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DOMESTIC VIOLENCE IN THE NORTH DAKOTA OIL PATCH:
BARRIERS TO IDENTIFYING AND SERVING FEMALE VICTIMS

Kristi R. Rendahl

DISSERTATION

submitted in partial fulfillment of the
requirements for the degree of

Doctorate of Public Administration

Hamline University

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2015

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ABSTRACT

This study explored the issue of domestic violence in energy boomtowns. Specifically, it sought to answer the questions: What issues are confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota? What opportunities do professionals cite in identifying and responding to female victims of domestic violence in rural areas and boomtowns? Further, how has the professionals' experience of the oil boom changed their methods of identifying and responding to female victims of domestic violence? The study used a qualitative approach through a focus group and follow-up interviews with the program directors of rural domestic violence advocacy organizations in the state as key informants on the issue. Findings were analysed through the lens of literature on domestic violence in general and in rural areas in particular, the social disruption hypothesis related to boomtowns, and the range of feminist perspectives on addressing domestic violence. Findings were consistent with the issues identified within literature about domestic violence in rural areas and in boomtowns. Findings also revealed that certain barriers to identifying and serving female victims of domestic violence in rural areas become more pronounced during an energy boom, including the severity of abuse due to an increased presence of weapons, the prevalence of mental health and substance abuse issues among both victims and abusers, the access to and costs of transportation and housing, and the necessity of a community-coordinated response. Recommendations for public policymakers and administrators include the State's adoption of a definition of domestic violence that includes more than physical violence, exploration of telehealth to respond to

the dearth of mental health and substance abuse services, development of state-wide community-coordinated responses to domestic violence, and investment in the organizational capacities of those agencies responding to trauma. Recommendations for future research directions include further study of domestic violence in rural areas, boomtowns, and among Native American populations during an energy boom.

Keywords: domestic violence, rural, boomtown, social disruption hypothesis, North Dakota, oil boom

DEDICATION

I dedicate this dissertation, first and foremost, to the women who have found themselves in situations of abuse they never imagined and do not yet know their own strength. I dedicate this also to those who work tirelessly to help these women create a better future, even when chaos abounds and there seems little reason for hope, and I dedicate this to my parents, who taught me to live with curiosity, commitment, and compassion. You are all the collective reason I started in the first place.

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To Suzie Kramer-Brenna and the North Dakota Coalition of Abused Women's Services and all of its members, I thank you for believing in the value of this study enough to share your precious time and resources on it. You do so very much with so very little.

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Last, but not least, I wish to acknowledge my family and friends for their support in this effort and in many others.

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CHAPTER 1—INTRODUCTION

Statement of the Purpose

Recently, there has been growing interest in the rapid growth of the nine oil- and gas-producing counties in western North Dakota, which include two of the top ten fastest growing counties in the United States.. This so-called “oil boom” is attributed to the high price of oil and the U.S.’s interest in increasing energy independence. The boom has already created thousands of jobs and professionals project an additional 15,840 jobs by 2020 (Archbold, 2013).

With the boom has come both economic growth for the state and rapid growth of communities. The latter is often associated with insufficient housing, increased crime, a marked gender imbalance, and social tensions between long-time residents and newcomers. Information from media on the region provides anecdotal evidence of increased violence, including domestic violence, and is supported by findings from a recent empirical study (Archbold, 2013). Law enforcement struggles to respond to crime, implement prevention activities, and provide ongoing training to its workforce (Archbold, 2013). Nonprofit agencies face unprecedented demand for services, lack sufficient funding, and compete for human resources with the oil and gas industry, which pays higher wages (Weber et al., 2014).

This study seeks to understand 1) the issues confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota; 2) the opportunities professionals encounter in identifying and responding to female victims of domestic violence in rural areas and

boomtowns, and; 3) how the experience of the oil boom has changed the professionals' methods of identifying and responding to victims. The secondary research in this study draws from literature on domestic violence in general and in rural areas in particular, the social disruption hypothesis on boomtowns, and the range of feminist perspectives on addressing the issue of domestic violence.

Definitions

Definitions of a "boomtown" vary, though there is consensus on the key components of growth rate, rural location, and proximity. Ruddell (2011) defines a boomtown as population growth of 15% annually or 5% for three consecutive years. Ruddell states that resource-based boom is different from communities that are experiencing some other form of population growth. Indeed, Covey et. al (1981) state that population growth, while an important factor, is not the only determinant in indicating a boom area. For example, lest urban areas be inaccurately identified as boomtowns, a boomtown must occur in a rural area. The authors state (1981), "A boom town (boom area) is a historically small rural community that experiences rapid population growth in a relatively short period of time, resulting in sufficient strain on the community's (area's) ability to meet residents' needs" (p. 111). Freudenburg (1991) describes a boomtown as small (under 10,000 population), isolated, at least 100 miles from the nearest metropolitan area, and 30-80 miles from the nearest community of any size. Most host communities of energy development, Freudenburg notes, have a history of population stability or decline, and when thousands of workers are needed, the populations double (or more) within two to four years.

“Domestic violence” is another term that has multiple definitions without a universal consensus on its use. While physical violence tends to be the focus of much research and practice, domestic violence may also include emotional or psychological abuse (Straka & Montminy, 2006; Tjaden, 2004). Wilcox (2006) describes domestic violence as a “... pattern of coercive behaviors, which may include verbal abuse, threats, manipulation, physical violence, sexual violence, rape, and homicide.” In fact, coercive control is considered a defining feature of women’s experiences of domestic violence, used as the core strategy to subjugate women in intimate relationships, resulting in entrapment in violent relationships (Keeling & Fisher, 2012). Domestic violence can be perpetrated against men too, but “the majority of the victims are women, and they are the ones most likely to seek and obtain help in a domestic violence shelter” (Mattson et al., 2002, p. 465).

The United Nations General Assembly passed a resolution stating that violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs (United Nations General Assembly, 1994).

The State of North Dakota's Century Code utilizes the following definition :

Domestic violence includes physical harm, bodily injury, sexual activity compelled by

physical force, assault, or the infliction of fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault, not committed in self-defense, on the complaining family or household members (ND Coalition of Abused Women's Services, 2009, p.16).

For the purposes of getting a domestic violence protection order, domestic violence is defined as when a family or household member physically harms, causes bodily injury, physically forces sexual activity, assaults, or creates fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault. In this case, "family or household member" means a spouse or former spouse, parent, child, other family member, person related by blood or marriage, a person an individual is dating, a person an individual is living with you or has lived with before, the other parent of an individual's child (even if never married or living together,) or any other person with a "sufficient relationship" to the abusing person as determined by the court. Same-sex partners are eligible to file for protection orders in North Dakota (Womenslaw.org, 2010). Additionally, it is noteworthy that the state's definition speaks only to physical harm, not other types of harm.

Other terms to describe the general issue include intimate partner violence (IPV), battered women, and domestic abuse. For the purposes of this dissertation, the term “domestic violence,” will be used (except when directly quoting literature that uses another term) according to the following definition from the U.S. Department of Justice’s Office on Violence Against Women:

We define domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone (U.S. Department of Justice, n.d.).

Statement of the Problem

In recent years, the oil-rich region of western North Dakota has experienced a significant increase in activities related to oil exploration and extraction. This has resulted in an unprecedented growth in population, primarily males in search of employment. North Dakota has been a predominantly rural state since gaining statehood in 1889. Even with the influx of oil workers, the total population is under 700,000 in a land area that could accommodate the state of Rhode Island 46 times over.

In the 1970s, social scientists started paying attention to issues in resource boomtowns that faced economic and social collapse due to rapid and unprecedented development (Dalton, 1995; Lawrie et al., 2011). The research was motivated in part by

the Arab oil embargo, which forced the U.S. to explore alternative sources of oil. Until 1975, research on boomtowns focused largely on economic development and paid little attention to the social consequences that appeared to come with it (Freudenburg, 1991). The research has since been applied to slaughterhouse communities, which also experience a population influx (Fitzgerald et al., 2009).

The next era of research pushed back on the wave of economic optimism to emphasize the potential for social disruption, and thereby ignored economic growth. By the late 1970s, the literature focused on the social consequences of boomtown growth, emphasizing serious social issues, negative effects on mental health, increased crime and violence, marital breakdown, substance abuse, and a reduced sense of community (Hunter et al., 2002; Lawrie et al., 2011). Scholars quickly considered the so-called “social disruption thesis” as conventional wisdom and the oil shocks of the 1970s provided ample boomtowns to research. Berger & Beckmann (2010) state that:

In the last few decades, it has become clear that development of wide-scale energy projects takes social and biological tolls and has resulted in conservationists social advocates, regulatory bodies – including law enforcement – banding together to slow the erosion of traditional rural lifestyles. (p. 892)

Literature about “energy boomtowns” likens the rapid growth of communities to that of urbanization (Freudenburg, 1984; Krannich, 1985), where services and the development of appropriate infrastructure lag behind the boom. The Bakken Formation in western North Dakota appears to be another stark example of this comparison with communities scrambling to expand health and law enforcement services, create housing

stock, build and repair roads, and coordinate inter-agency efforts. This growth is especially problematic for rural areas, which already have a lower tax base and, as a result, fewer public services.

One aspect of urbanization and boomtowns alike is that of increased violence, which has been attributed to decreased social capital, increased social isolation, attraction of labor for young men, and insufficient law enforcement capacity. These issues form the basis of what is called the “social disruption thesis” or “boomtown disruption hypothesis” (Berger & Backmann, 2010; Covey et al., 1981; Freudenburg, 1991; Hunter et al, 2002; Lawrie et al., 2011; Ruddell, 2011). The net result of this change is almost always a greater increase in criminal activities compared to the increase in population (Freudenburg, 1991).

Domestic violence is inevitably one such aspect of criminal activity. While boomtown literature gives domestic violence scant attention, we do know that boomtowns are, by definition, located in rural areas, which already have fewer and less developed services, and which have different attitudes surrounding domestic violence, as described in the literature review. The need to further examine domestic violence in boomtown settings is not likely to dissipate, as humans are not done searching for and harvesting energy resources in order to maintain and enhance our lifestyles, so the research will have relevance well into the future (Berger & Beckmann, 2010). Rural sociologist William R. Freudenburg (1986) writes that “most rural communities in the United States continue to favor industrial developments, with the clear exception of nuclear facility development” (p 460). Ruddell (2011, p. 339) states that,

...as natural resources from existing sources become more expensive to extract, there will be increased pressure to find new places to exploit these resources. Exploration will increase in rural and remote areas, and a growing number of communities will confront some of the challenges of population booms.

