasses violence occurring within familial settings, extending beyond just spouses or partners to include relationships with siblings, parents, aunts, uncles, cousins, and others. Intimate partner violence, on the other hand, specifically denotes violence within romantic or dating relationships. The term "intimate partner violence" is relatively recent, however, many still equate "domestic violence" with violence between intimate or dating partners (PCADV, 2024). Thus, this report opts to interchange both phrases when addressing relationship violence due to the nuanced nature of the issue.

(Gibbs, 2021). While official estimates of the non-reporting of domestic violence within rural areas of Pennsylvania are scant, it is likely that these communities may underreport domestic violence more often than urban communities.

Rural communities may be particularly prone to underreporting DV victimization for a variety of reasons. For instance, rural communities tend to keep more traditional gender power relationships in place, and they have a distinct “smallness” that may increase the offenders’ surveillance of their victim, in turn leaving the victim-survivor feeling entrapped and powerless (Little, 2017). Similarly, existing literature notes that, of the scant research conducted regarding DV in rural areas, victim-survivors who have experienced DV typically report facing barriers to accessing the criminal justice system, the healthcare system, and human services organizations (Peek-Asa et al., 2011). Furthermore, victim-survivors who identify as part of underrepresented and minority groups, such as the LGBTQ+ community, often have distrust toward law enforcement officials, as police often perceive their violence as less legitimate and/or serious, which can likely impact their decision to report victimization and/or seek help (Miles-Johnson, 2020; Russell & Torres, 2020). The purpose of this study is to examine rates of reporting DV/IPV to law enforcement among victim-survivors within the Commonwealth, specifically examining how these rates may differ between rural and urban areas.

The present report expands upon existing research efforts conducted through the Center for Rural Pennsylvania that focus on domestic violence. This report examines the barriers that prevent or dissuade victim-survivors of DV/IPV from reporting their victimization to law enforcement, and the differences among rural and urban Pennsylvanians’ reporting. Further, this report examines the experiences that victim-survivors have with law enforcement when they do choose to report their DV/IPV victimization and the outcomes that may result from these experiences, such as barriers to accessing victim services. This report attempts to elevate the voices of victim-survivors in the Commonwealth, particularly for those in underrepresented and marginalized groups, such as women of color, people with disabilities, LGBTQ+ members, and those living in rural Pennsylvania. Finally, this report examines the gaps in services for DV/IPV victim-survivors that may exist between rural and urban Pennsylvanian communities.

Goals and Objectives

The purpose of this project was to provide policymakers and stakeholders, such as victim-service organizations and law enforcement officials, with further understanding of the barriers that may deter domestic violence victim-survivors from reporting their victimization. As such, this project was designed to examine the prevalence, reasonings, and socio-demographic correlations of domestic violence victim-survivors as they relate to reporting their victimization to law enforcement officials. To accomplish this, this project had three major goals with multiple objectives for each goal.

Goal 1:

Create a victim-centered profile of gaps in victim services and barriers to reporting within Pennsylvania.

- Objective 1.1: Identify characteristics of domestic violence victim-survivors and rates of reporting.
- Objective 1.2: Establish gaps that exist within victim services from the perspective of the victim-survivor.
- Objective 1.3 Establish barriers to reporting that exist from the perspective of the victim-survivor.

Goal 2:

Compare and contrast rural and urban barriers to reporting.

- Objective 2.1 Identify barriers to reporting according to urban victim-survivors.
- Objective 2.2: Identify barriers to reporting according to rural victim-survivors.
- Objective 2.3: Compare and contrast urban with rural barriers to reporting and victim characteristics.

Goal 3:

Provide recommendations as to how state and local policymakers, as well as additional stakeholders, can use the information obtained through this study to better serve underrepresented and marginalized groups, including residents of rural communities.

- Objective 3.1: Compare the gaps in services that are reported by victim-survivors with existing data reports that emphasize the concerns of stakeholders and incorporate victim-survivors perceived barriers to reporting victimization.

Methodology

Results of this study are informed by two types of primary data. First, victim-survivors across the Commonwealth were invited to participate in a one-on-one in-depth interview. Second, victim-survivors were invited to participate in an online survey.

Institutional Review Board

The study protocol, survey instrument, interview guide, and recruitment materials were submitted to Penn State University's Office for Research Protections and were subsequently approved as exempt research under study number 20867 by the Pennsylvania State University Office for Research Protections. This study was also approved for a Certificate of Confidentiality through the National Institute of Health (see Appendix A).

Interview Instrument Development

To gain an in-depth understanding of the experiences of victim-survivors of DV/IPV in Pennsylvania, the Penn State team, in conjunction with the principal investigator (PI), Emily Strohacker, Ph.D., developed a semi-structured interview protocol that was used as a guide for each individual interview. The semi-structured nature of the interview guide allows for the interviewer to probe for detail and ask follow-up questions as they are

relevant to each conversation. The interview guide asked detailed questions about the survivors' experiences reporting (or not reporting) instances of DV/IPV to the police, disclosing their experiences to and asking for help from family, friends, and other members of their support system, and seeking and receiving services from formal institutions, and their overall experiences.

Survey Instrument Development

In efforts to supplement the interview information and allow for a larger understanding of the experiences of victim-survivors of DV/IPV, the Penn State team developed a web survey to explore those experiences. The survey asked respondents questions that would capture information about their experiences reporting (or not reporting) instances of DV to the police, disclosing their experiences to and asking for help from family, friends, and other members of their support system, and seeking and receiving services from formal institutions. The survey also collected basic demographic information, including the location of the participant.

Respondent Recruitment

In an effort to reach victim-survivors throughout the Commonwealth, initial recruitment efforts began by directly contacting victim service organizations (VSOs). To comprise a thorough list of VSOs, the research team first began by navigating to the Pennsylvania Office of Victim Advocate (OVA) website. A spreadsheet comprised of county-level VSO contact information and links was compiled by the research team. While an extensive list of information was collected, researchers noted a particular dearth of publicly available information regarding contact information for VSOs (see Appendix D). In an attempt to not overlook any VSOs that may not have been listed on the OVA's website, or contact information that may not have been provided, a Google search was completed for each Pennsylvania county combined with the terms "victim services"; "domestic violence resources"; and "intimate partner violence resources". In total, a list of 176 VSOs was compiled.

Members of the research team developed flyers, for both survey and interview recruitment, with a short link and a QR code that could be distributed electronically or printed and distributed as hard copies. An initial email blast was sent out to VSOs on April 17, 2023, with information about the principal investigator (PI) and the scope of the study, with the project overview, survey recruitment flyer, and interview recruitment flyer attached. Follow-up email reminders were sent out in June, August, and October of 2023, and February of 2024. Additionally, the PI individually corresponded and met with any organization's board of directors who had follow-up questions regarding the study.

In addition to the invitations and reminders sent by the research team, several alternative follow-up methods were implemented to increase participation. The Pennsylvania Coalition Against Domestic Violence (PCADV) distributed the study information and recruitment materials through various avenues, such as their general newsletter, prevention newsletter, social media outlets, and among staff, in May, June, and August of 2023, and February of 2024. The research team also pursued contact with

other alternative agencies that may also have access to vulnerable populations, such as DV/IPV victim-survivors, like the Area Agencies on Aging, Pennsylvania libraries, addiction recovery centers, and municipal buildings or offices specifically located in rural areas. Phone calls were made by members of the research team to obtain email addresses or additional contact information to identify best points of contact, and emails were sent mirroring those that VSOs received.

In January 2024, in an effort to increase participation among rural residents, recruitment materials were updated from the digital versions to include tear away tabs including the short link, as well as the QR code on the main portion of the flyer. From mid-January to mid-February, the PI traveled to various libraries and municipal buildings in Perry, Juniata, Mifflin, and Centre counties. Flyers were posted on community boards within these locations. Flyers were also distributed on various public posting boards around Penn State University Park and Penn State Harrisburg.

Interview Data Collection

The interview recruitment flyer had a QR code and short link that directed respondents to a Qualtrics survey to collect initial information. Respondents were asked to share their contact information along with some basic demographic information. Having respondents fill out this Qualtrics survey allowed the research team to pre-screen participants; many of the 2,313 recorded responses were identified as problematic. Responses from bots or unqualified individuals were submitted and subsequently removed, a common occurrence for online survey data collection. Respondents were removed from consideration for the following reasons:

- Respondents who did not report living in Pennsylvania were removed from consideration.
- Respondents who reported living in one county, but reported a zip code for a different county, were removed from the dataset.
- Responses that were recorded from duplicate IP addresses were removed from the dataset.
- Responses that were recorded from an IP address outside of the United States were removed from consideration.
- Responses that were blank were removed from consideration.
- Duplicate responses were removed from consideration.

Responses that came from an IP address outside of Pennsylvania were flagged so that the research team could ask specific follow-up questions about the potential respondent's current and previous locations, if necessary. Responses that were deemed likely to be eligible were then recorded in a separate Excel spreadsheet with their contact information for follow-up screening. Members of the research team then conducted follow-up phone calls with eligible participants. If the phone number the eligible participant provided was disconnected or invalid, the participant's information was removed from the spreadsheet. Eligible participants who were able to be contacted and confirmed the information that was provided in their initial screening, were approved and moved to an additional spreadsheet for "approved" participants.

After this thorough initial review, the research team was left with a usable pool of 46 respondents. The PI reached out to each of these respondents individually by phone to further screen them for participation. Approved participants were then contacted via email to confirm interest in participation and schedule the Zoom interview. Of the pool of 46 respondents, five individuals did not respond, and two individuals did not follow through on scheduling their interview time with the PI. Once the quota for the 10 interviews for victim-survivors living in urban areas was met, any additional interested participants from urban locations were screened out. Thus, the final usable pool of respondents was 39 individuals: 10 from urban areas, and 29 from rural areas. (As noted below, two rural interviews had to be excluded, bringing the total number of interviews to 37.)

It is pertinent to note that qualitative research studies employing interviewing methods often involve smaller numbers of participants, which is characteristic of this methodological approach. In the context of this study focusing on domestic violence survivors, the sample size reflects the nature of qualitative research, where depth of understanding and richness of data from individual experiences are prioritized over statistical representativeness, as well as the sensitive nature of the information and constraints associated with recruiting participants. The legislature often conducts open public hearings to learn from first-hand accounts. This topic does not lend itself to such a process; therefore, interviews are the next best substitute. This project provides the results of first-hand interviews to help inform the Pennsylvania General Assembly about the experience and the barriers to reporting for rural DV/IPV survivors. The information provides invaluable insights for policymakers that cannot be obtained in another manner.

Interview Data Preparation

A total of 39 interviews were conducted. Two of the interviews were excluded from analysis due to uncertainty of the eligibility of the respondent or a misunderstanding about the topic of the interviews; results presented are based upon analyses of 37 interviews. Interviews were conducted and recorded via Zoom, and respondents had the option to complete a video interview or call in on the phone if they were not comfortable being on camera. Interviewees were given a \$50 Amazon e-gift card to thank them for their participation. Interviews were transcribed using Rev transcription services. Demographic information such as gender and current location, for the 37 interview participants are included within Appendix B. Participant ages ranged from 24 to 71 years old, though some participants did not disclose their age. After the conclusion of the interviews, a member of the research team evaluated the transcripts to confirm the location at the time the participants experienced DV. Based on information obtained in the interviews, the following was determined:

- One interviewee lived in an urban area of Pennsylvania at the time of IPV but reported and received services out of state.
- Four interviewees experienced IPV in both a rural and urban location.
- Nine interviewees experienced IPV in an urban location.
- Twenty-three interviewees experienced IPV in a rural location.

Survey Data Collection

The surveys were administered online using Qualtrics, a web-based survey platform, between May 12, 2023, and March 15, 2024. The web-based nature of the survey approach allowed victim-survivors to complete the survey at their convenience and at a location that was safe and comfortable for them to do so. Participants who completed the survey were offered a chance to win one of four \$50 Amazon e-gift cards. Participants were not required to answer any of the survey questions and could either skip or choose a “Don’t know / Not sure” or “Prefer not to answer” response for each question.

Respondents who indicated that they were at least 18 years of age, had experienced IPV, and were either currently living in Pennsylvania or previously lived in Pennsylvania were deemed eligible to participate. To assure that participants were either living in Pennsylvania at the time of their experiences or were living in Pennsylvania at the time they completed the survey, programming was implemented in Qualtrics that would not allow a respondent to continue the survey if they were not able to identify either their current zip code within Pennsylvania or the city / zip code of their previous location within Pennsylvania.

Survey Data Preparation

All survey responses were recorded in Qualtrics and stored on a secure server. At the completion of the survey, data were extracted from Qualtrics into Statistical Package for the Social Sciences (SPSS) and STATA data analysis software for cleaning and analysis. Because the survey was distributed using an anonymous link, rather than individual invitation links, additional measures were implemented to ensure that the responses were reliable. A total of 648 survey responses were recorded. As with the collection of the interview data, responses from bots or unqualified individuals were subsequently removed. Responses were also removed if they met any of the following criteria:

- Respondents who reported living in Pennsylvania, but did not experience IPV in Pennsylvania.
- Respondents who reported living in one county, but reported a zip code for a different county.
- Respondents who responded inconsistently about their age at the beginning of the survey (to screen for eligibility), and at the end of the survey (in the demographic questions).
- Respondents who reported that their age when they experienced IPV was greater than their current age.
- Responses that were recorded from duplicate IP addresses.
- Responses that were recorded from an IP address outside of the United States.
- Responses that had open-ended survey question answers identical to those of another respondent.
- Responses that were blank.
- Duplicate responses.

After evaluating each of the recorded responses, the final survey dataset yielded 55 usable responses comprised of 26 rural respondents and 29 urban respondents. The demographic information for the final survey participants is found in Appendix C. A final dataset was created for both SPSS and STATA data analysis software.

As previously mentioned, it is pertinent to note that given the unique nature of the population being surveyed, a smaller sample is to be expected. Additionally, it is crucial to acknowledge that the findings of this study are not intended to be universally applicable to all survivors of domestic violence. Each survivor's experience is deeply personal and influenced by a myriad of factors such as cultural background, socio-economic status, and personal history. Therefore, while the insights gained from this study provide valuable perspectives on the experiences of the participants involved, they do not claim to represent the entire population of domestic violence survivors.

Analytic Strategy

Interviews transcriptions were uploaded to NVivo and were reviewed for key themes by multiple members of the research team. Major themes are summarized, along with survey results where appropriate; themes separate from study objectives are summarized separately in this report (see Appendix E).

Survey responses were aggregated, and the mean, median, standard deviation, and range are presented for questions with numerical responses. Percentages are presented for questions with categorical responses. Comparisons were made between rural and urban victim-survivors. To determine whether these differences are due to chance alone or are large enough to reach statistical significance, chi-square (χ^2), Fisher's Exact Test or Fisher-Freeman-Halton Exact Test (when cell sizes are too small for an accurate chi-square test) were used to compare frequencies for categorical information. These inferential statistics are presented in the text only when a comparison between questions is significant. In addition to the test statistic, the p-value is also presented in the text. A p-value at or below 0.05 indicates statistical significance; in other words, a p-value of 0.05 or less indicates the reader can be 95 percent or more confident that the results are not due to chance.

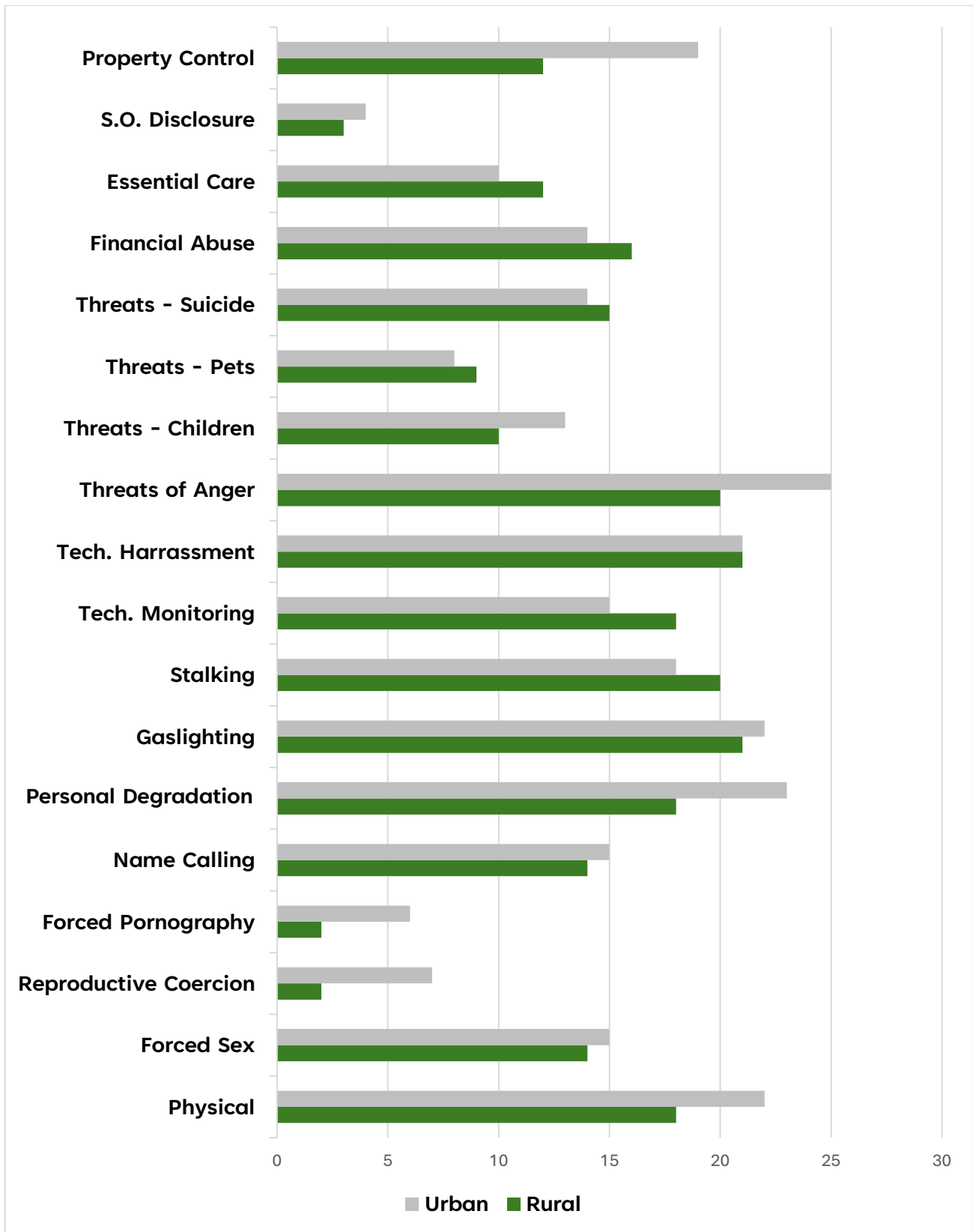
Results and Findings

Through one-on-one interviews examining the experiences of IPV victim-survivors, many major themes emerged. For the purpose of this report, this section will focus on the themes that are particularly relevant to the goals of the study. Additionally, themes that emerged from the interviews were generally supported by the supplemental survey data. These quantitative findings are reviewed as well. Some major themes that were outside the goals of the current study emerged from the interviews and are summarized within Appendix E.

Experiences of Intimate Partner Violence

Survey respondents reported experiencing various types of IPV, including physical abuse, sexual abuse, psychological abuse, reproductive coercion, threats, and other various harmful behaviors at the hands of their abusers (see Figure 1). Thirty-three survey participants (60%) reported experiencing IPV with more than one partner or in more than one relationship in their lifetime. Analysis of the survey data showed that urban victim-survivors (n=19) reported experiencing IPV with more than one partner more often than rural victim-survivors (n=14). The survey also explored the length of time an individual reported experiencing IPV, with similar findings across rural and urban participants. Approximately three-quarters of rural survey participants (n=19) reported experiencing IPV for one year or longer, with more than one-third (n=9) reporting their IPV experience lasting for more than 5 years. Among urban victim-survivors, almost 80% of the sample (n=23) reported experiencing IPV for one year or more, with more than one-third (n=8) reporting IPV being experienced for longer than 5 years.

Figure 1: Experiences of IPV Among Surveyed Rural and Urban Victim-Survivors in the Commonwealth



Physical Forms of Abuse

Overall, interview respondents most often reported a mix of both physical and mental/emotional abuse regarding their experiences with IPV. In many instances within interviews, respondents would discuss how their relationship may have begun with verbal or emotional abuse but developed into physical violence as the relationship progressed. For instance, one rural survivor stated, *“That’s when it really started with him, the physical part. The verbal parts were before that. But really, it was right after we got married is when he started to really get bad.”* Another rural interviewee shared, *“Mostly it was verbal abuse. He would comment about my looks maybe, and how he didn’t like my weight, and stuff like that. And later on, he became physically violent.”* Interestingly, among interview respondents, rural victim-survivors (n=6) were more likely to report having experienced multiple IPV relationships in their lifetime than urban victim-survivors (n=2).

Physical abuse included actions such as pushing, hitting, kicking, or choking. A majority of the survey sample (n=40) reported experiencing some type of physical abuse among both rural (n=18) and urban (n=22) participants. Physical abuse was also commonly experienced among interviewees. One concerning finding regarding IPV experiences that stemmed specifically from the interviews was the report of choking as a type of physical violence. This was reported almost exclusively among rural interviewees, with one victim-survivor stating, *“I had dissected carotid arteries from him choking me”* while describing the severity of her experience.

Sexual Forms of Abuse

Physical sexual abuse, including being forced to have sex or perform sexual acts, was experienced by more than half of the survey sample (n=29) and was experienced at similar rates among both rural (n=14) and urban (n=15) survey participants. Non-physical sexual abuse, such as being forced to watch pornography, was not as commonly reported among victim-survivors (n=8), though urban respondents (n=6) reported this experience more often than rural respondents (n=2). Similarly, rural individuals reported fewer instances of reproductive coercion (n=2), such as an abuser sabotaging their birth control or forcing pregnancy against their will, than their urban counterparts (n=7).

Physical sexual abuse was also commonly experienced among interview participants (n=9). In some cases, victim-survivors felt sex was the only way they could diffuse an already explosive situation, even when it was nonconsensual on their behalf. One urban participant described, *“He wanted to have sex, and I had sex with him. I didn’t want to, but I did, because I didn’t want to provoke him any further, he was not leaving.”* However, physical violence and aggressive behaviors did not have to be present for forced sex to occur. For instance, the same urban participant recalled an instance with her second abuser stating, *“Literally in the midst of my sleep, he would just be having sex with me, and I’m half-awake. I’m just dead sleep, half-awake, and we would, I guess, be having sex.”* Another urban participant talked about how their abusers’ sexual depravity escalated after initially raping her, saying, *“As well as weird, sick, twisted sexual fantasies, having me drink a bunch of cough syrup, so I’m like a passed-out girl.”*

Rape myths continually perpetuate the perception that sexual assault does not “count” if physical violence or outright force are not involved (Cuklanz, 2000; Johnson, Kuck, & Schander, 1997). Similarly, rape myths, such as the idea that husbands cannot rape their wives, can result in victim-survivors discrediting or downplaying their own victimization. Within the interviews, some victim-survivors seemed to adhere to these myths, like one rural respondent who recalled initially thinking, *“It wasn't anything particularly violent, but it was non-consensual.... And then telling myself, ‘I know some people wouldn't consider this [sexual assault], and sexual violence in a marriage is complicated.”* The same respondent later discussed how she had come to terms with understanding what she had really endured through therapy and processing her experience stating, *“I put together all these pieces and realized that my ex-husband had sexually assaulted me.”*

Psychological Forms of Abuse

Psychological abuse, including verbal and emotional forms of abuse for the purposes of this study, was experienced widely among the survey sample. Rural and urban survey participants reported experiencing similar rates of emotionally abusive behaviors, such as isolation tactics (rural n=18; urban n=16), gaslighting (rural n=21; urban n=22), and personal degradation (rural n=18; urban n=23). Analysis of the survey data indicated a significant association between gender and each form of emotional abuse. Women were more likely to report experiencing gaslighting² (n=36, p<.001), name-calling (n=38, p=.026), and other forms of verbal personal degradation, like being told they were a loser, a failure, not good enough, or that no one else would want them as a partner (n=33, p=.006) than their male counterparts (n=0, n= 3, and n = 1, respectively). One rural interview respondent recalled, *“He would say things that made me second-guess myself, just all kinds of things that made me second-guess myself, question my reality. He was a king of gaslighting.”* Another rural victim-survivor emphasized the progression from verbal abuse to physical abuse within her relationship as she recalled instances where her partner degraded her due to infertility issues. She shared, *“After we were married, about two years after the marriage, I found out I could not have children. So, in that, he became abusive. He would tell me that he hated me, that I was a fat pig, that I was no good to the world because I couldn't have kids. He started being verbally abusive. Then, that went from verbal to physical.”*

Stalking Behaviors

When examining stalking behaviors, including technological monitoring and harassment, rural victim-survivors surveyed reported higher rates than those in urban areas. Specifically, 77% of rural victim-survivors surveyed (n=20) reported their abusers stalking them in some way, including watching over them; showing up at unwanted places, such as their place of employment, or leaving them unwanted messages

² Gaslighting is a form of psychological manipulation in which a person or group covertly manipulates another individual to doubt their own perceptions, memories, or sanity, often through deceptive or misleading tactics (NDVH, n.d.)

compared with 62% of urban respondents (n=18). Similarly, 69% of rural victim-survivors surveyed (n=18) reported experiencing having their technology monitored, such as someone monitoring phone calls, text messages, social media, or email accounts compared to 52% of their urban counterparts (n=15). Rural and urban respondents (n=21 and n=21) reported similar rates of technological harassment, including harassment by persistent calls, emails, or text messages.

Numerous interview respondents also described dealing with a variety of stalking behaviors by an offender, some occurring even after the relationship had ended. One rural victim-survivor described a particularly harrowing instance of stalking by her ex-partner stating, *“My pregnancy was high-risk because my first husband was stalking me. He would hit me and stuff. If he would see me out, he would come right up to me and punch me or hit me, try to make me lose the baby.”* Another rural respondent described dealing with recurring instances of stalking behaviors by an abuser in various settings when she would leave the house by saying, *“He would stalk. He would circle around. He would be seen. He would call me incessantly.”* Similarly, she stated, *“He was also seen on camera driving around my place of employment and calling when I had asked him not to.”* Finally, one rural participant recalled instances of technological harassment stating, *“He works in IT. And so, I’ve experienced a lot of cyber stalking.”*

Threatening Behaviors

Threatening behaviors on the part of the abuser also emerged as a common theme. Urban victim-survivors surveyed (n=25) were more likely to report experiencing threats from their abusers that made them feel unsafe than rural victim-survivors (n=20). Gender was found to be significantly associated with experiencing threats or anger that made the victim-survivor feel unsafe ($p=.020$), with women (n=36) indicating this experience more than men (n=2). Similarly, urban victim-survivors surveyed (n=13) reported more instances of threats toward their children or other loved ones than their rural counterparts (n=10). One rural interviewee discussed how her abusers’ threats towards their children often resulted in physical violence that she endured stating *“I would take beatings for the children. I would get punched in the face for the children. I’d step in and everything. I was always protecting them. I took a lot of their beatings, rather than them take them.”*

Other types of threatening behaviors were experienced by rural and urban participants at similar rates. For instance, surveyed rural respondents (n=9) reported their abuser making threats towards their pets somewhat more than urban respondents (n=8). Threats and violence towards animals were also reported within the interview sample, with one urban participant stating, *“He had tried to kill my dog twice. The first time he almost succeeded. And when I was saying about the thought that he would put into it, an example I can give with the dog the first time, my dog was on a 50-foot chain. We always had her outside. She was on a chain, and he had tied the dog’s chain to the bumper of my car so that when I left that day to go... I have a big vehicle; I have a big SUV. I did not realize that the dog was attached to the car and drove the dog down the road.”* Similarly, a rural victim-survivor shared, *“He beat the animals. The dogs that we had; he beat them. And I think that he murdered my cats because they mysteriously vanished.”*

Similarly, rural survey respondents (n=15) reported their abuser making threats of self-harm or suicide when upset or angry somewhat more than their urban counterparts (n=14). Analysis of the interview data revealed that threatening behaviors often did not end even if the relationship had, as described by one victim-survivor, *“I ended up leaving, and then he would threaten me with killing himself.”*

Additional Forms of Abuse

Additional types of abuse examined included financial abuse, control over essential care, disclosure of sexual orientation without permission, and withholding and/or destroying personal property. Financial abuse included “control by a partner of my financial decisions or resources, including money or bank accounts” and was reported more frequently among rural respondents (n=16) than among urban respondents (n=14). One rural interview respondent recalled *“a lot of financial abuse, especially when I got sick. Because we had a joint bank account, he started messing with funds, randomly shut off my access to my debit card, so that I couldn't even get medicine. It was to the point where I think he was really trying to cause some type of medical emergency to the point where I could have died, probably.”*

Similarly, rural victim-survivors (n=12) more frequently reported “someone not providing care that I need or controlling how I receive essential care” than urban victim-survivors (n=10). Urban survey respondents (n=4) reported more instances of an abuser disclosing their sexual orientation without consent than rural respondents (n=3). Finally, surveyed urban victim-survivors (n=19) reported more instances of an abuser taking or destroying their personal property than their rural counterparts (n=12).

Formal and Informal Reporting of IPV

When examining formal reporting (i.e., reporting instances of IPV to the police) 24 interview participants (17/27 rural and 7/10 urban) indicated that they did report their experiences to the police. Interview participants from urban areas indicated they reported to police somewhat more often than individuals from rural areas (70% of urban sample vs. 63% of rural sample). These findings were supported by the survey as just over half of all victim-survivors surveyed (n=29) reported that they contacted police about their experiences with IPV, with respondents in urban areas (n=19) reporting their experiences of IPV to police at higher rates than rural respondents (n=10). Among respondents who reported IPV to police, methods of contact were also examined (see Appendix C).