Domestic Violence

Unlike research on boomtowns, there are significant bodies of literature on the topic of domestic violence, though the research has focused almost exclusively on urban and suburban areas (Bevan & Higgins, 2002; Clark, 2011; Crittenden & Wright, 2013; Finley, 2010; Goodmark, 2009; Grossman et al., 2005; Iyengar & Sabik, 2009; Keeling & Fisher, 2012; Levitt & Ware, 2006; Macy et al., 2010; Messing, 2011; Portwood & Heany, 2007; Pyles & Postmus, 2004; Straka & Montminy, 2006; Wilcox, 2006). Though domestic violence has always existed, it was not until the 1970s when domestic violence was widely acknowledged as a serious social problem (Grossman et al., 2005). Before this time, judges and police officers saw wife-beating as trivial offense (Clark, 2011). The first battered women's shelter in the U.S. opened in 1974, and it was not until 1976 that "72.4% of American adults reported that slapping a spouse was not necessary, normal, or good" (Messing, 2011, p. 162). Overall, American society did not consider domestic violence between intimates to be as serious as violence between two strangers (McPhail, 2007).

Today, male violence is the leading cause of injury of women in the U.S. (Portwood and Heany, 2007), with victims coming from all ethnic backgrounds, socioeconomic levels, and communities (Pyles & Postmus, 2004). The 2002 National

Crime Victimization Survey indicates that only 30% of violent crimes were committed by a stranger (Portwood and Heany, 2007). Scholars estimate that 25% have encountered intimate partner, and “52% of women report a history of assaultive violence at some point in their lives” (Hassija & Gray, 2011, p. 309). Domestic violence is considered both a feminist issue and a basic human rights issue that is prevalent around the world (Flaherty, 2010).

Both the U.S. Centers for Disease Control and Prevention (CDC) and the American Medical Association (AMA) have recognized domestic violence as a major public health problem (Iyengar & Sabik, 2009). While both genders may be victims of domestic violence, “...women are 6 times more likely than men to be victimized by their partners or ex-partners” (Shepherd, 2001, p. 488). Further, “when medical severity rather than frequency of violence is considered...94 percent of serious domestic assaults are male-to-female” (Bennett, 1995, p. 760). Tjaden and Thoennes (2000) report that “women are at greater risk of intimate perpetrated violence than men” and that “violence perpetrated against women by male intimates is more repetitious and physically injurious than violence perpetrated against men by female intimates” (p. 156).

Among other things, the literature on domestic violence regards the prevalence and incidence rates, causes and consequences, debate about the effectiveness of past and current interventions, efficacy of a range of related public policies and laws, costs to society, and the tensions within the movement to address the problem. McPhail et al. (2007) assert that the complexity of the issue and “the inadequacies of current practice

models are revealed, the evolution, expansion, and integration of theory is necessary to guide and support domestic violence programs and policy” (p. 831).

Domestic Violence Laws

Domestic violence can be approached as a legal, social, or public health problem (Portwood & Heany, 2007). The history of law surrounding domestic violence is quite limited. In 1871, Alabama was the first state to rescind the legal right of men to beat their wives (“VAWA History: Evolution of Domestic Violence Law,” 2012). Society may attempt to reject our past, but there remains a residual affect. The “rule of thumb” was to guide men on the choice of stick with which they could beat their wife; a phrase with violent origins that we continue to use today (Abrar et al., 2000). As Abrar et al. (2000) write, “Whilst the legal rights of men to beat their wives has been formally removed, the values that support it remain deeply embedded in the culture” (p. 244).

Over the past decades, feminists have transformed the public’s understanding of domestic violence from that of a private, family issue to that of a public, criminal issue. “The personal is political” is the feminist mantra, which has contributed to the design of public solutions for the social, cultural, and political forces that contribute to the problem (McPhail et al., 2007). From that perspective, the choices made by abused women are political acts, and their stories are, in fact, political testimonies (Few, 2005).

Now, states have created laws with the intention of both protecting women who suffer from domestic violence and also prosecuting male abusers (Straka & Montminy, 2006). In the 1980s, over half of U.S. state legislatures in the 1980s adopted mandatory arrest laws that “required arrests for slaps, kicks, punches, or other acts unlikely to cause

death or serious injury” (Sherman & Harris, 2014, p. 2). The landmark *Thurman v. City of Torrington* (1995) case brought on the era of mandatory interventions. In that case, the police’s inaction to protect a woman resulted in her being beaten so badly by her husband that the victim suffered from partial paralysis. That event inspired a policy revolution and ended an era of unregulated police discretion regarding arrests and what should be classified as crimes (Goodmark, 2009). This shift toward more punitive responses to domestic violence cannot be completely attributed to feminists, as there are many larger social forces that “have affected the trend including a ‘get-tough-on-crime’ political mind-set, the victims compensation movement, funding mandates” (McPahail, 2007, p. 836) and past conservative political climates.

Over the years, mandatory arrest and no-drop prosecution policies have come into question as potentially ineffectual (Nichols, 2014). A recently released study showed that “African-American victims of domestic violence are disproportionately likely to die after partner arrests relative to white victims” (Sherman & Harris, 2014), creating an unintentional racially discriminatory impact on victims. Some feminists have led efforts “to create holistic non-criminal justice response to violence against women” (DeKeseredy & Dragiewicz, 2007, p. 880). Groups that adhere to this approach reject the notion that all responses to gender violence should reside in the criminal justice system, which the groups deem racist, classist, and homophobic (DeKeseredy & Dragiewicz, 2007). Even those feminists who were involved in the drafting of the Violence Against Women Act (VAWA) asserted that broader social change is necessary for the prevention of violence (DeKeseredy & Dragiewicz, 2007).

The government developed no-drop prosecution policies with the rationale that the policies were good for society because they produced a deterrent effect, created victim safety (through removing the motive for the abuser to intimidate the victim,) and provided victim empowerment (Goodmark, 2009; Nichols, 2014). In 1984, the U.S. Department of Justice released the Attorney Generals' Task Force on Family Violence Report, which showed a link between arrests and lower rates of recidivism, resulting in another boost to VAWA in 1994 (Goodmark, 2009).

Nonetheless, there have been low rates of prosecution in domestic violence cases due to the lack of evidence, patriarchal views of prosecutors, skepticism about the seriousness of crimes involved, prosecutors' perceptions that judges are not interested in entertaining such cases, and unreliable star witnesses, (as they are the wives and girlfriends who often fear repercussions due to light sentences) (Goodmark, 2009). By way of a liberal feminist perspective, no-drop prosecution has since come under a great deal of criticism on the basis that, in fact, the autonomy of battered women could be negatively affected by the policy. The argument is that if domestic violence is an issue of power imbalance, then power needs to be restored, not transferred to another party (Goodmark, 2009; Nichols, 2014).

It was in 1985 when U.S. Surgeon General C. Everett Koop identified domestic violence as a public health issue that could not be addressed by the police alone ("VAWA History: Evolution of Domestic Violence Law," 2012). In 1996, advocates created the National Domestic Violence Hotline, and in August 2003 the Hotline received its millionth call ("VAWA History: Evolution of Domestic Violence Law," 2012). The

Violence Against Women Act of 2005 (PL 109-62) was the first and only federal legislation to address specifically domestic violence (Tiefenthaler & Sambira, 2005; “VAWA History: Evolution of Domestic Violence Law,” 2012).

Domestic Violence in Rural Areas

According to the 2010 U.S. Census, 19.3% of the U.S. population is identified as rural (U.S. Census, 2010). Of the 50 million people in rural areas, 21 million lack sufficient health care to address their primary care needs (Logan, 2001). In 2000, 58% of U.S. counties had no domestic violence services, and rural counties are even less likely to have such services (Tiefenthaler & Sambira, 2005). Grama (2000) writes that, “...as awareness of domestic violence grows, one class of victims has been forgotten by states, legislatures, service organizations, and indeed, the battered women’s movement itself: rural women. Rural victims of domestic violence face a different sort of abusive situation than their urban counterparts; indeed, the difficulties faced by urban victims of domestic violence are generally exacerbated for rural victims” (p. 173). This represents a major gap in the literature.

There are several factors that exacerbate help-seeking and intervention efforts in the rural context. Those that top the list are geographic isolation (Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005; Hassija & Gray, 2011; Logan et al., 2001; Shepherd, 2001; Teaster et al., 2006), limited access to services (Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005; Logan et al., 2001; Teaster et al., 2006), fewer employment opportunities (Eastman & Bunch, 2007; Grossman et al., 2005; Shepherd, 2001), insufficient housing (Few, 2005; Grossman et al., 2005), transportation difficulties

(Cox et al., 2001; Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005, Shepherd, 2001; Teaster et al., 2006), few law enforcement officials (Shepherd, 2001; Grossman et al., 2005), attitudes about domestic violence (Eastman & Bunch, 2007; Cox et al., 2001; Grossman et al., 2005; Logan et al., 2001), patriarchal views of the family (Few, 2005), strong religious values (Few, 2005), personal belief systems of victims, and cultural norms (Eastman & Bunch, 2007). The attitudes of society are powerful. Eastman & Bunch (2007) report that, “Service providers in rural localities viewed members of the general public as more likely to see the victim as being responsible for remaining in an abusive relationship and therefore more likely to blame for their own victimization” (p. 468).

The literature also describes the inherent lack of anonymity in rural communities, which manifests in a reluctance to report abuse to police or disclose information to the perpetrator’s extended family and social networks (Grossman et al., 2005; Teaster et al., 2006). Conservative social and cultural norms such as family and group loyalties (Eastman & Bunch, 2007; Shepherd, 2001), gender role stereotyping, self-reliance, and the concept of “standing by your man” are also special obstacles (Eastman & Bunch, 2007; Grossman et al., 2005). Lower education and poverty impact victim access to domestic violence services (Logan et al., 2001) as do severe weather (Shepherd, 2001; Teaster et al., 2006) and lack of child-care (Grossman et al., 2005). Further, the prevalence of alcohol and drugs, along with weapons, punctuate the already problematic position of domestic violence victims in rural areas. Grossman et al. (2005) capture the sense of complete isolation in a few words: “...certain actions, such as disabling vehicles,

unplugging and removing phones, or monitoring the car's odometer, have greater implications for isolating women in rural environments" (p. 72).

These barriers are not unique to communities in the United States. A study in Australia showed that "...many women in small isolated rural communities not only have limited access to community health agencies because of geographical isolation, but also the nature of their small community creates particular difficulties especially with disclosure" (Cox, 2001, p. 281).

Whether in urban or rural communities, victims that face multiple barriers to services, such as substance abuse issues, mental health problems, cognitive disabilities, incarceration, and/or involvement in prostitution face greater challenges in accessing services than mainstream women. While there are many "multi-barriered" women who would benefit from a combination of services, integrated strategies have not been available until most recently (Zweig et al., 2002). The system itself can be the barrier. In one study, "the most common barrier cited by 45% of responses was [...] the system questions women's credibility more when it comes to women with multiple barriers compared to women without such problems – the system blames these women more and takes them less seriously" (Zweig et al., 2002, p. 168).

Boomtowns

As suggested above, there is also a burgeoning literature on boomtowns, in which social disintegration is frequently discussed (Berger & Beckmann, 2010; Carrington et al, 2010; Freudenburg, 1984; Freudenburg & Jones, 1991; Freudenburg & Frickel, 1994; Goldenberg, 2008; Goldenberg et al., 2010; Ruddell, 2011), but rarely addresses issues of

domestic violence directly. We do know that there are increasing numbers of women seeking services related to domestic violence, as described later in this chapter.

Substance Abuse in Boomtowns

The topic of substance abuse comes up repeatedly in the literature about boomtowns (Carrington et al., 2010; Goldenberg et al., 2010). Carrington et al. (2010) connect the issue of substance abuse with the construct of masculinity through the lens of the rural context:

Rural masculinities are traditionally constructed and reinforced in public spaces and in the eyes of other men. The use of violence is one of the recognized ways masculinities are tested and proven. Outside the workplace, the pub is one of the central social institutions for the negotiation of status and the performance, construction and evaluation of masculinity. At the pub, men's work and drinking performances are heavily scrutinized and open to constant evaluation. (p. 400)

Carrington et al. (2010) continue to describe the culture of the resource extraction industry in particular "... this is a culture that valorizes hard physical labor, big machines and conspicuous consumption and normalizes excessive alcohol consumption and displays of aggression as markers of masculinity" (p. 404).

Women in Boomtowns

Women have historically held a unique place in boomtowns, or, rather, they have been uniquely *out* of place in boomtowns. The women who took part in the Klondike gold rush of 1897 (Mayer, 1989) wrote about the psychological obstacles of the rush, while challenging the social frontiers about the "women's place" in the world. The press

ran headlines that declared the gold rush was “No Place for Women” (Mayer, 1989, p. 6). The women who were present at Comstock Lode also struggled to define their roles with the transient mining boomtown setting in the mid-1800s (James & Raymond, 1998).

Residents and media frequently discuss safety with regard to oilfield work camps and communities, both with respect to generalized violence and domestic violence, sexual assault, rape, and stalking. In a study in Australia, work camps had licensed liquor venues on site and provided a bus service for workers to and from local bars. When researchers asked women whether they, too, would go to those bars, the women categorically said “no,” stating that they would be the only women and that it would be too scary (Carrington et al., 2010). This fear is not unfounded. Carrington et al. (2010) state that “Courting danger, taking risks, drinking and brawling are attempts to ‘manufacture excitement’” (p. 405). The mainstream press coverage of western North Dakota suggests that the Bakken oil patch is no different in this regard.

Policing in Boomtowns

Ruddell (2011) describes how rapid growth of rural communities presents challenges for local governments, noting especially the lag between the start of a boom period – which brings both growth in populations and crime – and the time when services have actually caught up to the community’s needs. The influx of young men without a stake in the community creates higher levels of “physical and social disorder, accidents, traffic density and enforcement, as well as crime” (Ruddell, 2011, p. 328). One study reported an increase in domestic violence, physical assaults, and alcohol-related crimes (Archbold, 2013). Part of the challenge relates to smaller tax bases in rural areas in

general, which impact the ability of local governments to adequately staff and train police departments (Grossman et al., 2005).

Rural law enforcement agencies are especially challenged in combating domestic violence. Rural communities have a lower tax base, which impacts the ability to adequately staff and train police departments (Grossman et al., 2005). Additionally, police are an important referral source for both urban and rural victims of domestic violence, but rural victims are less likely to use this resource (Grossman et al., 2005). Nonetheless, a recent report shows that police in western North Dakota are responding to more domestic violence calls and calls about threatening behavior, which thereby requires more action from officers (Archbold, 2013). In the Archbold (2013) report, domestic violence calls are substantial. “Some officers/deputies identified changes in the specific types of calls they receive from the public including more alcohol-related calls ..., traffic-related calls ..., and domestic violence calls ...” (p. 17). One officer reported, “We get a lot more domestic violence calls. In the past, we would get 1-2 domestic violence calls per year. Now, we get 2-3 calls per week” (Archbold, 2013). There does, though, appear to be some sense of urgency around domestic violence as evidenced by this police officer’s response. “We prioritize calls. Accident calls wait if there is a domestic violence call or a fight” (Archbold, 2013, p. 41).

Oil Boom in North Dakota

North Dakota is still within the stage of growing its infrastructure, relying on an expanding workforce to conduct the labor. Archbold (2013) reports that statisticians project that the oil and gas industry will produce another 13,144 jobs by 2015 and an

additional 15,840 jobs by 2020. According to the 2010 U.S. Census, 2/3 of the counties in the state of North Dakota are “classified as “frontier,” with 37 of 53 having seven or fewer people per square mile. In other terms, the census designates 47% of North Dakota’s population as rural, with “the overall density of ND [as] 9.5 persons per square mile” (ND Coalition of Abused Women’s Services et al., 2009, p. 24). Yet, since 2007, North Dakota has “become the fastest growing state in the nation” (Weber et al., 2014). In 2011-12, the list of the ten fastest growing counties in the United States ranked Williams County and Stark County in western North Dakota as the second and fifth fastest growing counties in the country, respectively (Archbold, 2013).

Domestic Violence in North Dakota

A 2013 report from the North Dakota Office of the Attorney General stated that during the last 20 years, there have been 114 homicide deaths related to domestic violence” (p. 1). It also noted that “54% of female deaths in domestic violence incidents involved firearms” (p. 1) and “76% of female homicide victims were killed in domestic violence incidents, compared to 35% of males” (p. 1). The report states that, “Between 1992 and 2012, 51% of homicide deaths involved domestic violence” (p. 1).

In 2013, 4,801 new victims of domestic violence (with “new” meaning unduplicated for calendar year) received services from crisis intervention centers in North Dakota and 94% of the victims were women (CAWS North Dakota, 2014). This represents a nearly 15% increase from 2007, when 4,179 new victims received services (CAWS North Dakota, 2008). These numbers included reports from Native American domestic violence programs (Personal communication, December 16, 2014). Still, the

statistics may not reflect the total number of victims of domestic violence in the state, as many cases go unreported and people do not seek help from these centers or anywhere else.

A 2009 plan sponsored by the ND Coalition of Abused Women's Services, Coalition Against Sexual Assault in ND, and the ND Department of Health's Division of Injury Prevention and Control cited a survey conducted among North Dakotans in which "nearly 70% of respondents acknowledged that sexual violence was occurring in their community and 61% agreed that it was possible to prevent it" (p. 7). While this is not exclusive to the public's recognition of domestic violence in particular, it does suggest a level of awareness among the state's residents, as well as plenty of room for improvement.

In the State of North Dakota, "38 county social service directors oversee child welfare, domestic violence, and substance abuse and mental health treatment services in the state's 53 counties" (Weber et al., 2014, p. 65). It is worth noting especially that the study conducted by Weber et al. (2014) showed that human services on Native American reservations are critically understaffed. An additional twenty nonprofit organizations are members of the coalition on abused women's services, of which fourteen are classified as rural, and nine are in the oil-impacted region (Personal communication, June 6, 2014). The oil boom has brought about many changes in the state and the demand for services outweighs the capacity of municipalities and nonprofit organizations (Anft, 2014a; Anft, 2014b; Anft, 2014c).

Research Questions

This research will contribute to the nexus of domestic violence and boomtown literatures in order to better understand this darker side of development and, in light of that, address the questions:

1. What issues are confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota?
2. What opportunities do these professionals encounter in identifying and responding to female victims of domestic violence in rural areas and boomtowns?
3. How has the professionals' experience of the oil boom changed their methods of identifying and responding to female victims of domestic violence?

Methodology

The study used a qualitative approach with elements of phenomenology. Primary data was collected through a focus group with the program directors of domestic violence and sexual assault advocacy organizations in rural North Dakota, including the oil patch. The North Dakota Coalition on Abused Women's Services arranged the three-hour focus group during their previously scheduled August 7, 2014 meeting of rural providers, which is funded through a rural grant from the U.S. Department of Justice's Office on Violence Against Women. Individual interviews were conducted in the weeks following the meeting with two directors in the oil patch who were unable to attend the focus group.

Once the information was coded and analysed, a set of recommendations was developed for the purpose of informing the work of the agencies themselves, as well as

public policymakers and administrators, and other potential stakeholders. Due to myths of rural communities being somehow exempt from violence, rural violence (including domestic violence) is under-researched. This research contributes to a fledgling body of research about domestic violence in rural areas and the social disruption, particularly domestic violence, that occurs in boomtown settings.

Analysis, Findings, and Recommendations

Analysis in qualitative studies is challenging because of the massive amounts of raw data involved (Patton, 2002b), and lack of standardization in responses (Patton, 2002a). In this study, the investigator attempted to separate trivia from significance, to identify patterns, and to construct a framework for conveying what the data fundamentally reveals (Patton, 2002b).

The findings of this study were consistent with theories outlined in the review of literature about boomtowns and rural domestic violence as separate issues. While scholars of boomtown literature consistently refer to domestic violence as one of the areas of violence that increases during an energy boom, this study is unique in its examination of barriers to identifying and serving female victims of domestic violence in energy boomtowns. With respect to boomtowns, the relevant studies generally regarded law enforcement, with very little focus on human services. Further, other relevant studies have used quantitative methods to measure social disruption in boomtowns.

This study contributes to the social disruption hypothesis by offering deeper insight into increases in domestic violence during energy booms and the barriers to identifying and serving female victims of domestic violence within the boomtown

context. It also contributes to theory surrounding domestic violence theory by adding perspective to the unique barriers that rural victims of domestic violence face in leaving abusive situations, as well as the barriers that rural domestic violence advocacy agencies face in identifying and serving female victims of domestic violence.

The findings of this study illuminate issues regarding public understanding of domestic violence, availability of substance abuse and mental health services, and necessity of a community-coordinated response to domestic violence; based on these findings, there are a number of recommendations for public policymakers and administrators. Absent from these recommendations are how these issues intersect with the national conversations about addressing gun violence, creating access to mental health care and overall health care, and strategically managing the “rainy day fund,” a fund created from oil boom profits for the long-term sustainability of the state.