One theme that emerged from the interviews was that individuals who reported experiencing IPV in multiple relationships (n=8) were more likely to indicate that they may have reported some instances of IPV to police, but they did not report all IPV to law enforcement (n=4). For instance, one rural victim-survivor indicated that she had been in three different relationships in which IPV occurred. While she reported her experiences to police in the first relationship, she chose not to report to police in the second or third relationship because she felt reporting had not helped her. She shared, *“The situation did not improve with police involvement at all.... Actually, turned out to be a massive waste of money and resources and in the long run really, really for nothing, quite honestly.”*

Analysis of the survey data indicates a significant association between experiencing IPV with multiple partners and reporting to police ($p=.015$) with approximately three-quarters of victim-survivors ($n=22$) indicating that they had been in more than one IPV relationship *and* they had reported to police.

Informal reporting (i.e., reporting to a family member, friend, neighbor, coworker, counselor, medical professional, religious or faith-based community leader, or victim service agency) occurred among the majority of interview respondents ($n=20$), with informal reporting occurring more frequently among rural victim-survivors ($n=14$) than urban victim-survivors ($n=6$). Survey data supported these claims as informal reporting occurred among the majority of the sample ($n=47$), with 89% of rural respondents ($n=23$) indicating some type of informal reporting compared to approximately 83% of urban respondents ($n=24$). Survey data also provided information about which groups victim-survivors reported to, such as family, friends, etc. Respondents were asked to select which groups, if any, they had informally reported to. Similarly, if they indicated informally reporting, respondents would also indicate whether or not they had asked for help. Figure 2 examines informal reporting among surveyed victim-survivors in rural areas, and Figure 3 examines informal reporting among urban survey participants.

Figure 2: Informal Reporting Among Rural Victim-Survivors

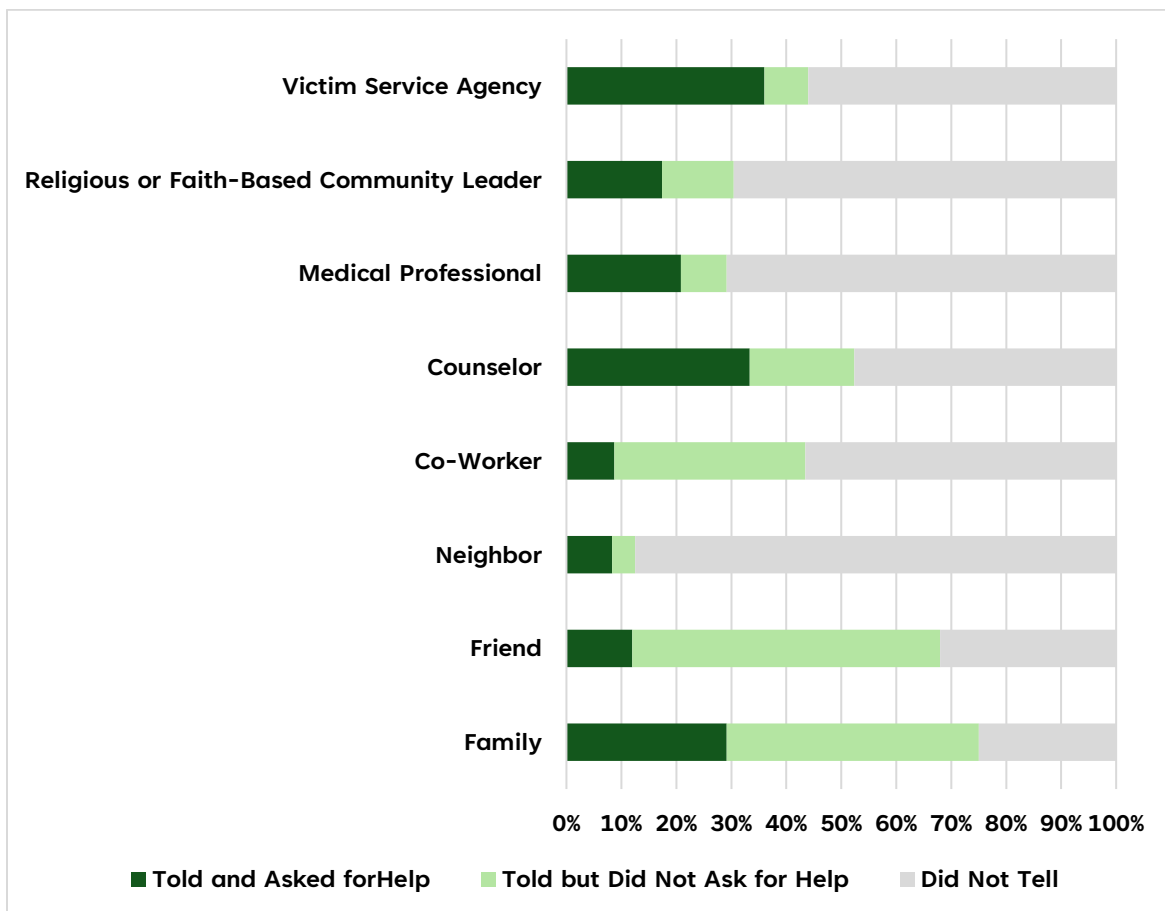
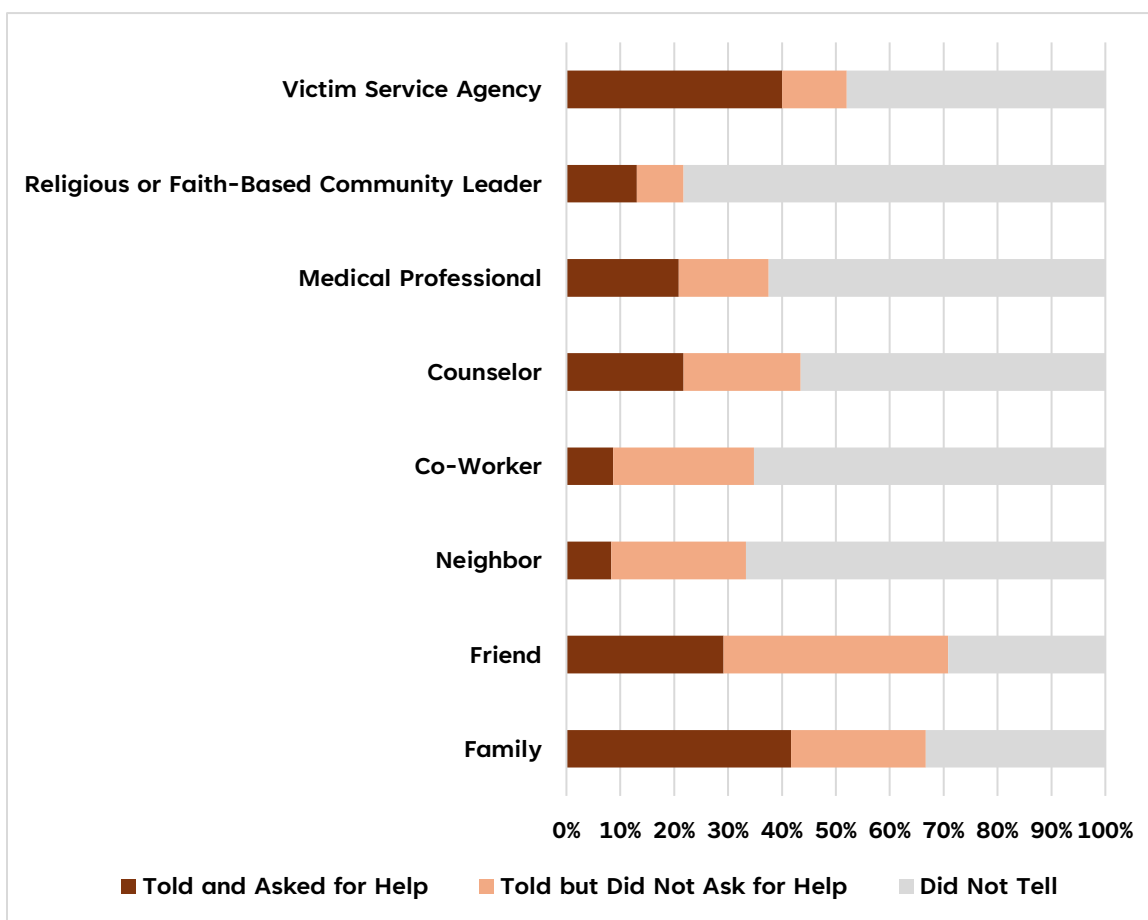


Figure 3: Informal Reporting Among Urban Victim-Survivors



Rural (n=11) and urban victim-survivors (n=13) indicated similar rates of reporting to victim service organizations/agencies (VSOs). Analysis of the survey data indicates a significant association between reporting to a VSO and reporting to police ($p = .029$). More often, victim-survivors indicated that they had reported to VSOs *and* reported to police (n=17), compared to those who indicated that they had reported to VSO but had not reported to police (n=7). A Fisher’s exact test ($p = .057$) examining the association between reporting to a VSO and experiencing IPV in more than one relationship approached significance. More victim-survivors who indicated telling VSOs also experienced IPV in more than one relationship (n=18) than those who had reported to VSOs but experienced IPV in only one relationship (n=6). Further research is needed to examine the potential relationship between these variables.

Barriers to Formal and Informal Reporting of IPV

Formal Reporting

Rural interview participants reported unique challenges and barriers that deterred them from reporting incidents to the police compared to their urban counterparts. For

instance, the combination of geographical isolation, limited resources, cultural norms, and fear of repercussions created significant barriers for rural victim-survivors of IPV when considering whether to report incidents to the police compared to their urban counterparts. This supports existing literature, which claims that within rural communities, residents often have strong social connections and may be reluctant to involve law enforcement in personal matters (Weisheit, Falcone & Wells, 2005).

While one-third (n=13) of the interview sample did not ever report any instances of IPV to law enforcement, there were various themes that emerged from those victim-survivors who did report. Analysis of the interview data showed that fear of community backlash, gossip, or stigma discouraged victim-survivors from reporting abuse to the police, as they feared repercussions or social ostracization within their small, close-knit communities. One rural respondent shared, *“I think I was afraid to share the truth about a lot of it, because I was afraid for them to say that I did deserve it. You know what I mean? I was afraid. I was afraid that it was going to be outed, and it would be on the front page of the paper.”* These findings were supported by the survey results with rural survey respondents more frequently indicating that they did *not* contact police as they were more fearful about other people finding out than urban respondents (see Figure 4). Similarly, surveyed rural victim-survivors (n=12) were more likely than urban victim-survivors (n=6) to report that they refrained from reporting IPV to police because they were embarrassed or ashamed. Furthermore, 50% of rural respondents who reported to police (n=10) indicated that they were afraid that law enforcement would tell people in their community about their experience, compared to 29% of their urban counterparts (n=17).

Rural areas, like many parts of society, are not immune to racial bias and discrimination. Similarly, rural areas often lack diversity in law enforcement agencies and may have limited representation of people of color among police officers and other officials (Weisheit, Falcone & Wells, 2005). Interviewees who do not identify as white indicated they felt alienated or distrustful of predominantly white law enforcement agencies, further perpetuating their reluctance to report incidents of domestic violence. A rural victim-survivor emphasized this when stating, *“I am Middle Eastern and my ex is a white guy, and I was worried that because the police officers were white males themselves, I was just worried that there might be some favoritism or some kind of unjust discrimination or just that they would side with him more.”* A Fisher’s exact test ($p = .057$) examining the association between respondents’ race and reporting distrust for law enforcement approached significance. More victim-survivors who indicated that they did not identify as white (n=6) also reported that they did not trust law enforcement compared to their white counterparts (n=2). Further research is needed to examine the potential relationship between these variables.

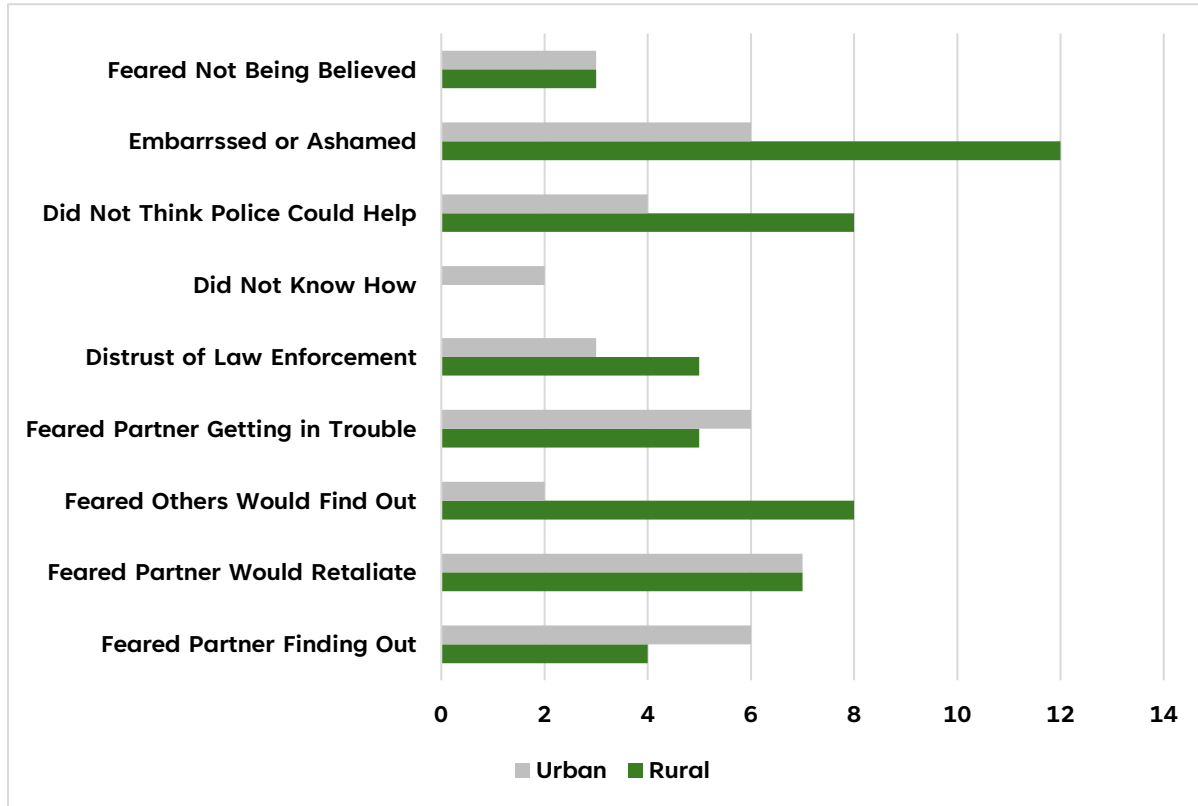
Similarly, interviewees indicated that because their partner was a person of color, they feared their abuser would be unfairly targeted, mistreated, or even harmed by law enforcement due to racial profiling or stereotypes. This fear of exacerbating racial tensions or putting their partner at risk led to some victim-survivors avoiding involving the police altogether. For instance, one rural survivor who did not report to police claimed, *“My partner was Black ... and I was fearful of police response being*

disproportionate or being cause for concern to his safety and wellbeing, and also those around us.” Additionally, among rural survey respondents who provided additional information as to why they chose not to tell police about their experiences with intimate partner violence, reasons included *“I was afraid the police would kill my partner because he is Black.”*

Another theme that emerged as a barrier to formal reporting was the misperception surrounding what constitutes IPV. Analysis of the interview data showed that individuals who experienced emotional or verbal types of IPV were less likely to report to law enforcement. For instance, one rural respondent who did not formally report to police stated, *“Because really up until I was able to understand that verbal is just as serious as physical. The wounds are there, I didn't really think it was abuse. So, I kept going, ‘Well, he doesn't hit me. He doesn't hit me.’”* This can likely be attributed to the myths surrounding IPV victimization wherein abuse only “counts” if it leaves physical marks (Westbrook, 2009; Harrison & Esqueda, 1999). In other words, a victim-survivor might be more likely to identify their abuse as IPV when an abuser is physically violent toward them, rather than when they are experiencing verbal/emotional abuse without the presence of physical violence. Similarly, victim-survivors may not consider themselves to have “proof” of their experiences with IPV if they do not have physical injuries, which could influence their likelihood to report. This emphasizes the need for increased public education and awareness regarding the signs and symptoms of IPV.

Further analysis of the survey data showed that there was a significant association between a victim-survivor experiencing physical abuse and reporting IPV to police ($p=.032$). Approximately 63% of victim-survivors ($n=25$) who reported experiencing physical violence also reported IPV to the police. Similarly, a significant association was found between the victim-survivors' location, experiencing violence, and reporting to police ($p=.029$). While urban victim-survivors ($n=22$) and rural victim-survivors ($n=18$) reported experiencing physical violence at somewhat similar rates, instances in which they reported to police differed. For instance, 73% of urban-victim survivors who experienced physical violence ($n=16$) also indicated that they reported IPV to law enforcement, compared to only 50% of rural victim-survivors who experienced violence ($n=9$).

Figure 4: Barriers to Formal Reporting Among Surveyed Victim-Survivors



Informal Reporting

Unlike formal reporting, interview respondents who were in more than one abusive relationship were less likely to indicate that they had informally reported their IPV experiences (n=3). For example, one rural survivor stated, “So, I told nobody the first time. The second time I told just one person. And the third time I probably told just one or two. But they don't know the scope of all of this. I only told enough.” Conversely, analysis of the survey data indicates a significant association between experiencing IPV with multiple partners and informal reporting ($p=.027$), with approximately 76% of victim-survivors (n=25) indicating that they had been in more than one IPV relationship and they had informally reported to someone.

Interview respondents generally did not tell other people, such as family members or friends, about their experiences until they had left the relationship, or the relationship was nearing its end (n=13). In many cases, the barriers that prevented individuals from formally reporting IPV, such as embarrassment or fear of stigmatization, also prevented them from reporting to informal sources, such as VSOs. One rural survivor reported that she specifically did not reach out to her local VSO as she knew someone who worked there and did not want them to find out about her abuse. She said, “The [local victim service organization], I had considered going there at one point actually, but the institute that I worked for had several student workers there, and one of them had a job

working at the [local VSO]. And I knew that. I knew that she worked there. And I didn't want her to know what was going on in my life." Even though this victim-survivor acknowledged that she had wanted to seek assistance from the VSO, she was unable to due to living in such a small community. Thus, it is likely this barrier would impact rural victim-survivors more frequently than urban victim-survivors.

Rural communities were often described as upholding traditional gender roles and attitudes towards family privacy, which influenced some victim-survivors' perceptions of IPV and their willingness to seek help. Further, cultural norms that prioritized family unity and downplayed the severity of domestic violence discouraged victims from reaching out to law enforcement or other formal support services. One rural survivor stated, *"I feel like the issues with police are more in small towns... The small towns, everybody knows each other. It's a very old-fashioned way of life. It's, 'I'm the man of the house, and you're the woman, so go make me a sandwich.' And so much that things are joked about when it comes to women's rights and abilities. And it's not funny. It's not okay. In the small towns, there is very little progression. Everyone is just pretty happy in their little home, and they mind their business, and they don't speak up when something is going on. And they don't want to help because they don't want to be the focus either."*

Religion was another theme that emerged from the interview data that acted as a barrier for victim-survivors regarding informal reporting. One rural survivor indicated she felt like because of the reputation her abuser had, specifically among their church population, she was prevented from feeling that she could, or should, speak up. She stated, *"And that's where it's challenging in an area like [mine] that's so religious-based, that a majority of the population goes to church. And churches don't see this stuff or offer support."* Religion acting as a barrier was not exclusive to rural communities, however. For instance, one urban victim-survivor described an interaction with her pastor after telling him she wanted to report her victimization to law enforcement, saying, *"And before I left his office and was the last face-to-face conversation, I had with him, he just said, 'If you go through with this, if you go to the authorities, I will not be with you. I will not stand with you.' And again, for someone who believes that I needed the blessing or okay from the church, I was like, what the hell am I supposed to do now?"* Another urban victim-survivor described how religion not only prevented her from formally reporting, but also influenced her decision to remain in the relationship. She said, *"I'd never been in an abusive relationship before, so I know religion played a big part of it too. I was really getting that social pressure of you need to forgive, you need to reconcile. And now I can look at that and be like, those are such dangerous messages when it comes to any kind of abuse, not just domestic violence.... The church had told me not to call the police. They were like, 'It'll make the church look bad if there's police cars there.' So, I usually didn't call."*

Experiences with Law Enforcement

Interviews with IPV victim-survivors revealed a range of experiences reflecting negative interactions with law enforcement officers among those who reported their abuse. Among interview respondents who reported to police (n=24), 67% indicated that they had a negative experience reporting to police. Similarly, survey respondents who

reported IPV to law enforcement were asked about their experiences with police. Alarming, only 32% (n=9) reported that they felt they had a positive experience reporting to police, and only 37% (n=10) reported feeling like police were willing to help them. These experiences illuminate the complexities and challenges inherent in seeking help from police in the context of domestic violence.

Victim-Survivor Perspectives: Officers Blamed the Victim

Many interview participants described feeling disbelieved or minimized by police officers when reporting domestic violence incidents. They recounted instances where officers questioned the validity of their claims, downplayed the severity of the abuse, or blamed them for provoking the violence. For example, one rural participant recalled, "Well, at first, I felt embarrassed obviously, because I'm a very private person. I didn't want to call or let someone know my business. So, I felt awkward, shy, but I also was afraid. The whole time I was very hyper aware of my demeanor because I didn't want them to say I'm crazy. Usually, they say that women are crazy or she's acting crazy, or if you're crying or something, you're emotional or something. So, I was really worried about not exhibiting too many of these signs because I don't want them to just say, 'I'm one of these,' I don't know, just to label me or to stigmatize me or something." Among survey respondents who reported to police, 63% (n=17) felt that the police blamed them for their own victimization. In fact, 70% (n=7) of rural participants who reported to police indicated that they felt that police blamed them for their victimization, whereas only 59% (n=10) of urban participants reported feeling blamed.

Victim-Survivor Perspectives: Fear of Arrest

Approximately 54% (n=15) of the survey sample feared that the police were going to arrest them. Fear of arrest was also a theme that emerged among interview participants, with one claiming an officer who responded to a call-out stated, "One of you needs to leave, or if we have to come back, then one of you guys are going to jail. And that made me scared to call the police."

Victim-Survivor Perspectives: Officers Lack Empathy

Participants highlighted a lack of empathy and sensitivity from police officers during their interactions. They described feeling judged, dismissed, or even re-traumatized by officers' insensitive remarks or behaviors. One participant shared, "And when I went to the police station, they were just nasty and impatient like I was just this annoying pain and were really gruff with me, and I could barely hold it together. And then they told me to come back, and I had to go twice. And I feel like their attitude should have been, 'You are so brave. We are here to assist you.' And their attitude is, 'You're a pain in my ass, and I'm busy right now. The next guy comes on at 7:00, come back then.'"

Victim-Survivor Perspectives: Officers Failed to Act

Several participants expressed frustration and disappointment with law enforcement's failure to take appropriate action in response to domestic violence reports.

They recounted instances where officers failed to arrest the perpetrator, issue protective orders, or provide referrals to support services. In some instances, officers were not separating the parties during questioning, which is a basic protocol of responding to a DV/IPV call.³ As one participant lamented, "No, we were not separated. We were in the same room. I stood there and [he] talked to [responding officers]. 'We had an argument. We've been stressed out lately. And she's pregnant, hasn't been feeling good.' And then my lip was swollen, and I kept touching it. And the one came over, the one officer came over and said, '[Offender], you split her lip open.' And he was like, 'Oh, that must have just happened when we were going back and forth.' I didn't say anything, I was afraid to, but we weren't going back and forth. That's not what happened." This was supported by the survey data, as analysis indicated only 37% (n=10) of respondents who reported to police felt that the police were willing to help them.

Victim-Survivor Perspectives: Officers Revictimized Victim-Survivors

Many interview participants described feeling re-victimized and traumatized by their interactions with police officers. They recounted experiences of being interrogated, treated as suspects, or subjected to further emotional trauma during police interventions. "I felt ... questioned, I don't know. I felt like a criminal, I guess," stated one victim-survivor. These experiences compounded their feelings of helplessness, fear, and distrust towards law enforcement. "I felt like they weren't listening to me. They were listening to him. They even saw the choke marks around my neck. They saw my black eye, and nothing was done to him," shared one participant. This theme was supported by survey data as 67% (n=18) of respondents felt that the police could not do anything to help them, and 62% (n=18) felt the police took their abuser's side.

Victim-Survivor Perspectives: Officers Failed to Share Resources

Approximately 65% (n=24/37) of interviewees indicated reporting IPV to police, yet fewer than half of these respondents (n=11) reported police sharing information about any kind of victim services or resources, such as hotline numbers or information about victim advocates, that might be able to aid them in their current situation. Interestingly, most of the respondents who reported police sharing resources with them were in rural areas of the Commonwealth (n=8). These findings were supported from survey data, as among survey respondents who reported IPV to law enforcement (n=29), less than half (45%, n=13) also reported that police told them about any services that were available to them to help with their experiences of IPV. Among those who reported to police and received information about services, 54% (n=7) of survey respondents were in urban areas compared to 46% (n=6) of survey respondents in rural areas.⁴

³ Hart, B. J. (1989). Domestic Violence: A Model Protocol for Police Response. Pennsylvania Attorney General's Family Violence Task Force. [Online].

⁴ Though the interview data indicates that more rural respondents received resource information from police, it is pertinent to note that rural respondents made up 73% of the interview sample.

Data indicate that information about services including emergency, counseling, housing, and transportation services were all shared equally among urban and rural respondents, whereas information about legal, financial, and children’s services were shared more frequently with urban victim-survivors. Further, both urban (n=2) and rural (n=2) survey respondents reported similar frequencies of police providing them information about how to file a protection from abuse (PFA) order.

Barriers to Receiving Services

Lack of Awareness among Victim-Survivors about VSOs

“I didn't know what victim services [were] until I had to become one.” – Rural Victim-Survivor

The thematic analysis of one-on-one interviews with survivors of IPV revealed a significant theme of limited awareness about victim service organizations and support services available to them. The prevailing barrier identified by interview participants was the lack of information and education about victim service organizations and resources for IPV survivors. In other words, victim-survivors simply did not know about the resources that existed. One rural victim-survivor emphasized this stating, “*Never, never knew. Never seen anything, never heard anything. Thought I was on my own, all alone. Had no one to turn to.*” Another rural survivor shared, “*I didn't know that I could have gotten help. I didn't know that I could have gone to a shelter, none of those.*” More than half (n=19) of interview respondents reported that prior to their own experiences with IPV, they were completely unaware of their local victim service agencies and the resources that existed for victims, such as shelters, legal aid, victim advocates, etc. The majority (n=13) of these victim-survivors resided in rural areas of the Commonwealth.

Interview participants described a lack of knowledge about the existence, purpose, and accessibility of these organizations, which hindered their ability to seek help and support during their experiences of abuse. Their lack of knowledge about services was often recounted with feelings of embarrassment and shame, as described by one participant, “*I find that fascinating and profoundly disturbing. How could I have been technically well-educated and not even known?... most of the people I was talking to were in the same boat, well-educated people, professional jobs, should have known that these things exist in the world, should have known about resources but didn't.*”

Less than 20% of interview participants (n=6) had any previous knowledge about these types of organizations and resources, and half of those with prior knowledge (n=3) stated that they were only aware of VSOs because they had family members who had previously been victimized.

Lack of Awareness or Misunderstanding among Victim-Survivors about Who VSOs Serve

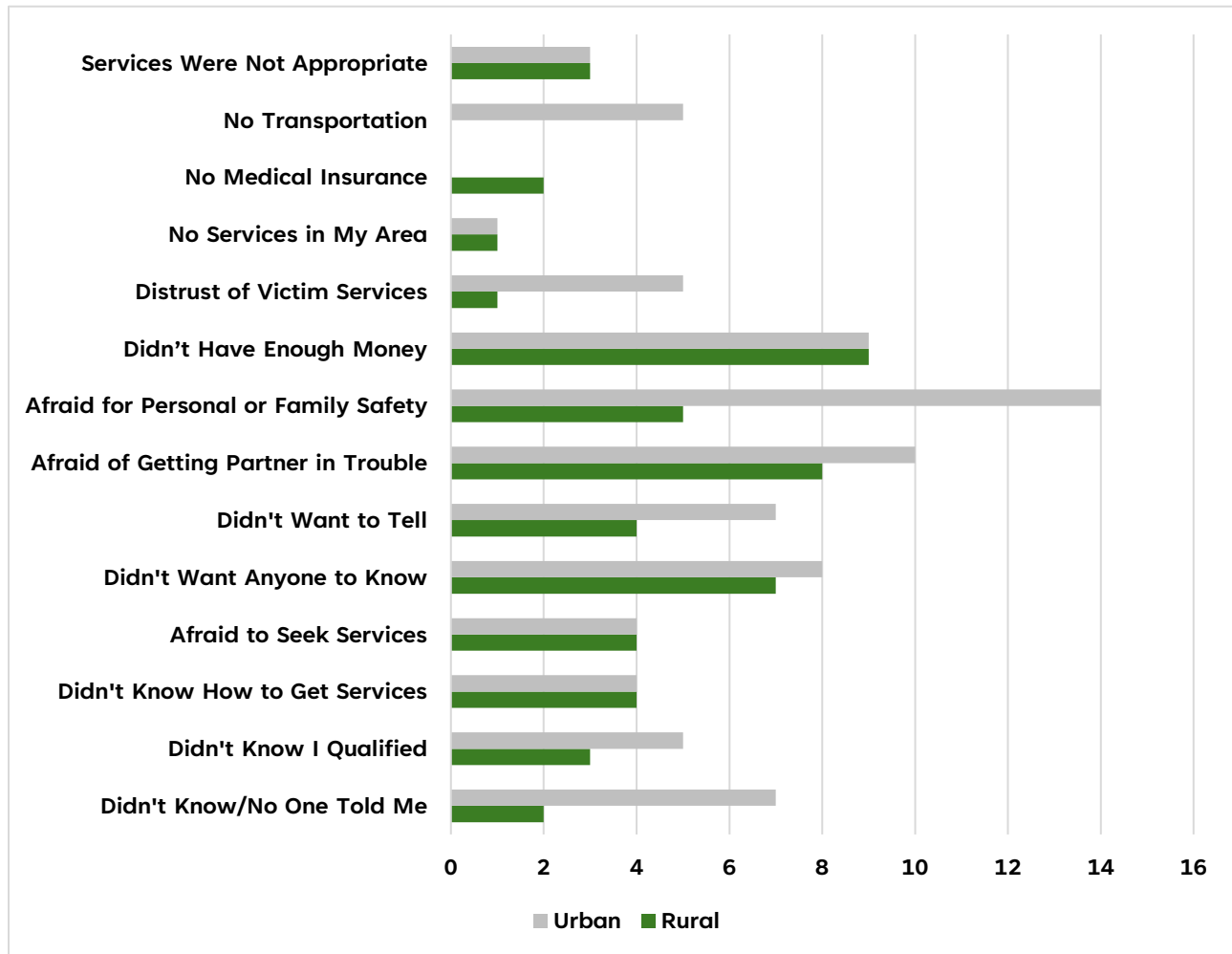
A sub-theme that emerged from lack of knowledge of services, was that victim-survivors may have known about services but not realized the community of survivors for which these services existed. For instance, a male rural victim-survivor, mentioned this in their interview, stating, “*I knew that they were out there. I just did not know then that they were available to someone like me.*” One rural victim-survivor who was unaware of