Overview of Chapters

This first chapter introduced the purpose of this study, which is to address the social disruption that occurs in rapid growth communities, particularly the problem of domestic violence. The problem was articulated as relates to western North Dakota in particular, as well as for future boomtowns, which are likely to continue developing as the U.S. seeks energy independence. The problem of domestic violence in rural areas was introduced, with studies thus far showing the prevalence to be on par with urban areas. Finally, the methodology and research questions were outlined.

The second chapter is a review of the literature related to the research focus. The literature review includes definitions of key terms, a background on domestic violence in

North Dakota and the oil- and gas-producing counties in the western part of the state, and an introduction to the history of oil in North Dakota. This chapter also includes a review of scholarly literature regarding boomtowns, women in boomtowns, public health issues in boomtowns, and crime and policing in boomtowns. The history of domestic violence and the movement to address it is outlined, as is related law and policy and its emergence as a public health priority. Domestic violence is also explored within the rural context in particular, including barriers to identifying and serving victims. Finally, the review addresses the convergence of religion and domestic violence, collaborations and tensions between domestic violence advocates and law enforcement, and an introduction to intersectionality theory.

The third chapter describes and provides a rationale for the qualitative research approach, including semi-structured focus group and in-depth individual interview methods, and describes the informants. Assumptions and limitations of the study are outlined. Data collection and analysis procedures are described, and ethical considerations are articulated.

The fourth chapter presents the data. The themes of the study include varying definitions of domestic violence, public awareness of domestic violence, evolving attitudes regarding domestic violence, the effects of the oil boom on the response to domestic violence, lack of referral options for mental health and substance abuse services, lack of affordable housing options, limited capacity of domestic violence advocacy agencies, risks for domestic violence advocacy agency staff, changing domestic violence victim demographics, increased costs of work, and the community-wide

response to domestic violence. Each theme is supported through rich quotations from informants.

The fifth chapter analyzes the data and outlines themes, which include barriers to identifying and serving rural female victims of domestic violence, an inadequate response to needs of victims of domestic violence, the increased risks in responding to domestic violence, and the need for a coordinated community response to domestic violence. Topics that were overlooked in this study, but have emerged as important in understanding domestic violence in rural areas, are also acknowledged, including telehealth, domestic violence in the Native American community, identifying cases of domestic violence through the education system, age-related barriers to service utilization, and advocate-informed solutions for addressing the gaps in services (particularly in the areas of substance abuse, mental health, housing, and transportation.) The chapter includes proposed recommendations to public policymakers and administrators, including the alignment of the State of North Dakota's definition of domestic violence with that of the United States' Department of Justice, which includes forms of abuse beyond physical violence. It is also recommended that the State explore telehealth to fill the gap for both mental health and substance abuse services, because of the frequent correlation. Another recommendation regards the adoption of trauma-focused capacity-building as a priority for the State's public health agenda. It is also recommended that the State of North Dakota, and any state anticipating an energy boom, invest in the development of a community-coordinated response to domestic violence. Finally, chapter five suggests future directions for research, including the topics of

community-coordinated responses to domestic violence, domestic violence in rural areas, domestic violence in boomtowns, and domestic violence within the Native American and immigrant communities.

Motivations for and Interest in the Study

My interest in researching this topic stems from both an interest in understanding and addressing violence against women, and an eagerness to learn more about the oil boom in my home state of North Dakota. The issue of violence against women intersects with my day job working with torture rehabilitation organizations around the world, all of which serve torture survivors, including those who have been victims of sexual assault as an instrument of war. In post-conflict countries, domestic violence is inextricably linked to war and torture trauma, which is why many of the centers also serve victims of domestic violence. The oil boom in western North Dakota has changed the conversation across the state and provided an opportunity to discuss difficult issues, like the occurrence of domestic violence.

CHAPTER 2: LITERATURE REVIEW

Introduction

In understanding the topic of domestic violence in rural North Dakota and the oil- and gas-producing counties in the western part of the state, it is useful to establish a shared understanding of key terms, principally those of boomtown and domestic violence, which are outlined in this chapter. It is also important to have a background on the history of oil in North Dakota, as well as an overview of literature regarding boomtowns, women in boomtowns, public health issues in boomtowns, and crime and policing in boomtowns. As it relates to domestic violence, there is a review of literature regarding domestic violence in North Dakota, a history of domestic violence, the movement to address it, related law and policy, its emergence as a public health priority, and identifying victims of domestic violence. Domestic violence is also explored within the rural context in particular, including barriers to identifying and serving victims. The review includes the convergence of religion and domestic violence, collaborations and tensions between domestic violence advocates and law enforcement, and an introduction to intersectionality theory.

Definitions

Definitions of a “boomtown” vary, though there is consensus on the key components of growth rate, rural location, and proximity. Ruddell (2011) defines a boomtown as population growth of 15% annually or 5% for three consecutive years. Ruddell states that resource-based boom is different from communities that are experiencing some other form of population growth. Indeed, Covey et. al (1981) state that

population growth, while an important factor, is not the only determinant in indicating a boom area. For example, lest urban areas be inaccurately identified as boomtowns, a boomtown must occur in a rural area. The authors state (1981), "A boom town (boom area) is a historically small rural community that experiences rapid population growth in a relatively short period of time, resulting in sufficient strain on the community's (area's) ability to meet residents' needs" (p. 111). Freudenburg (1991) describes a boomtown as small (under 10,000 population), isolated, at least 100 miles from the nearest metropolitan area, and 30-80 miles from the nearest community of any size. Most host communities of energy development, Freudenburg notes, have a history of population stability or decline, and when thousands of workers are needed, the populations double (or more) within two to four years.

"Domestic violence" is another term that has multiple definitions without a universal consensus on its use. While physical violence tends to be the focus of much research and practice, domestic violence may also include emotional or psychological abuse (Straka & Montminy, 2006; Tjaden, 2004). Wilcox (2006) describes domestic violence as a "... pattern of coercive behaviors, which may include verbal abuse, threats, manipulation, physical violence, sexual violence, rape, and homicide." In fact, coercive control is considered a defining feature of women's experiences of domestic violence, used as the core strategy to subjugate women in intimate relationships, resulting in entrapment in violent relationships" (Keeling & Fisher, 2012). Domestic violence can be perpetrated against men too, but "the majority of the victims are women, and they are the

ones most likely to seek and obtain help in a domestic violence shelter” (Mattson et al., 2002, p. 465).

The United Nations General Assembly passed a resolution stating that violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs (United Nations General Assembly, 1994).

The State of North Dakota’s Century Code utilizes the following definition:

Domestic violence includes physical harm, bodily injury, sexual activity compelled by physical force, assault, or the infliction of fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault, not committed in self-defense, on the complaining family or household members. (ND Coalition of Abused Women’s Services, 2009, p.16).

For the purposes of getting a domestic violence protection order, domestic violence is defined as when a family or household member physically harms, causes bodily injury, physically forces sexual activity, assaults, or creates fear of imminent physical harm, bodily injury, sexual activity compelled by physical force, or assault. In this case, "family or household member" means a spouse or former spouse, parent, child, other family member, person related by blood or marriage, a person an individual is dating, a person an individual is living with you or has lived with before, the other parent of an individual's child (even if never married or living together,) or any other person with a "sufficient relationship" to the abusing person as determined by the court. Same-sex partners are eligible to file for protection orders in North Dakota (Womenslaw.org, 2010). Additionally, it is noteworthy that the state's definition speaks only to physical harm, not other types of harm.

Other terms to describe the general issue include intimate partner violence (IPV), battered women, and domestic abuse. For the purposes of this dissertation, the term "domestic violence," will be used (except when directly quoting literature that uses another term) according to the following definition from the U.S. Department of Justice's Office on Violence Against Women:

We define domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten,

terrorize, coerce, threaten, blame, hurt, injure, or wound someone (U.S. Department of Justice, n.d.).

Background

Oil in North Dakota

North Dakota has a history of oil extraction that dates back to the late 1950s. The amount of exploration and extraction in rural North Dakota depends on the same price factors as any aspect of the economy: support, consumption, financial markets, and government policies. The boom has grown over the past five years due to high oil prices and hydraulic fracturing technologies (Weber et al., 2014). In the 1970s, the oil embargo by Arab countries pushed gasoline from \$0.30 to \$1.20 per gallon, precipitating a new effort for the US to achieve self-sufficiency in energy. Relating to supply and consumption, the process of oil futures speculation affects how people think oil should be priced, as well as what quantity of supply the companies release to market. Finally, government policies surrounding climate change, among other concerns, impact the price, directly affecting where, how, and how much oil is produced. Ultimately, as a commodity within a global market, the global oil markets, prices, and institutions – most of which exist or occur outside the state's borders – heavily influence the health of the local economy and social system (Lawrie et al., 2011).

Oil-related operations depend on the state of development. The related industries include trucking, gravel mining, fracturing sand production, water, and natural gas. In the beginning stages of oil extraction, there is an influx of workers to conduct labor-intensive drilling, laying of pipeline, hauling of sand and water during the fracturing process, and

building of oil rigs. As a result, the labor force grows across industries. Carrington et al. (2010) write that: “Resource boomtowns are attractive to young men precisely because, regardless of their skill level, they can secure a well paid job in mines, on construction sites, in transportation or on offshore rigs. Cooks, cleaners, clerical assistants and ancillary staff who work in the camp and the service and hospitality industry also earn considerably more than in metropolitan areas” (p. 404).

Once sufficient infrastructure is put in place for the extraction of oil (and later for the capture and transport of natural gas,) the necessary workforce declines to those who conduct the ongoing maintenance of pipelines and wells. Currently, North Dakota is still within the stage of growing its infrastructure, relying on a growing workforce to conduct the labor. Archbold (2013) reports that statisticians project that the oil and gas industry will produce another 13,144 jobs by 2015 and an additional 15,840 jobs by 2020. According to the 2010 U.S. Census, 2/3 of the counties in the state of North Dakota are “classified as “frontier,” with 37 of 53 having seven or fewer people per square mile. In other terms, the census designates 47% of North Dakota’s population as rural, with “the overall density of ND [as] 9.5 persons per square mile” (ND Coalition of Abused Women’s Services et al., 2009, p. 24). Yet, since 2007, North Dakota has “become the fastest growing state in the nation” (Weber et al., 2014). In 2011-12, the list of the ten fastest growing counties in the United States ranked Williams County and Stark County in western North Dakota as the second and fifth fastest growing counties in the country, respectively (Archbold, 2013).

Domestic Violence Response in North Dakota

In the State of North Dakota, “38 county social service directors oversee child welfare, domestic violence, and substance abuse and mental health treatment services in the state’s 53 counties” (Weber et al., 2014, p. 65). It is worth noting especially that the study conducted by Weber et al. (2014) showed that human services on Native American reservations are critically understaffed. An additional twenty nonprofit organizations are members of the coalition on abused women’s services, of which fourteen are classified as rural, and nine are in the oil-impacted region (Personal communication, June 6, 2014). The oil boom has brought about many changes in the state and the demand for services outweighs the capacity of municipalities and nonprofit organizations (Anft, 2014a; Anft, 2014b; Anft, 2014c).

A 2013 report from the North Dakota Office of the Attorney General stated that during the last 20 years, there have been 114 homicide deaths related to domestic violence” (p. 1). It also noted that “54% of female deaths in domestic violence incidents involved firearms” (p. 1) and “76% of female homicide victims were killed in domestic violence incidents, compared to 35% of males” (p. 1). The report states that, “Between 1992 and 2012, 51% of homicide deaths involved domestic violence” (p. 1).

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domestic violence programs (Personal communication, December 16, 2014). Still, the statistics may not reflect the total number of victims of domestic violence in the state, as many cases go unreported and people do not seek help from these centers or anywhere else.

A 2009 plan sponsored by the ND Coalition of Abused Women's Services, Coalition Against Sexual Assault in ND, and the ND Department of Health's Division of Injury Prevention and Control cited a survey conducted among North Dakotans in which "nearly 70% of respondents acknowledged that sexual violence was occurring in their community and 61% agreed that it was possible to prevent it" (p. 7). While this is not exclusive to the public's recognition of domestic violence in particular, it does suggest a level of awareness among the state's residents, as well as plenty of room for improvement.

Boomtowns

Controversy about the advantages and disadvantages of rapid development has existed since the classic sociological writings of Tönnies and Durkheim in the 1800s about industrialization, urbanization, and modernization, and how rapid growth results in disruption for local residents (Freudenburg, 1984). Tönnies defined the concept of *gemeinschaft*, "where strong personal, family, and communal ties define rural society" (Deller & Deller, 2010, p. 221), something that is disrupted by rapid growth, prompting a shift to *gesellschaft*, which is defined by rational means-to-end approaches (Dalton, 1995). Durkheim described the mystique of rural communities that provides good content for marketing strategies, but which also contributes to the view that research on rural

crime is uninteresting (Deller & Deller, 2010). Hassija and Gray (2011) underscore that, despite common misconceptions, the rates of domestic violence are comparable in rural contexts. The extraction industries associated with boomtowns are often connected with both rapid expansion and decline (Weber et al., 2014). This ongoing tension suggests it is nearly impossible to find definitive answers regarding whether this sort of development is positive or negative (Freudenburg, 1984).

In the 1970s, social scientists started paying attention to issues in resource boomtowns that faced economic and social collapse due to rapid and unprecedented development (Dalton, 1995; Lawrie et al., 2011). The research was motivated in part by the Arab oil embargo, which forced the U.S. to explore alternative sources of oil. Until 1975, research on boomtowns focused largely on economic development and paid little attention to the social consequences that appeared to come with it (Freudenburg, 1991). The research has since been applied to slaughterhouse communities, which also experience a population influx (Fitzgerald et al., 2009).

The next era of research pushed back on the wave of economic optimism to emphasize the potential for social disruption, and thereby ignored economic growth. By the late 1970s, the literature focused on the social consequences of boomtown growth, emphasizing serious social issues, negative effects on mental health, increased crime and violence, marital breakdown, substance abuse, and a reduced sense of community (Hunter et al., 2002; Lawrie et al., 2011). Scholars quickly considered the so-called “social disruption thesis” as conventional wisdom and the oil shocks of the 1970s provided ample boomtowns to research. Berger & Beckmann (2010) state that:

In the last few decades, it has become clear that development of wide-scale energy projects takes social and biological tolls and has resulted in conservationists social advocates, regulatory bodies – including law enforcement – banding together to slow the erosion of traditional rural lifestyles. (p. 892)

Divided opinion remains, ranging from the firm belief that rapid-growth resource extraction promotes economic growth and development and thus brings prosperity, to the equally firm belief that resource distraction causes progressive underdevelopment and thus causes debilitation and dependency (Freudenburg, 1994). Since 1982, there has been increased diversity in the approaches, but there is a temptation to view what is complex as either good or bad, leaving little room for nuance (Freudenburg, 1991). Freudenburg (1986) writes that, “the major conclusion appears to be that the impacts have neither been as positive as claimed by project proponents nor as negative as claimed by opponents” (p. 460).

Analyses of long-term historical data have been quite limited (Freudenburg, 1994), but a review of studies about rapid, resource-related community growth suggests that the social structure of a community is impacted by rapid growth and results in a decline of the community’s “density of acquaintanceship” (Freudenburg, 1986; Freudenburg 1991). This disruption contributes toward the findings in Freudenburg’s (1991) study that rapid, energy-related growth can be expected to result in at least 3-to-1 increases in criminal activities over population.

The social disruption thesis has been challenged on several levels since its creation. Lawrie et al. (2011) argue that it should not be seen as a unitary phenomenon,

but rather something that should be examined on the basis of both the type of resource and the community. Ruddell (2011) states that rapid population turnover may be equally as problematic for communities as population growth. Hunter (2002) suggests that, in any case, “A ‘social rebound’ may occur in the post-boom period, during which social conditions return to pre-boom conditions” (p. 72). The hypothesis also assumes that pre-boom communities were “stable and characterized by social cohesiveness” (Fitzgerald et al., 2009).

Some scholars are concerned about communities which develop a reliance on the resource extraction industry, as those that have become dependent on mining often experience high rates of poverty, unemployment and welfare dependence, and low educational attainment (Lawrie et al., 2011; Goldenberg et al., 2010). Literature that is not included in this paper examines why poverty rates are so high in resource-rich developing countries, a phenomenon which has become known as “the resource curse.” While some aspects of this literature might have a degree of relevance, a thorough examination would be time-consuming and of limited use in answering the research questions established for this study.

Women in Boomtowns

Women have historically held a unique place in boomtowns, or, rather, they have been uniquely *out* of place in boomtowns. The women who took part in the Klondike gold rush of 1897 (Mayer, 1989) wrote about the psychological obstacles of the rush, while challenging the social frontiers about the “women’s place” in the world. The press ran headlines that declared the gold rush was “No Place for Women” (Mayer, 1989, p. 6).

The women who were present at Comstock Lode also struggled to define their roles with the transient mining boomtown setting in the mid-1800s (James & Raymond, 1998).

A convenient taxonomy of women in boomtowns was created by Moen (1981), which includes: 1) middle class newcomers; 2) migratory construction workers; 3) energy workers; 4) agricultural families; 5) long-timers; 6) employed women, including a) those in female dominated occupations and b) those in male dominated occupations; and, 7) self-supporting women. Within each group, there are specific challenges. For example, “Itinerant workers use the term “broken-in” to describe wives who have come to accept moving frequently suggests not many women prefer this way of life” (Moen, 1981, p. 104).

One scholarship inquiry explored the situation of women engineers in the predominantly masculine oil industry (Miller, 2004). As visible minorities, the women acknowledged disadvantages, but also reported being able to leverage the currency of visibility. Their strategies help them to survive and thrive, while also reinforcing the masculine system, thereby producing short-term individual gains rather than long-term change.

Residents and media frequently discuss safety with regard to oilfield work camps and communities, both with respect to generalized violence and domestic violence, sexual assault, rape, and stalking. In a study in Australia, work camps had licensed liquor venues on site and provided a bus service for workers to and from local bars. When researchers asked women whether they, too, would go to those bars, the women categorically said “no,” stating that they would be the only women and that it would be

too scary (Carrington et al., 2010). This fear is not unfounded. Carrington et al. (2010) state that “Courting danger, taking risks, drinking and brawling are attempts to ‘manufacture excitement’” (p. 405). The mainstream press coverage of western North Dakota suggests that the Bakken oil patch is no different in this regard.

A study by Endo et al. (1984) examined the topic of wife abuse in western energy boomtowns by linking wife abuse and social isolation. In the study, the researchers state that wife abuse is correlated with problems like substance abuse, criminal activity, and to some degree socio-economic status, but not to length of residence in the community. While social isolation is discussed in both rapid growth and wife abuse literatures, it has not been deeply examined in either individually or in combination. Geissinger et al. (1993) write that:

“Isolation is a label that is routinely applied to widowed, battered, poor, depressed, elderly, and rural women. Often appearing in the context of studies involving marginalized groups, isolation and loneliness are states of being that are socially undesirable or shameful. Isolation is associated with domestic violence... It is cited as a stressor in rural areas for families, individuals, and service providers alike” (p. 279).

All told, little is written about the challenges of women in resource boomtowns.

Public Health in Boomtowns

The public health impacts from an oil boom are significant, especially when combined with rates of uninsured and underinsured workers (Eligon, 2013) and an overburdened health care system. For example, various sociocultural and structural

conditions, including 1) the mobility of oil and gas workers; 2) binge partying; 3) high levels of disposable income; and 4) gendered power dynamics, affect sexual behaviors that increase the spread of sexually transmitted infections (Goldenberg et al., 2008). In addition to these heightened behaviors, there is often poor access to preventive and testing services, resulting in lower sexual health outcomes (Goldenberg et al., 2010).

The topic of substance abuse arises repeatedly in the literature (Carrington et al, 2010; Goldenberg et al., 2010). Carrington et al. (2010) connect the issue of substance abuse with the construct of masculinity through the lens of the rural context:

Rural masculinities are traditionally constructed and reinforced in public spaces and in the eyes of other men. The use of violence is one of the recognized ways masculinities are tested and proven. Outside the workplace, the pub is one of the central social institutions for the negotiation of status and the performance, construction and evaluation of masculinity. At the pub, men's work and drinking performances are heavily scrutinized and open to constant evaluation (p. 400).

Carrington et al. (2010) continue to describe the culture of the resource extraction industry in particular: "... this is a culture that valorizes hard physical labor, big machines and conspicuous consumption and normalizes excessive alcohol consumption and displays of aggression as markers of masculinity" (p. 404).