services prior to her own experiences discussed how some victims may be under impression of services only being available for women as she stated, “A friend of a friend, his wife was abusive to him, and he tried to seek services there and they turned him away because he’s a man.” Another rural survivor stated, “I knew about women’s shelters. I knew about some places that help you, for example, if you’re married [or getting a] divorce, if your husband is abusive or something like that. But I didn’t know that people in my situation, like students or people who are in relationship and living together and things like that. And so now, I didn’t actually know the extent, at least of its availability and accessibility. So, I wish I knew more about that because I feel like I would’ve probably gotten help way before, probably a year before.” This lack of awareness could be attributed to a variety of factors, including limited outreach and educational efforts, cultural barriers, and the stigma surrounding IPV. Similarly, adherence to myths about IPV also acted as a barrier when it came to receiving services. One rural victim-survivor emphasized this when she stated, “A lot of people don’t want to go to a domestic violence shelter because they think it doesn’t apply to them. Like for me, many years I did not know that psychological, emotional, financial and all that, everything, nonviolent abuse, I didn’t see that as abuse.”

Lack of Reporting among Victim-Survivors Impacts Access to Services

Perhaps unsurprisingly, analysis of the survey data indicated a significant association between reporting to a VSO and receiving services from a VSO ($p=.013$). 77% ($n=17$) of victim-survivors who reported IPV to a VSO also indicated receiving services from a VSO, compared to 23% ($n=5$) who reported to a VSO but did not receive services. It stands to reason that reporting to a VSO would make a victim-survivor more likely to receive services, thus implying that not reporting to a VSO would act as a barrier in and of itself. Therefore, it can be argued that the barriers a victim-survivor faces when it comes to reporting, either formally or informally, may also impact the likelihood of a victim-survivor receiving the services they need.

For example, one rural victim-survivor who did not report to law enforcement or a victim service organization stated, “I just didn’t really want to disclose to anyone else at that point and the community that I’m in, it’s a fairly small community and I guess I just was worried that... I mean, I guess I knew the resources were available. I didn’t know exactly which resources were available, but I was more just afraid that the information would spread beyond that, and that was what I was trying to avoid.” While the lack of awareness acted as a barrier to services itself among interview participants, most ($n=25$) reported that they did receive services or had attempted to.

Figure 5: Barriers to Receiving Services Reporting Among Surveyed Victim-Survivors

Experiences with VSOs

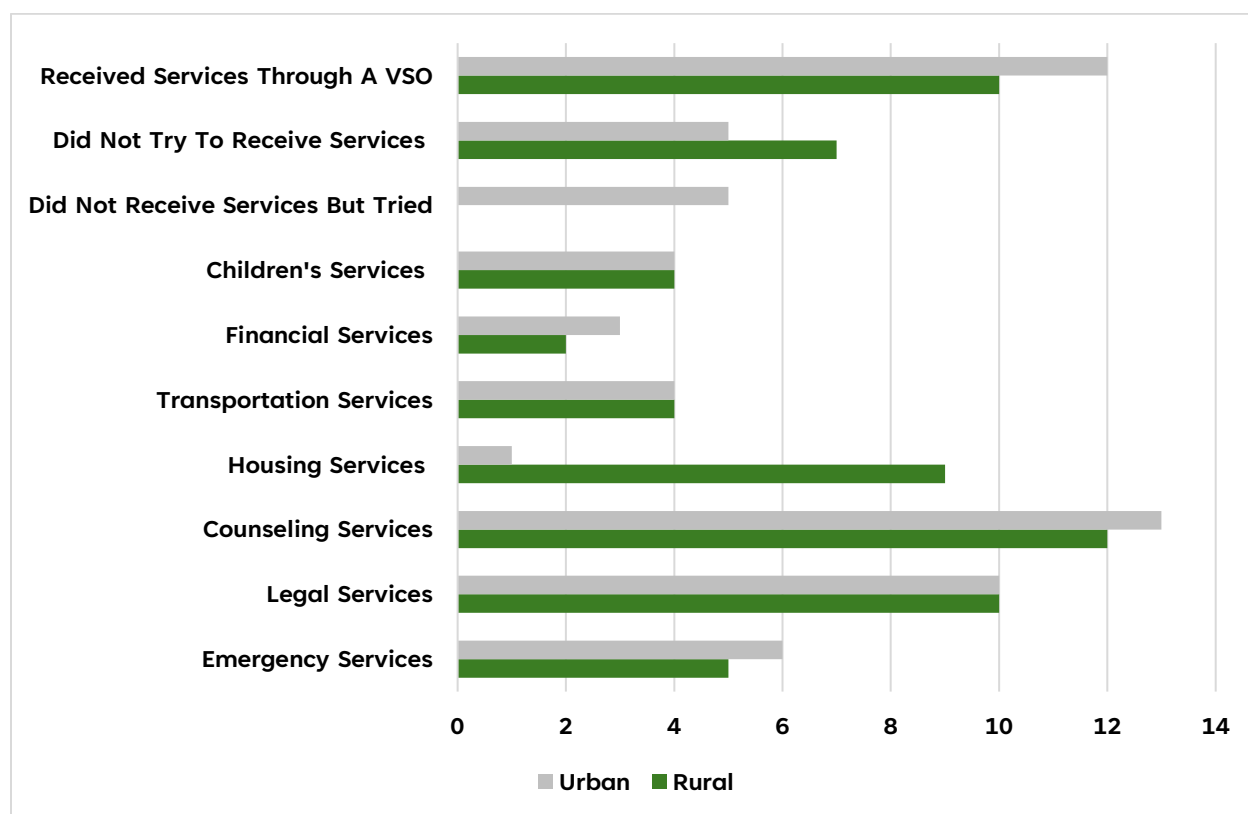
Services Received

Approximately 40% (n=22/55) of survey respondents indicated that they had received services from a VSO (see Figure 6). When broken down by county type, data showed that of those who received services, 45% were rural victim-survivors and 55% were urban respondents. Among respondents, the three most frequently indicated services that victim-survivors received were counseling services, such as one-on-one or group therapy (n=25), legal services, such as court accompaniment, legal advice, protections from abuse (PFAs), etc. (n=20), and emergency services, such as emergency shelter, clothing, and food assistance, etc. (n=11). Housing services, such as relocation assistance or permanent housing, were accessed by 11 victim-survivors. Further analysis of the survey data indicated a significant association between county type (rural/urban) and reports of receiving housing services (p=.004). Of victim-survivors who indicated receiving housing services, 90% (n=9) were from rural areas of the Commonwealth.

Positive Experiences

It was commonly reported among interviewees to have had positive experience with VSOs.⁵ A survivor recalled a particularly positive experience “I went through human services and through the assistance office to get food stamps for me and my daughter. [The VSO] set me up with that. They helped me find a place to live. They set me up with a landlord. They had paid my first rent month, my last month, and my security for me. They gave me gas cards, when I couldn't afford to go somewhere, to a hearing, or something. They went to every court hearing with me. They sat in that courtroom with me. I had free counseling through them... I could call them any time, no matter how I was feeling, and someone was always there to answer the phone.” Another rural victim-survivor highlighted the vast difference in experience that she had when it came to dealing with VSOs compared to her experience with law enforcement stating, “I didn't understand how there was such huge wide gap between, ‘Oh, I can call this [VSO], and they totally believe me.’ And then you call anyone law enforcement-related or legal-related, and it's like, they didn't care at all.”

Figure 6: Services Indicated Among Surveyed Victim-Survivors

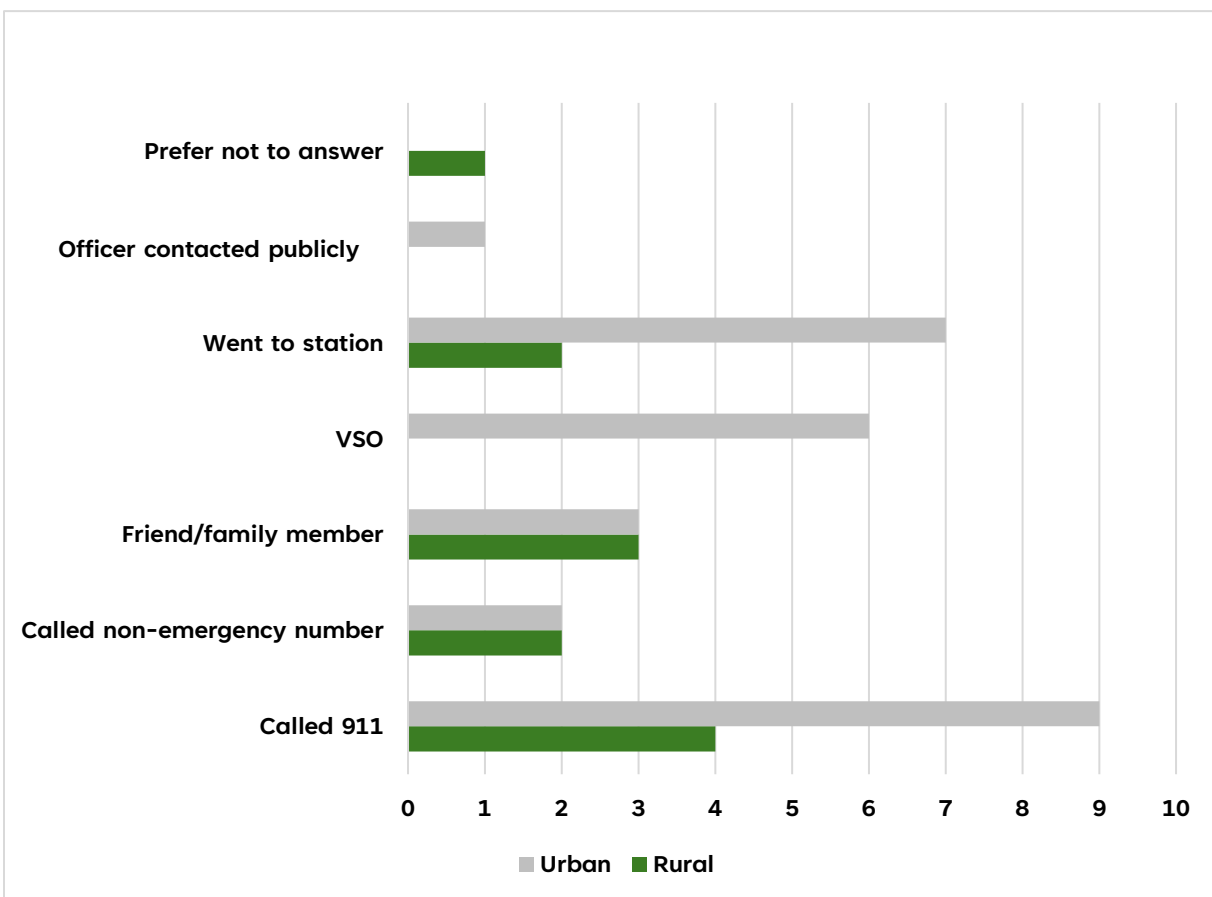


⁵ As our sampling initiatives directly targeted VSOs, it is possible that there may be an overrepresentation of individuals with positive outlooks and experiences with VSOs.

Additional Survey Findings

Figure 7 examines the various ways in which surveyed respondents initially contacted police to report their experience with IPV, providing a comparison for rural and urban participants. The primary method by which victim-survivors made contact with police was through the use of 911. Urban survivors reported contacting 911 or going into their local police agency much more than twice as often as rural survivors. Both rural and urban respondents got in contact with police by contacting the non-emergency number or having a friend or family member make initial contact for the victim-survivor at similar rates. Additional ways that urban respondents stated they contacted police included “abuser threatened to kill himself, I called for a wellness [check],” “bystander in public called the police,” and “my abuser was a police officer, I contacted his supervisor.” One rural respondent reported their contact with police occurring once their “neighbors called the police.”

Figure 7: Methods of Contacting Police Among Rural and Urban Victim-Survivors in the Commonwealth

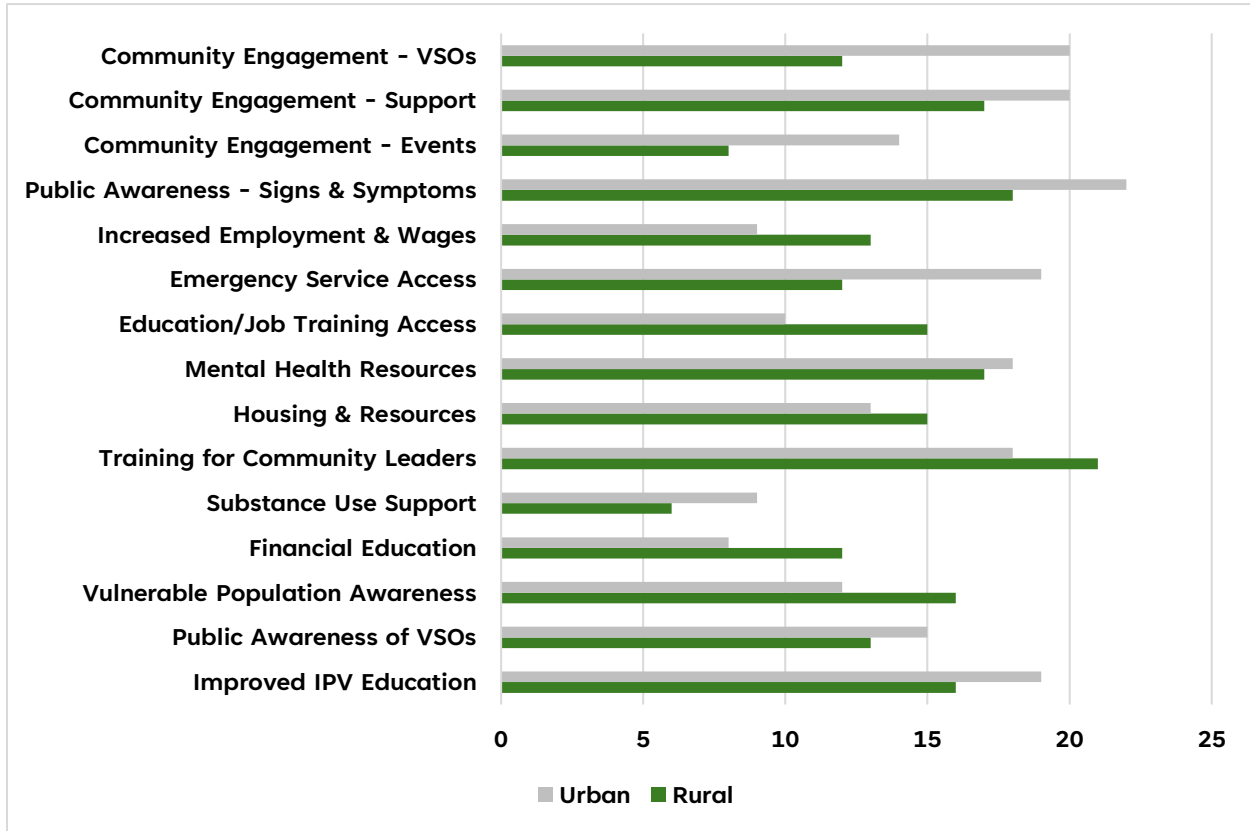


The survey was concluded by asking participants about their thoughts on various factors that might help to prevent others from experiencing IPV. Figure 8 examines various areas of preventative improvements, providing a comparison for rural and urban participants. Prevention measures were broken down into four main categories including: education, access, public awareness, and community engagement.

Education was a key preventative factor for many respondents. Approximately 64% (n=35) of survey respondents reported that better education about IPV might help keep others from experiencing it. Similarly, 51% (n=28) respondents indicated that education about groups that are more likely to be victims of IPV and that VSOs educating the public, by promoting more advertisements about IPV, might aid in future prevention. Over one-third (n=20) of respondents felt that education regarding financial topics, such as how to get a bank account, create a budget, etc., might help keep others from experiencing IPV. Further, 27% (n=15) indicated that help with alcohol or substance use may act as a preventative measure for IPV. Finally, 71% (n=39) of respondents indicated that education for community leaders, particularly as it pertains to training them how to support victims, could aid in future prevention.

Respondents felt that increased access to various resources could help to prevent others from experiencing IPV. Specifically, 51% (n=28) of respondents reported that access to affordable housing, housing vouchers, or transitional housing could increase prevention for IPV. Additionally, victim-survivors indicated that mental health access was of particular importance, with 64% (n=35) reporting that access to counselors or therapists might prevent future IPV. Access to education or job training was indicated by 46% (n=25) of the sample as a potential preventative measure. Further, employment access was of importance to respondents, with 40% (n=22) indicating that more jobs or better-paying jobs could aid in prevention. Finally, 56% (n=31) of respondents reported that emergency access to home and community-based services, such as personal care attendants might help to prevent others from experiencing IPV.

Almost three-fourths of the survey sample (73%) reported that increased public awareness about how to recognize signs of abuse would aid in future prevention for IPV. Similarly, more than half of respondents (58%) indicated that increased presence of VSOs in the community would be helpful for future prevention. A majority of respondents (67%) indicated that a better community of neighborhood support could aid in IPV prevention, and 40% believed that more neighborhood or community events might also aid in prevention efforts.

Figure 8: Important Areas of Prevention Among Surveyed Victim-Survivors

Discussion and Policy Considerations

Considerations Regarding Law Enforcement

As discussed in this report, victim-survivors of domestic violence engage in both informal and formal reporting of their experiences. Essentially, however, when DV/IPV occurs, it is a crime. As a result, a number of policy considerations relate to law enforcement processes.

Increase Required and Ongoing Trauma-Informed Trainings

The findings from this study underscore the urgent need to address the pervasive issue of perceived negative police interactions experienced by DV/IPV survivors. Though underreporting remains an issue throughout the Commonwealth, of particular concern is the overwhelming majority of victim-survivors, in both rural and urban areas, reporting that they had negative experiences with law enforcement when they *did* report their abuse. These negative experiences not only undermine survivors' trust in the criminal justice system but also perpetuate cycles of abuse and impunity for perpetrators. Furthermore, victim-survivors who share their negative experiences with others may inadvertently discourage others from formal reporting. Efforts to address this issue require systemic reforms, including enhanced training for police officers on trauma-informed approaches, victim-centered practices, and cultural competency.

Currently, Pennsylvania does not have statewide mandated requirements specifically for trauma-informed training that all law enforcement officers must complete. However, the Pennsylvania Commission on Crime and Delinquency (PCCD) and various law enforcement agencies within the state have recognized the importance of trauma-informed approaches in policing, particularly in interactions with victims of crime, including domestic violence survivors and individuals experiencing mental health crises.⁶ Some larger police departments and agencies in Pennsylvania have voluntarily implemented trauma-informed training programs for their officers. The Norristown Police Department has Police Mental Health Collaboration (PMHC) services and training. In at least 27 counties, Crisis Intervention Training (CIT) has been implemented for police officers.⁷ These programs typically cover topics such as understanding the impact of trauma on individuals, de-escalation techniques, recognizing signs of trauma in victims, and responding empathetically to survivors of violence.

Law enforcement agencies play a crucial role in responding to DV/IPV incidents and ensuring the safety of survivors. However, the efficacy of their response is contingent upon the adequacy of their training procedures, particularly in rural areas where resources and access to specialized training may be limited. Rural law enforcement officers also face unique challenges due to the nature of their communities, often dealing with limited resources, vast geographic areas, and close-knit populations. Furthermore, they frequently encounter individuals who have experienced trauma, whether it be from domestic violence, substance abuse, accidents, or other incidents. To effectively serve these communities and address the needs of individuals impacted by trauma, it is imperative to implement comprehensive, trauma-informed training programs for rural law enforcement officers.

Implementing advanced mandatory trauma-informed training programs for all rural law enforcement officers is recommended. These programs should cover topics such as the neurobiology of trauma, trauma-informed communication techniques, recognizing signs of trauma, and appropriate responses to trauma-related incidents. Similarly, training curricula should be specifically tailored to account for the unique needs and challenges of rural communities. This should include case studies and scenarios that reflect the realities of rural policing. Furthermore, and perhaps most importantly, policy makers should consider a requirement that law enforcement officers take part in *ongoing* education and support to reinforce trauma-informed principles and practices. This may include regular refresher courses, peer support programs, and access to resources such as literature, webinars, and online forums dedicated to trauma-informed policing. Finally, it is pertinent that mechanisms be established for evaluating the effectiveness of

⁶ PCCD. (n.d.) Domestic Violence Protocol Guide for Pennsylvania STOP Grantees. Retrieved from [https://www.pccd.pa.gov/Victim-Services/Documents/DV%20Protocol%20Guide%20v.21%20\(002\).pdf](https://www.pccd.pa.gov/Victim-Services/Documents/DV%20Protocol%20Guide%20v.21%20(002).pdf).

⁷ As of 2016, Crisis Intervention Training (CIT) programs (one time 40 hr weeklong training) established in 27 counties and being developed in 6 counties. Notably, in counties where this is an offered program, it does not mean that all officers have received CIT training. PA Mental Health and Justice Center. (2016). Specialized Police Response in Pennsylvania: Moving Toward Statewide Implementation. Retrieved from <https://bja.ojp.gov/sites/g/files/xyckuh186/files/media/document/Specialized%20Police%20Response%20in%20Pennsylvania-%20Moving%20Toward%20Statewide%20Implementation%20.pdf>.

trauma-informed training programs and holding agencies accountable for implementation.

Improve Collaboration Efforts with Victim Service Organizations

Law enforcement agencies can derive significant insights from the protocols and practices of VSOs to enhance their approach to victim support and engagement. VSOs prioritize a victim-centered approach that places the needs and well-being of victims at the forefront of their services. This principle emphasizes empathy, sensitivity, and comprehensive support throughout the investigative and legal processes, which law enforcement can integrate to foster a more supportive environment for victims. Furthermore, VSOs excel in collaborating with other agencies, such as healthcare providers and legal aid organizations, to ensure victims receive holistic support beyond law enforcement's immediate responsibilities. For example, Safe Berks was recognized by PCCD for successful partnerships with the District Attorney, Reading Police Department and the Children's Alliance Center.⁸ By enhancing their cultural competency and diversity awareness, law enforcement can better serve diverse communities, including marginalized and vulnerable groups, effectively promoting trust and accessibility to justice. Incorporating these principles and practices into law enforcement protocols can ultimately improve victim satisfaction, cooperation in investigations, and the overall quality of support services provided to victims of crime.

Collaborative partnerships between law enforcement agencies, DV service providers, and community organizations can be essential to ensuring a coordinated and effective response to domestic violence incidents that prioritizes survivor safety, autonomy, and dignity. Similarly, these partnerships should be consulted in the creation and implementation of trauma-informed trainings in which officers take part. VSOs are adept at employing trauma-informed practices, recognizing the impact of trauma on victims and implementing techniques to minimize re-traumatization during interactions. Law enforcement can benefit immensely from adopting similar trauma-informed interviewing techniques and understanding the psychological dynamics at play when engaging with victims of crime. It is pertinent that the negative police interactions experienced by DV/IPV survivors be understood as a barrier to reporting future DV/IPV. Individuals who have never reported may seek advice from other victim-survivors about their experiences with reporting. Thus, these negative experiences have the potential to keep victim-survivors from reporting any repeated instances of abuse and can prevent victim-survivors who have never reported from making initial contact with police.

Improve Officers' Resource Sharing Practices with Victim-Survivors

Another concerning area of these findings indicate that among victim-survivors who did report, survivors stated that law enforcement officers were not regularly sharing information regarding resources and services when they are interacting with victims. This alone is a barrier for victim-survivors to receive services. In an effort to address this issue, the Crime Victims Act (CVA) was amended by Act 77 in 2022. This amendment

⁸ Source: <https://www.media.pa.gov/pages/pccd-details.aspx?newsid=104>).

requires law enforcement to notify crime victims about basic information on the rights and services that are available to them. With less than half of victim-survivors who reported to police also reporting that police provided them with resources, the findings of this study indicate there could be a large discrepancy between policy and practice. It is pertinent to note, however, that the victim-survivors who were interviewed for this study could have interacted with officers prior to the implementation of Act 77. Thus, future research should continue to examine the interactions between victim-survivors and law enforcement to determine if this discrepancy still remains.

Law enforcement agencies should evaluate the practices of officers who are responding to DV/IPV calls. Similarly, agencies must determine ways in which they can hold their officers accountable for abiding by these requirements. Comprehensive tools have been created in an effort to make agency adherence to Act 77 much easier. For instance, the PCCD created the Law Enforcement Victims' Rights Guide for each specific county in Pennsylvania to aid law enforcement agencies.⁹ Publicly available data regarding the extent to which this resource is used by law enforcement among the Commonwealth is not currently available. Agencies should emphasize officers' awareness of these types of tools, so that officers are able to engage in victim-centered approaches to domestic violence calls. Furthermore, future research is needed to evaluate whether or not agencies are adhering to these policies and protocols, or using existing available resources, to determine other ways in aiding officers so they can exhibit best practices.

Policymakers should consider incentivizing police use of the Maryland Model of Lethality Assessment Program (LAP) across the Commonwealth. The LAP is a risk assessment tool made up of eleven questions that assess how likely it is a victim will be killed by an abusive partner. If victim-survivors are assessed as "high-danger," the responding officer immediately connects the victim to a local DV service program via a hotline call to begin emergency safety planning and service provision. As the LAP is created with empowerment in mind, it is up to the discretion of the "high-danger" victim-survivor to willingly accept or decline services. Even if an individual is assessed as "non-high danger" at the time of the call for service, requiring officers to conduct the Lethality Screen can be beneficial as it allows the victim-survivor additional insight and understanding regarding the warning signs that indicate an abusive relationship might be escalating in severity.

In an effort to reduce domestic-violence related homicide across the Commonwealth, PCCD and PCADV have collaborated for more than a decade to encourage law enforcement agencies to adopt the LAP. In 2012, PCADV launched the pilot program rolling out the LAP across the Commonwealth, though it remains a voluntary participation program. Currently, 48 of Pennsylvania's 67 counties and 332 police departments across the Commonwealth participate.¹⁰ Of the counties that currently do not participate, 16 are rural counties and 3 are urban counties. By encouraging participation in this program, this would not only improve relationships and

⁹ See the PCCD website for a list of victims' rights: <https://www.pccd.pa.gov/Victim-Services/Pages/Victims%27-Rights.aspx>.

¹⁰ According to the US Bureau of Justice Statistics' 2008 Census of State and Local Law Enforcement Agencies, there are 1,117 law enforcement agencies within the Commonwealth.

collaborations among local police departments and domestic violence programs, but it would be an additional way in which victim-survivors are educated about their current relationship and the services that may be available to them. Furthermore, the incentivization of LAP use among the Commonwealth would be particularly beneficial for rural victim-survivors. As a third of rural counties are not participating, it can be argued that the victim-survivors within these areas are at a disadvantage when it comes to learning about potential resources.

Evaluate Agency Practice Regarding PFA Violations

Many interview participants expressed frustration regarding PFA orders being violated without offenders facing any repercussions (see Appendix E). While PFA orders exist to provide legal protection to survivors, enforcement loopholes and inadequate measures pose significant challenges. Similarly, although Pennsylvania legislation appears to consider any violation of a PFA as grounds for an immediate arrest, the reality of the matter is that responding officers exercise discretion in how they choose to handle the situation. In cases where police do make an arrest, it is common for prosecutors and judges to then exercise discretion in how the PFA violation is handled. While some areas of the Commonwealth may take these violations more seriously than others, our findings show that the inconsistent response towards instances of PFA violations, particularly in rural areas, indicate a need for improvement in policy and procedures.

Ensuring that protocols are in place for law enforcement to respond swiftly and effectively to reported violations of PFA orders is crucial. Training programs should be conducted regularly to educate officers on recognizing the signs of domestic violence and understanding the gravity of PFA violations. Additionally, law enforcement agencies might consider introducing specialized units dedicated to handling domestic violence cases that can provide tailored support and expertise in responding to these incidents. Similarly, policymakers should consider implementing stricter penalties, such as increased civil fines, for individuals found in violation of PFA orders. These penalties should be proportionate to the severity of the violation and capable of compelling compliance with court-issued orders.

Finally, policymakers could benefit from supporting further research to examine potential resource barriers in rural areas of the Commonwealth that prevent effective PFA implementation. Compared to urban municipalities, more rural municipalities rely on the Pennsylvania State Police for full-time or part-time police services and the number of officers providing coverage typically depends on the population of the area they are serving. It stands to reason that in rural areas with fewer residents, there may be a need to increase the amount of officer coverage in order to properly respond to incidents of PFA violations.