Crime and Policing in Boomtowns

So-called "enclaves of violence" refer to the pockets of violence identified within gold, coal, and copper-mining camps throughout the American West (McKanna, 2004). Indeed, discussion about violent behavior in boomtowns is not just a thing of the past, as

McKanna (2004) writes: “Here, a sudden influx of a transient, ethnically diverse, mostly single male population into undeveloped regions that lacked local systems of control encouraged high levels of violence. These towns included a mix of saloons, gambling, prostitution, and many men armed with guns and knives, often concealed” (p. 393).

McKanna continues to assert that these enclaves developed “because of a critical convergence of rapid population growth, ethnic diversity, alcohol, gun culture, and the boomtown effect. It provided an invitation to violent behavior” (p 395).

Fast-forward to the beginning of the 21st century, where Ruddell (2011) describes how rapid growth of rural communities presents challenges for local governments, noting especially the lag between the start of a boom period – which brings both growth in populations and crime – and the time when services have actually caught up to the community’s needs. The influx of young men without a stake in the community creates higher levels of “physical and social disorder, accidents, traffic density and enforcement, as well as crime” (Ruddell, 2011, p. 328). One study reported an increase in domestic violence, physical assaults, and alcohol-related crimes (Archbold, 2013). Part of the challenge relates to smaller tax bases in rural areas in general, which impact the ability of local governments to adequately staff and train police departments (Grossman et al., 2005).

Another study indicated that sexual predators in particular are attracted to boomtowns because of employment opportunities and the prospect of high salaries (Berger & Beckmann, 2010). The authors state that “...boomtowns associated with energy extraction (but not recreation) in the western United States experience social

upheaval manifested by increases in use of illicit drugs, domestic violence, and other crimes. [...] These sorts of problems often arise because of differences between traditional residents and the incoming workforce” (Berger & Beckmann, 2010, p. 892). Sexual predators are described as “poaching social dishevel” (Berger & Beckmann, 2010).

Research did note that increased crime may also be attributed to increased reporting and decreased social capital, the latter of which may contribute to a greater reliance on law enforcement to solve issues (Covey et al., 1981). Even without the introduction of an energy boom in a community, recent studies show the convergence of rural and urban crime rates, an under-researched topic (Deller & Deller, 2010).

History of Domestic Violence and the Movement to Address It

Domestic violence as a phenomenon has existed for as long as humans have populated the earth. During the Medieval period, domestic violence was accepted as the “correction” of wives, which allowed for physical chastisement. Many secular and religious authorities condoned domestic violence, and the practice provided content for jokes. Wives were expected to be passive and pure. Extreme wife beating, though, was viewed as a failure of masculine control, and the mark of a bad patriarch. Regardless, women who received the abuse were to consider themselves martyrs and pride themselves on their piety for not breaking the sacrament of marriage (Clark, 2011). Those cultural and religious roots that require passivity and compliance of women are alive in gender norms today, creating difficulties for women to enact resistance against domestic violence (Levitt & Ware, 2006).

In the 1870s began so-called “first-wave feminism.” This movement advocated for women’s rights in the public sphere in practice, and in the private sphere in theory, but there was no societal support for women to be free from violence at home. Women were forced to stay with abusive husbands for economic reasons, since they had no power or support in the public sphere (Messing, 2011).

It was not until the 1970s when domestic violence was widely acknowledged as a serious social problem (Grossman et al., 2005). Before this time, judges and police officers saw wife-beating as trivial offense (Clark, 2011). The first battered women’s shelter in the U.S. opened in 1974, and it was not until 1976 that “72.4% of American adults reported that slapping a spouse was not necessary, normal, or good” (Messing, 2011, p. 162). Overall, American society did not consider domestic violence between intimates to be as serious as violence between two strangers (McPhail, 2007).

Today, male violence is the leading cause of injury of women in the U.S. (Portwood and Heany, 2007), with victims coming from all ethnic backgrounds, socioeconomic levels, and communities (Pyles & Postmus, 2004). The 2002 National Crime Victimization Survey indicates that only 30% of violent crimes were committed by a stranger (Portwood and Heany, 2007). Scholars estimate that 25% have encountered intimate partner, and “52% of women report a history of assaultive violence at some point in their lives” (Hassija & Gray, 2011, p. 309). Domestic violence is considered both a feminist issue and a basic human rights issue that is prevalent around the world (Flaherty, 2010).

The movement of serving domestic violence victims has not been without its difficulties, both internal to the movement and in its interactions with external stakeholders. Most notable is the tension between those organizations with a grassroots legacy and those with professionalized operations. The roots of this unease stem from differing philosophies, values, and motivations within the domestic violence movement (Macy et al., 2010). Finley describes this division as bureaucracy versus grassroots or ivory-tower versus practitioner, and bemoans the fact that they do not appear to learn from each other (2010). McPhail et al. (2007) also write that while academicians engage in ongoing debates on the topic in scholarly journals, “those working on the front on the front lines of the violence against women movement, that is shelter workers, domestic violence service providers, and counsellors in batterer intervention programs, are often excluded from these conversations” (p. 817). McPhail et al. (2007) reference that the disconnect between policy and implementation is an inherent condition of the bureaucracies that many organizations addressing domestic violence have become.

Assisting women victims of violence who experience multiple barriers to service adds another layer of complexity to relationships with other agencies, as they attempt to integrate philosophies of services with the criminal justice system, Temporary Assistance to Needy Families (TANF) offices, and child protective services, as well as providers addressing substance abuse and mental health (Zweig et al., 2002).

The first emergency shelters were founded in the 1970s and the grassroots movement focused primarily on the immediate safety of battered women and their children (Hetling & Zhang, 2010). Over time, the grass-roots movement started to receive

grants; along with the grants came pressure to become professionalized, which some viewed as as both a turn away from the movement's justice-oriented roots and a creation of an over-reliance on state control (Clark, 2011). Indeed, the topic of professionalization in this sector is fraught with challenges. Wies (2008) writes that

...domestic violence shelter advocates receive a strong message in favor of professionalizing their work from the regional community of human service providers. As the local level response to domestic violence becomes increasingly professionalized, service providers negotiate bureaucratic expectations while struggling to provide human services to domestic violence victims. This changes the nature of the ideology of domestic violence advocacy from "women helping women" to that of professional advocates helping women who are victims of domestic violence (Wies, 2008, p. 221).

This can be a difficult pill to swallow for those working in a field that emerged as a response to the systemic roots of male violence using a feminist framework.

Wies (2008) writes about this fundamental shift in how agencies deliver services to victims of domestic violence:

In the 1970s, domestic violence organizations started turning to outside sponsors for financial support. Government and sponsor expectations of professional service provision and the demands of ensuring sustainability forced many organizations to shift their structure. ... As the shelters moved out of the private homes of individuals, they joined with local chapters of national organizations and larger institutions. This caused domestic violence organizations to change or

adapt their missions and ideologies to merge with “mother agencies” in a way that may have departed from the original vision of early domestic violence social movement activists. (p. 222)

Of course there continues to be debate about the value of both the social action-oriented, feminist and professional human service provision models, though advocates “are increasingly embracing and negotiating the tenets of professionalism while struggling to provide adequate human services to domestic violence victims” (Wies, 2008, p. 231).

Even today, the domestic violence field is still dominated by survivors, female staff, and female volunteers (Finley, 2010). Finley (2010) argues that this is counter-productive to the movement’s goals in that diverse workplaces are more productive and have higher morale, and when men are not involved, it risks perpetuating the notion that domestic violence is a *women’s* issue and not a human issue. According to Pyles and Postmus (2004), the field has intentionally tried to maintain its feminist values of social change, which are grounded in feminist theories of why violence against women occurs and which maintain that, to end the violence, society must investigate the social structural and sexist origins of the problem and how organizations that address the problem do their work. This involves analysis of the interlocking systems of oppression – norms and values, structures, institutions and methods – to see how they perpetuate subordination, to understand how to navigate the systems, and to ultimately change them (Finley, 2010). McPhail et al. (2007) state that the feminist model is based on the principle that “intimate partner violence is the result of male oppression of women within a patriarchal system in

which men are the primary perpetrators of violence and women the primary victims” (p. 818).

In response to criticisms of feminism, DeKeseredy and Dragiewicz (2007) assert that feminists, “like many other contemporary social scientists, contend that no scientific method, theory, or policy proposal is value free” (p. 876). Even the consensus-oriented decision-making processes and flat organizational structures are in line with feminist values. In approach, they are committed to consciousness raising, community-coordinated response, and peer advocacy (DeKeseredy & Dragiewicz, 2007; Pyles & Postmus, 2004). Most feminists today “do not contend that because woman abuse is a crime, only the criminal justice system should respond to it (DeKeseredy & Dragiewicz, 2007, p. 881).

Over the past few decades, there have been significant changes in the response to domestic violence across all sectors involved: criminal justice, social services, health care, and public opinion (Campbell, 2005). Reagan’s administration addressed domestic violence through a crime control model, which replaced rhetoric about changing male-based institutions and policies with policies about punishing individual batterers (Finley, 2010). Today, the development of mandatory arrest and prosecution policies has grown, as has the controversy associated with them. There has also been increased training for law enforcement and judges on the dynamics of domestic violence, increased penalties for perpetrators, and special domestic violence courts (Campbell, 2005).

Social services efforts have added hotlines and emergency shelters, advocacy programs in family and criminal courts, and batterer intervention programs (Campbell,

2005). The feminist clinical approach with battered women is nonpathologizing (Pyles & Postmus, 2004), and the primary goal has shifted from getting women to leave relationships to that of empowerment (Hetling & Zhang, 2010; Finley, 2010), creating tensions with the crime control model. Second-wave feminist arguments have been criticized for emphasizing offender accountability and victim protection, such as through mandatory arrests and no-drop prosecutions, which may unintentionally disempower the victims of domestic violence and reduce their choices and self-determination within the criminal justice system (McDermott & Garofalo, 2004; McPhail et al., 2007; Nichols, 2014). The mandatory arrest policies “make victims and assailants pawns to larger policy goals formulated by administrators and well-meaning victim advocates whose goals may not be shared” (McDermott & Garofalo, 2004, p. 1254).

Levitt and Ware (2006) suggest that it may be better received if interventions are designed to empower women to make their own decisions. Other things that contribute to disempowerment, McDermott and Garofalo (2004) state, are dramatization of domestic violence, professionalization of advocacy, over-reliance on punishment as the solution for social problems, and the problematic notion of victim accountability.