Address Firearm Ownership among Known DV/IPV Offenders

The General Assembly should consider legislative changes that would allow the Pennsylvania State Police to integrate a firearm registry with a PFA order database in

order to easily identify offenders that own guns.¹¹ Some interview participants expressed concern regarding their abuser being able to continue to own firearms once abuse has been reported to law enforcement and/or a final PFA has been ordered (see Appendix E). This is particularly concerning as current legislation within the Commonwealth *requires* offenders to relinquish any firearms under their possession, as well as any firearms-related license or permit they possess, to their local law enforcement agency following the court issuing a final Protection from Abuse order against them (23 Pa. Cons. Stat. Ann. §§ 6108a.7). With victim-survivors indicating that their abusers are not relinquishing firearms, specifically when final PFA orders have been issued, there is a clear discrepancy between policy and practice.

Furthermore, while Pennsylvania's current legislation states that responding officers shall seize firearms that have been used in an incident of assault (18 Pa. Cons. Stat. § 2711), this posits a large safety concern as not all instances of DV/IPV may involve physical assault. Similarly, though Pennsylvania legislation currently requires people who have been convicted of domestic-violence-related misdemeanors to relinquish their firearms to law enforcement officials (Giffords Law Center, 2023), convicting an offender requires numerous steps on part of the victim-survivor and the criminal justice system. The findings of this study, in line with existing literature, emphasize that a significant portion of DV/IPV remains unreported and victim-survivors who *do* report indicate a lack of action taken toward the offender. Thus, the proposed integration of firearm registries within PFA databases could enable law enforcement to prioritize cases involving firearms and take preemptive measures to prevent potential intimate partner homicide.

Similarly, policymakers should consider strengthening policy regarding gun seizure and/or forfeiture when instances of DV/IPV are known. Current estimates show that 46% of adults own guns in rural areas, compared to only 19% of adults in urban areas (Ceasefire PA, 2023). Similarly, existing literature indicates that women who live in rural areas are at higher risk for DV/IPV, and firearms are used in 54% of all domestic homicides (Ceasefire PA, 2023). Thus, the type of gun reform proposed could be particularly important for the safety of victim-survivors in rural parts of the Commonwealth.

Considerations Regarding Victim Service Organizations

Increased Funding Opportunities for VSOs

Policymakers should consider prioritizing increased and continued funding available to VSOs across the Commonwealth. Perhaps the most commonly reported barrier among victim-survivors preventing them from reaching out to a VSO was the survivor's lack of awareness about local organizations. Further assessment regarding the location of VSOs is needed. This would be particularly valuable as understanding the distance between survivors and VSOs could highlight a dearth of service organizations among rural areas

¹¹ The Gifford Law Center indicates that the Pennsylvania State Police are mandated to maintain a permanent database of handgun sales, but not a comprehensive gun ownership registry. <https://giffords.org/lawcenter/state-laws/registration-in-pennsylvania/>. The PCADV maintains a statewide database on all PFA proceedings in the Commonwealth, and the Pennsylvania State Police maintain a Protection Order Registry <https://www.pfad.pa.gov/>.

of the Commonwealth, thus indicating clear barriers in services for those particular victim-survivors.

In some cases, respondents may have been aware of the organization itself but were either uninformed or misinformed regarding the services that were offered or may have been available to them. Adequate funding plays a pivotal role in sustaining programs aimed at providing essential services and improving safety measures for those affected. Not only does continual funding allow for these organizations to remain functional, but increasing funding available to these organizations allows for them to direct money towards increasing and enhancing public awareness programming for Pennsylvanians in the locations they serve.

Policymakers should consider the increased funding of VSOs through state funds. While increased funding through federal grant opportunities, such as the STOP Formula Grant program,¹² are vital for sustaining VSOs and their efforts to victim-survivors, increased funding to VSOs directly from the state would allow for a reduction in hours that employees dedicate to writing grants for funding to keep their VSOs afloat. In turn, this would allow VSOs to delegate these hours to serving victim-survivors within their local communities. Furthermore, this would allow for increased opportunities for employment within VSOs, which are consistently found to be understaffed and overworked.

Victim-survivors call for increased public awareness campaigns and increased community presence by existing VSOs, but also acknowledge the need for increased funding to make these changes. One rural victim-survivor emphasized this when she stated, *“The organizations are funded by state funds, usually government funds. And their hands are tied as well. They rely a lot on volunteers and donations. I feel like they are restricted by their abilities. They're restricted. People can't afford to be a volunteer anymore. I really, really, really wish that people in higher positions all the way up to federal government, state, local, give more funding. There needs to be more awareness.”*

Within rural areas of the Commonwealth, it is vital that VSOs allocate funds and efforts to establish and expand community outreach programs. Specifically, the findings of this study emphasize that while anyone can experience IPV, underrepresented or marginalized groups, such as those living in rural areas, are often unaware or hesitant to get services. When discussing possible areas of improvement for VSOs, one rural victim-survivor emphasized some of the barriers specifically faced by underrepresented groups by saying, *“I think further paying attention to specific populations and identities. Especially here, there's lots of rural communities that don't have access to internet or transportation. Further paying attention to cultural differences and languages and all the reasons why people wouldn't call or reach out. And just continuing being in the community and making themselves known and approachable and putting faces to names, which can be tricky.”* Thus, VSOs should design targeted outreach efforts to these groups

¹² The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is allocated to states and territories to bolster local communities' capabilities. It aims to enhance law enforcement and prosecution strategies to combat violent crimes against women, as well as to fortify victim services in such cases (OVW, 2024). When STOP Program funding is available, all 67 counties in Pennsylvania are able to apply. Counties that receive funding are required to allocate 25% of the grant funds to law enforcement, 25% to prosecution, and 30% to victim services.

to increase awareness and utilization of services. This outreach may include organizing educational workshops, seminars, and awareness campaigns in collaboration with local community centers, schools, churches, and other institutions. By increasing active engagement with their communities, these organizations can raise awareness about the services they offer, how to access them, and the importance of seeking help for domestic violence.

It is clear from the findings that fear of judgment or disbelief from others in their community can deter victims from reporting domestic violence. Additionally, the findings of this study indicate that the myths surrounding DV/IPV are alive and well within rural communities of Pennsylvania. Similarly, adherence to these myths was reflected from the voices of victim-survivors. Increased funding can enable VSOs to conduct community outreach and education campaigns aimed at dispelling myths, reducing stigma, and raising awareness about the realities of DV/IPV. By fostering a supportive and non-judgmental community environment, VSOs can help victims feel more comfortable and confident in coming forward to seek help. Furthermore, by VSOs increasing efforts to dispel these myths among the public, it is likely that this could aid victim-survivors to better recognize the signs and symptoms of DV/IPV within their relationships and empower them to formally report their experiences to law enforcement.

Victim-survivors often fear retaliation or further harm if their abusive partners find out about their attempts to seek help. Increased funding can support VSOs in strengthening confidentiality protocols to ensure that victims' identities and personal information are protected. This may involve investing in secure communication channels, implementing strict data protection measures, and providing training to staff on the importance of maintaining confidentiality.

Increase Early Intervention and Public Education Regarding DV/IPV

One observation of particular importance to victim-survivors was the current lack of awareness of the signs and symptoms of an abusive relationship. Thus, VSOs, in collaboration with policymakers and other community stakeholders, should consider implementing comprehensive public education initiatives aimed at increasing awareness of the signs and symptoms of DV/IPV. Additionally, addressing teen dating violence (TDV) is essential, as it often serves as a precursor to IPV in adulthood. Given that many victim-survivors disclose to families or friends, this demonstrates the need for education on the available resources, reporting processes, and appropriate support and services that may be offered.

Early intervention and education, starting at the school age level, are paramount in preventing future instances of IPV and breaking the cycle of violence. Research consistently shows that individuals who experience TDV are at an increased risk of perpetrating or becoming victims of IPV in their adult relationships. The dynamics of TDV mirror those of IPV, albeit in a less severe form, often involving control, manipulation, and physical, emotional, or sexual abuse. Similarly, many individuals grow up in households where they witness DV/IPV or experience it themselves, leading them to perceive such behavior as normal or acceptable. This normalization of violence can perpetuate the cycle of abuse across generations.

Policymakers should consider mandating evidence-based and age-appropriate educational programs in schools, starting as early as elementary school. Educating young people about healthy relationships, consent, and recognizing signs of abuse should be integrated into school curricula from an early age. By incorporating age-appropriate education on these topics, we can empower students to develop healthy relationship skills, recognize abusive behaviors, and seek help when needed. Furthermore, by addressing TDV early on, we have the potential to disrupt the trajectory towards more severe forms of violence in adulthood.

Moreover, schools provide a structured environment where professionals can identify and support students who may be experiencing or witnessing abuse at home. As such, mandatory and ongoing training for educators and school staff on how to recognize signs of abuse in students and how to respond effectively should be implemented. This includes protocols for reporting suspected abuse and connecting students with appropriate support services. It is imperative that policymakers, educators, and community leaders work together to implement these recommendations and create a safer, more supportive environment for all individuals.

Considerations for Legislative Changes

Domestic Violence Should Be Considered an Additional Charge

“I honestly think there needs to be some sort of criminal justice reform in order to hold those domestic violence type offenses more than just a misdemeanor simple assault or harassment charge. If you can somehow change that to quantify how much it's happened or the nature, it feels like you always see those same charges and you know what they mean. But there's usually not very much that comes out of it. And that's where I think we could step up for victims in that aspect.” – Urban Victim-Survivor

The General Assembly should consider a distinct legal recognition of domestic violence due to its unique nature and ramifications. While some may argue that existing criminal statutes sufficiently address acts of violence within familial or intimate partner relationships, a dedicated charge specific to domestic violence is likely needed for several reasons. First, domestic violence constitutes a distinct category of offense characterized by its intimate and recurring nature. Unlike random acts of violence between strangers, domestic violence occurs within the context of relationships marked by trust, dependency, and vulnerability. Perpetrators often exploit these dynamics to exert control and perpetuate abuse over time. Therefore, delineating domestic violence as a separate charge acknowledges the gravity of such offenses within the familial and intimate sphere, distinct from conventional criminal acts.

Second, recognizing domestic violence as a discrete offense facilitates targeted intervention and support for victims. By delineating it as a distinct charge, legal frameworks can encompass a broader range of abusive behaviors beyond physical violence, such as emotional, psychological, and financial abuse. This comprehensive approach acknowledges the multifaceted nature of domestic violence and enables law enforcement and judicial systems to respond effectively to the complex dynamics inherent in abusive relationships.

Third, establishing domestic violence as a distinct charge serves a deterrent function, signaling society's condemnation of violence within intimate relationships and underscoring the seriousness with which such offenses are regarded. Clear legal consequences, including specialized penalties and protective measures, communicate a strong message that domestic violence will not be tolerated and can contribute to shifting societal norms away from acceptance or normalization of abusive behaviors.

Finally, a separate charge for domestic violence recognizes the particular challenges faced by victims in reporting and seeking recourse against their abusers. Fear of retaliation, economic dependence, and emotional attachment often hinder victims from coming forward or pursuing legal action. Providing a specific legal framework for domestic violence enhances access to justice and support services tailored to the unique needs of survivors, thereby empowering them to seek assistance and break free from cycles of abuse.

Conclusion

The findings of this study emphasize that policymakers and stakeholders across the Commonwealth should advance their focus on the area of domestic violence, particularly within rural communities. Specifically, this study provides evidence that highlights the need for further development of victim-centered domestic violence training requirements for rural police; the continued and increased funding of policies and programs designed to enhance victim-survivor safety and strengthen the criminal justice system's response to domestic violence, regardless of the victim-survivor's sex, gender, or sexual orientation; and provide evidence against efforts that may attempt to create further barriers for victim-survivors when it comes to formal reporting and/or accessing services.

Aligning with prior research efforts conducted through the Center for Rural Pennsylvania, the findings of this study reinforce the continued call to increase training efforts, with a focus on domestic violence intervention, among law enforcement officials across the Commonwealth. Furthermore, this study provides support for current legislation that has been drafted in the attempt to address these efforts, such as a recent House bill which seeks to "amend Title 53 (Municipalities Generally) of the Pennsylvania Consolidated Statutes to require minimum standards for training police officers in responding to domestic violence calls. The training will include standards for assessing the lethality risk of domestic violence incidents" (Klunk, 2020). Additionally, results of this study show the need for specific modifications in training between rural and urban police, to better accommodate rural victims. The results of this study also posit the need to revisit and redefine what standards, if any, these trainings are required to meet.

Similarly, the findings of this study provide support for continued funding of programs, such as the STOP grant and LAP programs in rural counties, that are currently supported by organizations and policies such as the Pennsylvania Coalition Against Domestic Violence (PCADV), the Violence Against Women Act (VAWA), and the Victims of Crime Act (VOCA). The results of this study provide evidence emphasizing the need to increase funding of victims' service organizations across the Commonwealth and emphasize the need for policymakers and stakeholders to examine and evaluate the

current funding allocations for rural and urban victims' services. Overall, this study provides evidence for the need to further advance legislation, policies, and programs that promote an equitable justice system and enhanced services for victim-survivors, particularly those in underrepresented, marginalized, and minority groups, and in rural areas of the Commonwealth.

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Appendix A – NIH Certificate of Confidentiality



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Public Health Service

National Institutes of Health
Bethesda, Maryland 20892
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CERTIFICATE OF CONFIDENTIALITY

Number:
CC-OD-23-3960

Issued To
Penn State University

conducting research known as
Roadblocks to Reporting

In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d), this Certificate is issued to *Penn State University* to protect the privacy of subjects in the above named research study, which is collecting or using identifiable, sensitive information. *Emily Strohacker* will serve as principal investigator. If there is a discrepancy between the terms used in this Certificate and section 301(d), the statutory language will control.

Research data and biospecimens containing identifiable, sensitive information collected or used during this study are covered by the Certificate beginning on the later of the approval date of this Certificate or the commencement of the project, until the collection or use of identifiable, sensitive information concludes. Identifiable, sensitive information protected by the Certificate and all copies thereof are protected for perpetuity.

The recipient of this Certificate shall comply with all requirements of subsection 301(d) of the Public Health Service Act. This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services.