In the health care field, most health and social services professionals have received at least some training about domestic violence (Straka & Montminy, 2006). Many hospitals and clinics have developed domestic violence screening and risk assessment tools and implemented them in primary care settings, as well as in emergency rooms and prenatal care. Hospitals have also developed advocacy and counseling programs for victims of domestic violence (Campbell, 2005). The public’s perception,

too, has shifted somewhat from a belief that domestic violence is a private family matter, to that of recognizing it as a crime (Campbell, 2005), and larger system of domination (Crenshaw, 1991), which has resulted in increased awareness and demand for services (Campbell, 2005). Nonetheless, victims report that traditional beliefs and attitudes, and a fear of reaction from friends, family, and medical professionals are barriers to disclosing abuse, as are the fear of retaliation and escalation of violence by the abuser (Tower, 2006).

History of Domestic Violence Law and Policy

Domestic violence can be approached as a legal, social, or public health problem (Portwood & Heany, 2007). The history of law surrounding domestic violence is quite limited. In 1871, Alabama was the first state to rescind the legal right of men to beat their wives (“VAWA History: Evolution of Domestic Violence Law”, 2012). Though society may attempt to reject our past, there remains a residual affect. The “rule of thumb,” a phrase with violent origins that we continue to use today, was to guide men on the choice of stick with which they could beat their wife (Abrar et al., 2000). As Abrar et al. (2000) write “Whilst the legal rights of men to beat their wives has been formally removed, the values that support it remain deeply embedded in the culture” (p. 244).

Domestic violence policy and laws are “complicated by the involvement of actors and different levels of the political system who have different priorities, constraints, and traditions including professional values and organizational cultures” (Abrar et al., 2000, p. 239) and a patriarchal legal system (Portwood & Heany, 2007). A marriage of addressing the problem through legal and social approaches is called “therapeutic

jurisprudence,” which is an examination of how substantive rules of law, legal procedures, and the roles played by actors within the legal system can affect those who interact with the system (Portwood & Heany, 2007).

Over the past decades, feminists have transformed the public’s understanding of domestic violence from that of a private, family issue to that of a public, criminal issue. “The personal is political” is the feminist mantra, which has contributed to the design of public solutions for the social, cultural, and political forces that contribute to the problem (McPhail et al., 2007). From that perspective, the choices made by abused women are political acts, and their stories are in fact political testimonies (Few, 2005).

Now, states have created laws with the intention of both protecting women who suffer from domestic violence and also prosecuting male abusers (Straka & Montminy, 2006). In the 1980s, over half of U.S. state legislatures in the 1980s adopted mandatory arrest laws that “required arrests for slaps, kicks, punches, or other acts unlikely to cause death or serious injury” (Sherman & Harris, 2014, p. 2). The landmark *Thurman v. City of Torrington* (1995) case brought on the era of mandatory interventions. In that case, the police’s inaction to protect a woman resulted in her being beaten so badly by her husband that the victim suffered from partial paralysis. That event inspired a policy revolution and ended an era of unregulated police discretion regarding arrests and what should be classified as crimes (Goodmark, 2009). This shift toward more punitive responses to domestic violence cannot be completely attributed to feminists, as there are many larger social forces that “have affected the trend including a ‘get-tough-on-crime’ political

mind-set, the victims compensation movement, funding mandates” (McPahail, 2007, p. 836) and past conservative political climates.

Over the years, mandatory arrest and no-drop prosecution policies have come into question as potentially ineffectual (Nichols, 2014). A recently released study showed that “African-American victims of domestic violence are disproportionately likely to die after partner arrests relative to white victims” (Sherman & Harris, 2014), creating an unintentional racially discriminatory impact on victims. Some feminists have led efforts “to create holistic non-criminal justice response to violence against women” (DeKeseredy & Dragiewicz, 2007, p. 880). Groups that adhere to this approach reject the notion that all responses to gender violence should reside in the criminal justice system, which the groups deem racist, classist, and homophobic (DeKeseredy & Dragiewicz, 2007). Even those feminists who were involved in the drafting of the Violence Against Women Act (VAWA) asserted that broader social change is necessary for the prevention of violence (DeKeseredy & Dragiewicz, 2007).

The government developed no-drop prosecution policies with the rationale that the policies were good for society because they produced a deterrent effect, created victim safety (through removing the motive for the abuser to intimidate the victim,) and provided victim empowerment (Goodmark, 2009; Nichols, 2014). In 1984, the U.S. Department of Justice released the Attorney Generals’ Task Force on Family Violence Report, which showed a link between arrests and lower rates of recidivism, resulting in another boost to VAWA in 1994 (Goodmark, 2009).

Nonetheless, there have been low rates of prosecution in domestic violence cases due to the lack of evidence, patriarchal views of prosecutors, skepticism about the seriousness of crimes involved, prosecutors' perceptions that judges are not interested in entertaining such cases, and unreliable star witnesses, (as they are the wives and girlfriends who often fear repercussions due to light sentences) (Goodmark, 2009). By way of a liberal feminist perspective, no-drop prosecution has since come under a great deal of criticism on the basis that, in fact, the autonomy of battered women could be negatively affected [by whom?]. The argument is that if domestic violence is an issue of power imbalance, then power needs to be restored, not transferred to another party (Goodmark, 2009; Nichols, 2014).

It was in 1985 when U.S. Surgeon General C. Everett Koop identified domestic violence as a public health issue that could not be addressed by the police alone ("VAWA History: Evolution of Domestic Violence Law," 2012). In 1996, advocates created the National Domestic Violence Hotline, and in August 2003 the Hotline received its millionth call ("VAWA History: Evolution of Domestic Violence Law," 2012).

There are several pieces of legislation that address some aspect of domestic violence. The Violence Against Women Act of 2005 (PL 109-62) was the first and only federal legislation to address specifically domestic violence (Tiefenthaler & Sambira, 2005; "VAWA History: Evolution of Domestic Violence Law", 2012). Relating to funding,

The Family Violence Prevention and Services Act (FVPSA), first authorized in 1984, is the only federal funding source dedicated directly to domestic violence

shelters and programs. ... Congress passed a bill to reauthorize FVPSA as part of the Child Abuse Prevention and Treatment Act (CAPTA) reauthorization through fiscal year 2015 on November 10, 2010. The bill was signed into law by the President on December 20, 2010.

FVPSA-funded programs are the foundation of our nation's response to adult and child victims of domestic violence. Over 2,000 local domestic violence agencies rely on FVPSA-funding to keep their doors open to hundreds of thousands of victims seeking safety each year. FVPSA, which is administered by the U.S. Department of Health and Human Services, funds essential services that are at the core of ending domestic violence: emergency shelters, hotlines, counseling and advocacy, and primary and secondary prevention (National Network to End Domestic Violence, 2014) (emphasis in original).

Additionally, the U.S. Office of Justice Programs describes the Office for Victims of Crime as a source of funding:

The Office for Victims of Crime (OVC), one of the seven components within the Office of Justice Programs (OJP), U.S. Department of Justice (DOJ), administers the Crime Victims Fund established under the 1984 Victims of Crime Act (VOCA) to help victims and victim service providers with program funding in accordance with OVC's Program Plan for the fiscal year.

Understanding Domestic Violence

In the late 19th and early 20th centuries, social workers theorized that the problem of domestic violence was due to the perpetrator's drinking and the woman's willingness

to stay. As a result, the response from social workers was to provide practical assistance, not therapeutic solutions. Domestic violence was a woman's problem and the role of the social worker was to maintain the nuclear family (Pyles & Postmus, 2004). Even today, supporting a woman to leave an abusive relationship receives a positive response from few, ambivalence from most, and anti-family and / or anti-male from others (Wilcox, 2006).

There remains a misleading assumption that domestic violence occurs between two "equal" individuals, surmised as a problem of intimacy (Wilcox, 2006). It was not until 1976 that a professional social work journal formally addressed domestic violence, citing Freudian psychology and patriarchy as barriers (Pyles & Postmus, 2004).

Patriarchy has often been used to explain violence against women, including domestic violence, rape and sexual assault, child abuse, and stalking (Crittenden & Wright, 2013). Other theories for perpetration include learned behavior, psychopathology, personality traits, sociological, neurobiological, and biological factors, but no theory can thoroughly explain intimate partner abuse (Bevan & Higgins, 2002; McPhail et al., 2007). Moreover, research in this area is primarily correlational, not causal (Bevan & Higgins, 2002).

Research does not sufficiently address psychological domestic abuse, (Bevan & Higgins, 2002), yet psychological abuse has a critical role because it both predicts and coexists with almost all forms of domestic violence (Straka & Montminy, 2006). Battered Woman Syndrome (BWS) is a term used to characterize the psychological deterioration of recurrently battered women which results in a "learned helplessness" (Hubble, 1997). The Power and Control Wheel describes the cycle of violence, intimidation, isolation,

and control (Keeling & Fisher, 2012) with no explicit mention of physical violence. Raven's Theory of Social Power states that coercion cannot be successful without surveillance, or at least the victim's belief that she is under surveillance; therefore, coercive control requires "only the creation of a belief that the threatened consequence will be delivered, not its actual delivery" (Keeling & Fisher, 2012, p. 1560).

While gender-neutral approaches are undertaken in the study of domestic violence, they risk conflating gendered experiences (Wilcox, 2006). Wilcox (2006) writes:

My perspective is that male violence against female partners/spouses is a process with no parallel amongst men since, despite shifts in gender relations, working class women's lives remain distinctively gendered in key social dimensions: power, emotion, children, home, economic resources, informal and community support. (p. 725)

Domestic Violence as a Public Health Concern

Both the U.S. Centers for Disease Control and Prevention (CDC) and the American Medical Association (AMA) have recognized domestic violence as a major public health problem (Iyengar & Sabik, 2009). While both genders may be victims of domestic violence, "...women are 6 times more likely than men to be victimized by their partners or ex-partners" (Shepherd, 2001, p. 488). Further, "when medical severity rather than frequency of violence is considered...94 percent of serious domestic assaults are male-to-female" (Bennett, 1995, p. 760). Tjaden and Thoennes (2000) report that "women are at greater risk of intimate perpetrated violence than men" and that "violence

perpetrated against women by male intimates is more repetitious and physically injurious than violence perpetrated against men by female intimates” (p. 156).

Indeed, “1.5 million women are raped and / or physically assaulted by a current or former spouse, cohabitating partner, or date at least once annually” (Grossman et al., 2005, p. 71), Additionally, “four of every 1,000 females in the United States are victims of domestic violence each year” (Iyengar & Sabik, 2009, p. 1052), and 25% of women ... report being physically assaulted, raped or stalked by an intimate partner in their lifetime” (Tiefenthaler & Sambira, 2005, p. 565).

A 2009 report from the U.S. Department of Justice’s Office of Justice Programs provides some disturbing statistics.