01/11/2023

ANGELA Chambers

Approval Date

NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health

Appendix B – Demographic Characteristics of Interview Participants (n=37)

Participant ID	Gender	Current Location	Multiple IPV Relationships	County Density - IPV Experience	Report to Police
P1	Female	Columbia County	Yes	Both	Yes
P2	Female	Centre County	No	Both	Yes
P3	Female	Washington County	Yes	Both	Yes/No
P4	Female	Schuylkill County	Yes	Both	Yes/No
P5	Female	Philadelphia County	No	Out of State	Yes
P6	Female	Centre County	No	Rural	No
P7	Female	Union County	No	Rural	No
P8	Female	Centre County	No	Rural	No
P9	Female	Centre County	Yes	Rural	Yes
P10	Female	Perry County	No	Rural	No
P11	Female	Washington County	No	Rural	No
P12	Female	Centre County	No	Rural	Yes
P13	Female	Centre County	No	Rural	Yes
P14	Female	Centre County	Yes	Rural	Yes/No
P15	Female	Crawford County	No	Rural	Yes
P16	Female	Tampa, FL	No	Rural	Yes
P17	Female	Centre County	No	Rural	Yes
P18	Female	Washington County	No	Rural	Yes
P19	Male	Blair County	Yes	Rural	Yes/No
P20	Female	Erie County	No	Rural	No
P21	Female	Lawrence County	No	Rural	No
P22	Female	Indiana County	No	Rural	No
P23	Female	Cambria County	No	Rural	Yes
P24	Female	Somerset County	No	Rural	No
P25	Female	Schuylkill County	No	Rural	Yes
P26	Female	Beaver County	No	Rural	Yes
P27	Female	Blair County	No	Rural	No
P28	Female	Potter County	Yes	Rural	Yes
P29	Female	Mercer County	Yes	Urban	No
P30	Female	Cumberland County	No	Urban	No
P31	Female	Cumberland County	No	Urban	No
P32	Female	Allegheny County	No	Urban	Yes
P33	Female	Allegheny County	No	Urban	Yes
P34	Female	Montgomery County	No	Urban	Yes
P35	Female	Philadelphia County	No	Urban	Yes
P36	Female	Lancaster County	No	Urban	Yes
P37	Female	Luzerne County	No	Urban	Yes

Appendix C – Demographic Characteristics of Survey Participants (n=55)

Gender	
Man	6
Woman	42
Other	3
Age	
18 - 34	27
35 - 64	27
65 and older	1
Age Last Experienced IPV	
Median	31.5
County Density	
Rural	26
Urban	29
Race	
White	29
Black or African American	16
Something Else	5
Prefer not to Answer	2
Marital Status	
Married/Living with Partner	22
Single/Never Married	11
Divorced/Widowed/Separated	19
Highest Educational Level	
High school or less	13
Some college	16
College Degree	10
Graduate Work	12
Don't know/Not sure	1
Employment Status	
Employed (full-time, part-time, self-employed)	35
Out of work and looking for work	5
Other (not looking for work, homemaker, student, military, retired, disabled)	12
Income	
Less than \$30,000	14
\$30,000 to \$60,000	15
\$60,000 to \$99,999	9
\$100,000 or more	12
Don't know/Not sure	2

Appendix D - Lack of Information Available to the Public

The lack of readily accessible and user-friendly information on government websites for victims of crime to contact services represents a significant barrier to accessing support, particularly for victims of DV/IPV. This issue is compounded by dead-end websites and non-direct phone numbers, which further hinder victims' ability to navigate available resources and seek assistance when they need it most. The research team took note of this when attempting to collect VSO information, and interestingly it was organically introduced within the interviews by victim-survivors. For instance, one rural victim-survivor emphasized this when stating, *“You just got to do a lot of weeding and sifting through all the entries to find resources that will help you in your situation.”* Another urban participant said, *“I was doing lots of searches online for support stuff, but I never really found anything informative from my county's stuff. All it ever had on my county government whatever, was just a page. And it was like, here's the names of the people who are a part of, but that was it. No resources, no handouts, no PDFs, no statistics, no nothing.”*

While government websites, such as that of the OVA, PCCD, and OVS, intend to provide information and resources for victims of crime, they often suffered from poor design, outdated information, and complex navigation structures. This is particularly problematic as victims may struggle to find the information, they need due to confusing layouts, buried links, or lack of clear guidance on where to seek help. Dead-end websites, which fail to provide actionable next steps or links to relevant services, can leave victims feeling frustrated and discouraged from seeking further assistance.

Similarly, many VSOs that can be found through the OVA website lists general phone numbers or contact forms rather than direct lines to support services. This can create an additional barrier for victim-survivors, as they may be forced to navigate through automated menus or wait on hold for extended periods before speaking with a live representative who can provide assistance. When victim-survivors encounter dead-end websites or non-direct phone numbers, they may become discouraged or overwhelmed, leading them to abandon their search for help or delay seeking assistance until it is too late.

DV victim-survivors may already feel isolated and fearful, making it difficult for them to reach out for help. When confronted with inaccessible or unresponsive government websites, these feelings of fear and isolation can be intensified, further deterring victims from seeking support. Dead-end websites and non-direct phone numbers only serve to reinforce victims' sense of helplessness and hopelessness, exacerbating the barriers they face in accessing services.

Inadequate information and resources on government websites represent missed opportunities for early intervention and prevention of domestic violence. Victim-survivors who are unable to access support services may remain trapped in abusive situations, with their safety and well-being at risk. By improving the accessibility and user-friendliness of government websites and providing direct, easy-to-find contact information for VSOs, policymakers can help ensure that victims of domestic violence receive the assistance they need to escape abuse and rebuild their lives. In order to address these barriers, policymakers and stakeholders must prioritize the needs of

victims, ensuring that information and resources are readily available, easily accessible, and user-friendly, thereby empowering them to seek help and take steps towards safety and healing.

Appendix E – Additional Interview Themes

Preexisting Ties with Law Enforcement

Some victim-survivors found themselves at troubling cross-roads as they were experiencing abuse within their relationship, but they did not report instances of victimization because their abuser was a member of law enforcement. Similarly, others reported that while their abuser was not a member of law enforcement, their immediate family members were, or they personally held a job within the criminal justice field. This issue was exclusively shared by rural victim-survivors and made their experiences that much more challenging as they were already navigating the complexities of small, tight-knit communities and the stigmatization that comes with IPV that is often exacerbated in rural areas. Though this was not a common theme among survivors, it is worth discussing as existing research has long reported that domestic violence is relatively common within police families (Anderson & Lo, 2011; Neidig, Russell, & Seng, 1992; Goodmark, 2015). Furthermore, it stands to reason that victim-survivors who have close ties with law enforcement may be more hesitant to report their abuse.

One victim describes her experience: *“It was, I guess, a weird situation because my dad at the time, he was a police officer for most of the time that this was going on, but then he had been injured and then he was on leave for a while. So that, coupled with the fact that my ex-boyfriend's uncle was the police chief, and the police station was literally right across the street from my house. So, I guess just having my dad as an officer and his uncle who I was close with, and he was close with being an officer, I guess it wasn't necessarily something that I wanted to report and have those people find out.”* One survivor stated, *“He is an EMT, and he has friends in those places, and really, I just didn't think they would take me seriously”* in reference to why they chose not to report to police. Similarly, another interviewee said, *“And calling the police? We lived in a little country town, so when your husband is drinking buddies with the police, you don't go to them for help.”*

Another survivor describes her complete lack of faith in law enforcement after her experiences with her abuser, who worked for the State Department of Corrections throughout her victimization. *“Unfortunately, it seems like something really, really bad needs to happen before police will do anything. If I knew somebody right now living in a house with somebody who was beating them, I would in no way, shape or form tell them to call the police. What's going to happen is they call the police, the police come out, they get a false story, a false account from the abuser, and then they leave, and then the poor woman's going to get it even worse. No. I would definitely say don't call the police.”* This reaction resulted from her own experience with law enforcement after reporting her own victimization and also reporting multiple PFA violations by her abuser. She highlights the underlying complexities of being in an abusive relationship with someone who has existing personal ties with law enforcement while living in a small, rural area when she

states, “And they knew him. He was born and raised in [city], and so were most of the cops, so they knew him. They were buddies.”

Another survivor whose abusive partner was an officer in their local law enforcement agency said, “I didn't want to do the PFA because I didn't want him to lose his job or lose his gun or lose any of that stuff, but I just kept warning him, like, ‘You lay hands on us, any of us, we're done.’ And unfortunately, he made a choice to choke my daughter.” This survivor also held a job in the criminal justice field which meant she worked with this agency on a regular basis. As she worked regularly with other officers, she posited about how their everyday duties can negatively impact them if their mental/emotional health is not adequately attended to when saying, “I think a lot of the law enforcement didn't want to think that it would happen to us because, if it happened to us, could it happen to them type thing. I guess I'm just of the mindset right now that the stressors that law enforcement and criminal justice folks experience on a day-to-day basis... I can remember six years ago telling [her abuser] that, ‘That job's changing you. You're getting cold.’ There used to a world where they say, ‘Stop,’ and people stop, where in a family, they may be questioned, ‘Why should I stop?’ or ‘I'm not ready to stop yet,’ or something. And they're not used to being questioned ... So, I think in time, the relationships with the law enforcement, I really struggled with that. I struggled with whether I wanted to continue to work with them or not, because I did feel betrayed by a majority of them.”

The voices of these survivors highlight a barrier to reporting that may often be overlooked. In an effort to encourage reporting among this population of victim-survivors, law enforcement and other service agencies should collaborate to create an independent reporting avenue for these individuals to report abuse that might be perpetrated by law enforcement. It is pertinent that reports made through these means be anonymous so that the victim feels safe enough to come forward. Victim-survivors should also have the option to report directly to external oversight bodies or independent agencies responsible for investigating police misconduct. Policymakers should also strengthen whistleblower protections for law enforcement officers and civilian employees who report misconduct within their agencies. This would ensure that individuals who come forward with information about DV/IPV being perpetrated by colleagues are protected from retaliation and are provided with necessary support and resources.

Finally, these stories acknowledge the importance of making sure that police officers are mentally and emotionally well. Officials should strongly consider implementing measures within their agencies that act as evaluators for officers' mental and emotional health. For instance, the Office for Victims of Crime created The Vicarious Trauma Toolkit that is publicly available for law enforcement agencies, and various other types of organizations that regularly interact with victims, to use in order to help mitigate the potentially negative effects that can result from the trauma exposure these individuals are seeing on a regular basis. It is pertinent that we do not continue overlooking individuals who aim to aid victim-survivors of any crime.

PFA Violations

Numerous participants discussed their experiences with protection from abuse (PFA) orders and having their abuser violate the PFA. In many cases, individuals described that

there were no repercussions to these violations. One rural participant stated, “*And even with the PFA, he violated it time and time again. And I'd call 911 and I'd ask, 'Is this a PFA violation?' And they would say yes, and then when the police came, they would talk to me and then they'd talk to him, and nothing that would ever come out of it. **And so, it just got to a point that I quit reporting** it because it was like he just knew he was getting to me then, and then he could just get away with anything.*” She then said, “*I felt betrayed [by police] when I filed PFA violations that were clear, consistent, witness-based violations, and they did nothing. I mean, that hurt. That really hurt.*”

One rural victim-survivor, who is currently an employee of their local VSO, discussed how they see instances of DV/IPV mishandled for many of their clientele. They stated, “*We see so often in cases where there is abuse and police are called, both the victim and the perpetrator of the violence, both being brought up on charges. We see instances where a PFA is violated, and it's violently violated and there is no repercussion.*” Another rural victim-survivor described one of these “violent” violations when she said, “*I had a PFA against him. The cop's just right there, and he was pushing me into my car and screaming at me. And they did nothing. The cops did nothing. He broke the PFA five times, and they did nothing.*”

Furthermore, victim-survivors underscored the lack of safety they felt a PFA order provided them. For instance, one urban victim-survivor discussed how the PFA did not discourage her abuser which ultimately resulted in her relocating out of the Commonwealth. She said, “*I ended up moving [out of state] right before he got off of house arrest, because I didn't feel protected by the police. I didn't feel like they could keep me safe because, clearly, he didn't care about the PFA or going to jail or any of that.*” Another rural participant stated, “*If they really want to [harm you], they're going to. A PFA is not protection because all it is, is a piece of paper.*”

Future research examining how law enforcement handles violations of PFA orders across the Commonwealth is crucial for several reasons. Despite the legal mechanisms in place to protect individuals from domestic violence, there is limited empirical understanding of how effectively these orders are enforced and the factors that influence law enforcement responses. Researchers should explore variations in enforcement practices across different jurisdictions and the impact of factors such as officer training, departmental policies, and community attitudes towards domestic violence. Additionally, examining the experiences and perspectives of both victim-survivors and law enforcement officers can provide valuable insights into the challenges and barriers encountered in enforcing PFA orders. Such research can inform policy and practice improvements aimed at enhancing victim safety, increasing offender accountability, and ensuring that PFA orders are implemented effectively to prevent further harm in cases of domestic violence within Pennsylvania.

Firearms

Another theme voiced by interview participants surrounded their abusers' continued access to firearms following verified instances of domestic violence. These responses highlight critical concerns that should inform future research and public policy. Survivors expressed fear for their safety and increased vulnerability when their abusers retain, or

regain, access to firearms. In addition to fear for their safety, survivors of domestic violence often experience a range of complex emotions and practical concerns regarding their abusers' continued access to firearms. An urban participant stated *“My biggest fear is the trying to get the guns given back with PFAs. That is the scariest thing for me is you give them free range. And I think even expanding on the weapons stuff, I've seen people use a BB gun or you use a machete, or you have a crossbow and none of those things are taken away.”*

Many survivors report feelings of ongoing anxiety and hypervigilance, knowing that their abuser possesses a potentially lethal weapon. This heightened state of alertness can significantly impact survivors' daily lives, affecting their ability to feel secure in their homes and communities. In some instances, survivors indicated that while firearms were not being used toward them directly, their abusers would use them in other threatening ways. In one example, a rural victim-survivor stated, *“He also was all the time, ‘Well, I'm going to kill myself. I'm going to kill myself.’ He would hold a gun to his head, all kinds of things like that.”* She further emphasized that by her abuser having access to a firearm, he had the ability to torment her psychologically by continually threatening to commit suicide, thus further perpetuating her ongoing abuse. She said, *“He wasn't suicidal, he was another threat to me... he was just constantly, ‘Well, here, I'm going to take this gun and blow my brain out on your couch.”*

Moreover, survivors may express frustration and disbelief at perceived gaps in legal protections, questioning why abusers with documented histories of violence are still allowed to possess firearms. This sense of injustice can exacerbate feelings of powerlessness and distrust in the legal system's ability to ensure their safety. For instance, one rural survivor stated, *“Totally for the Second Amendment, but if you've had a PFA and there's a history of violence... I guarantee you I've called the police 20 times. ‘Why does my ex-husband have an arsenal?’ And the only way I know that is because my youngest daughter went with him for a little bit, and she told me, she said, ‘Mom, you need to watch. He has a lot of guns.’ And why? How is he able to have those? And he's not the only one.”* One rural survivor indicated the need for a change in policy saying, *“I have a license to carry myself at this point. But I feel like... when there is a known history of violence, mental instability, that should be a flag. And they should not be able to acquire a weapon.”*

These emotional responses underscore the profound impact that firearm access has on survivors' well-being and underscore the urgency of policy and research efforts aimed at addressing this critical issue effectively. Future research should explore the effectiveness of current firearm restrictions and protective measures in preventing intimate partner homicide and reducing harm to IPV survivors. Additionally, further understanding survivors' experiences and perspectives can provide valuable insights into the gaps and challenges in enforcing existing laws and implementing protective measures effectively. Policymakers should prioritize measures that enhance survivor safety by strengthening firearm restrictions, improving enforcement mechanisms, and ensuring adequate support and resources for survivors navigating legal and protective processes. By integrating survivor voices and experiences into policymaking and research

agendas, stakeholders can develop more informed and effective strategies to mitigate the lethal intersection of domestic violence and firearm access.

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