Females made up 70% of victims killed by an intimate partner in 2007, a proportion that has changed very little since 1993... Females are generally murdered by people they know. In 64% of female homicide cases in 2007, females were killed by a family member or intimate partner. In 2007, 24% of female homicide victims were killed by a spouse or ex-spouse; 21% were killed by a boyfriend or girlfriend; and 19% by another family member. (U.S. Department of Justice, n.d.)

The most shocking part of statistics about domestic violence is that they only represent documented incidences. Iyengar and Sabik (2009) report that “only about one in seven of all domestic assaults come to the attention of police” (p. 1062). Though encouraging reporting has been a major goal of current policy, “underreporting is still believed to be widespread, with fear of retribution being the primary reason” (Carrell &

Hoekstra, 2012, p. 862). Only “20% of IPV rapes or sexual assaults, 25% of physical assaults, and 50% of stalking directed toward women are reported nationally” (ND Coalition of Abused Women’s Services et al., 2009, p. 48).

It is important to note that no one is immune to domestic violence, but environmental circumstances and personal characteristics may influence victims in seeking services. Indeed, there are no economic or social boundaries for the prospect of domestic violence, so the poor and underserved should not be labeled as the only group prone to this type of violence (Johnson & Belfer, 1995).

The public’s attitudes about domestic violence may be contingent on deeply held and culturally specific beliefs about gender roles, family responsibilities, and racism. According to Worden and Carlson (2005), two-thirds of the population believe that women could find ways of leaving abusive relationships if they really wanted. One paper likened domestic violence to Stockholm Syndrome and discussed the vastly different reactions the two scenarios elicit from society (Martinez, 2001).

Communities have responded to domestic violence primarily through the criminal justice system (Messing, 2011), which has limitations. With increased awareness of the issue in medical settings, there have been additional responses, such as access to safe havens, legal assistance, and emotional support (Iyengar & Sabik, 2009). When professionals identify domestic violence in medical settings, “it is important to assess perpetrators’ access to guns and to warn women of the risk guns present” (Campbell et al., 2003, p. 1094). Research repeatedly associates perpetrator gun access and prior use, threats to use a weapon, extreme jealousy, threats of suicide, and substance abuse with

partner “femicide” (McFarlane et al., 2002). McFarlane et al. (2002) also found that “women who reported being followed or spied on or women who reported that the perpetrator was trying to communicate with her against her will had nearly a twofold increase in the risk of becoming a femicide or attempted femicide victim” (p. 62). As such, if a woman intends to leave her abuser, Campbell et al. (2003) write that:

...it is critical to warn her not to confront him personally with her decision. Instead, she needs to leave when he is not present and leave a note or call him later. It is also clear that extremely controlling abusers are particularly dangerous under conditions of estrangement...Health care professionals can also expeditiously assess whether the perpetrator is unemployed, whether stepchildren are present in the home, and whether the perpetrator has threatened to kill the victim. Under these conditions of extreme danger, it is incumbent on health care professionals to be extremely assertive with abused women about their risk of homicide and their need for shelter (p. 1095).

Domestic violence has significant health impacts, including pregnancy and childbirth complications, gynecological problems, HIV infection and other sexually transmitted infections, chronic somatic disorders and exacerbation of existing medical conditions, mental health disorders like anxiety, depression, PTSD and substance abuse, and disability (Hassija & Gray, 2011; Logan et al., 2001; Minsky-Kelly et al., 2005; Tower, 2006). Additionally, exposure to domestic violence is associated with risky behaviors such as unprotected sex, substance abuse, and obesity (Hassija & Gray, 2011; Iyengar & Sabik, 2009). Conversely, researchers have suggested that the societal

inclinations toward a gender hierarchy and a chemically dependent population also contribute to domestic violence (Bennett, 1995). The net result is that victims of domestic violence are frequent consumers of health care services, uniquely positioning health care professionals to identify and help them (Minsky-Kelly et al., 2005; Tower, 2006).

While individual victims and their families suffer the majority of the cost of domestic violence – physical, emotional, psychological, and financial – it is also a social issue (Cox et al., 2001). Children who are exposed to domestic violence often develop problems, such as aggressive behaviour, depression, anxiety, decreased social competence and diminished academic performance, which impact the quality of learning for all students through “negative peer effects,” and lower teacher morale and increase teacher turnover (Carrell & Hoekstra, 2012). These costs may be overlooked because they are not immediately obvious, but they are important.

Though concerns for equity most often motivate efforts to address problems like domestic violence, the costs for society overall are also significant (Flaherty, 2010). Policymakers have learned that “to promote higher quality of life, and thus economic growth and development, one must work on reducing local crime rates” (Deller & Deller, 2010, p. 222), providing additional incentive to get domestic violence on the agenda for rural communities. Additionally, Tjaden and Thoennes (2000) found that “violence perpetrated against women by male intimates results in greater costs to society in the form of lost productivity and the use of mental health, medical, and justice system services than violence perpetrated against men by female partners” (p. 156). Tiefenthaler and Sambira (2005) report that 55-65% of public welfare recipients were previously

abused, that their health care costs are double than of non-victims, and that their mental health costs are eight times higher.

The Centers for Disease Control and Prevention report that:

Costs of intimate partner violence (IPV) against women alone in 1995 exceeded an estimated \$5.8 billion. These costs included nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC 2003). This is generally considered an underestimate because the costs associated with the criminal justice system were not included.

When updated to 2003 dollars, IPV costs exceeded \$8.3 billion, which included \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives (Max et al. 2004).

The increased annual health care costs for victims of IPV can persist as much as 15 years after the cessation of abuse. (Centers for Disease Control, 2013)

Domestic violence victims present in a range of medical care settings: urgent care, family practice, internal medicine, obstetrics and gynaecology, and gastrointestinal clinics (Minsky-Kelly et al., 2005). Both the training of staff and the development and implementation of institutional policies are necessary to alter the behavior of health care providers to screen, identify and help partner violence victims in health care settings (Minsky-Kelly et al., 2005, p. 1300). Even then, there are barriers for health care providers, including questions about the appropriateness and value of screening given patient presentation and clinical setting, concerns about time and workload priorities,

tension between family-centered care and separating family members to conduct screening, and concerns that some individuals may be too ill or impaired to respond or provide a valid response (Minsky-Kelly et al., 2005). Tower (2006) emphasizes the importance of screening for domestic violence in private and that addressing the injuries and symptoms of the abuse does nothing to solve the root of the patient's health problems. A study showed that "women who responded positively on a three-question screen for domestic violence were 46.5 times more likely than the women who screened negatively to experience severe physical violence four months subsequent to the administration screen" (Tower, 2006, p. 246), underscoring both the importance and efficacy of screening as a method to detect domestic violence.

Allen et al. (2007) identify two primary factors related to reform implementation of routine screening practices, including: 1) individual characteristics, and 2) the presence of an organizational climate for implementation. The former regards the "perceived capacity to screen and positive beliefs about screening" (p. 103). The latter regards, for example, "consequences for implementation or failure to implement, resources to support implementation, policies and procedures consistent with desired practices" (p.103). Low screening rates may be due to beliefs (such as screenings being an invasion of privacy or unlikely to result in positive outcomes), or a lack of the necessary knowledge and skills to implement. Whether or not an organization fosters a climate for implementation – through incentives for implementation, disincentives for failure to implement, and removal of barriers to implementation – determines whether reforms are implemented (Allen et al., 2007).

Tower (2006) reviewed literature about barriers for primary care physicians, including the “lack of time, lack of training, fear of offending the patient, powerlessness in helping, no control over patient behavior, and close identification with the victim” (p. 246). Another study identified four categories of barriers to screening, including: societal and cultural barriers related to social norms about gender, relationships, tolerance of violence, and desensitization; personal barriers related to class attitudes, racism, sexism, ageism, homophobia, and clinician’s problematic identification with patients; institutional and legal barriers, such as lack of time and perceived powerlessness to assist, and; professional barriers, such as the lack of clarity about the role of medicine in domestic violence and the patient-physician relationship (Tower, 2006).

Funding for Domestic Violence Programs

As is the case for most nonprofit organizations, funding is a key challenge for domestic violence programs (Macy, 2010). There are federally-funded, community-based programs that provide crisis hotlines, shelters, individual and group counselling services, and legal and economic advocacy for little or no cost. These are the primary referral destinations for medical professionals who identify a need (Iyengar & Sabik, 2009).

Access to federal resources generally requires the development of extensive grant proposals, creating a greater likelihood that services for domestic violence victims will be more readily available in communities with a major college or university nearby (Tiefenthaler & Sambira, 2005). Among other sources of funding, the North Dakota Council on Abused Women's Services and Coalition Against Sexual Assault currently

has a grant from the U.S. Office on Violence Against Women to support rural agencies through technical assistance and sub-grants (Personal communication, June 6, 2014).

Identifying Domestic Violence in the Community

For more than 35 years, efforts to address the impact of domestic violence have focused primarily on shelter and counselling to affected women and children, and to improve the criminal and civil justice systems (Post et. al, 2010). In order to build on those structures and systems, communities began increasing coordination between substance abuse prevention and treatment programs, the criminal justice system, health care facilities, and educational efforts implemented at the federal, state and local levels (Javdani et al., 2011; Johnson & Belfer, 1995). Historically, though, there has not been a coordinated government response (Tiefenthaler & Sambira, 2005).

The issue of domestic violence is complex, with goals both to improve the current response and decrease violence in the future (Javdani et al., 2011). Survivors who have multiple barriers, such as mental illness and/or substance abuse issues, require comprehensive services, which can be problematic for service delivery, especially if the above-described levels of coordination are not occurring (Macy et al., 2010). This underscores the need for “safety-focused mental health and substance abuse services that can be delivered by domestic violence and substance abuse agencies” (Macy et al., 2010, p. 28).

It is understood that women’s support networks are weak when leaving a violent relationship, and they first turn to friends and relatives (Wilcox, 2006), police, and doctors (Few, 2005). It is important, in that spirit, to first identify which strategies are

effective, and then proceed to community coordination of existing or emerging strategies (Post et al., 2010). Beeble et al. (2008) identified factors related to individuals' willingness to help survivors of intimate partner violence. They found that "survivors were more likely to be helped by women, younger individuals, those who strongly endorsed criminal justice interventions for perpetrators, and those who perceived intimate partner violence as a frequently occurring issue in their communities" (p. 1713). Beeble et al (2008) also found that those who had witnessed intimate partner violence as a child and who had been previously victimized increased their likelihood of assisting others.

Among the many aspects of the professional domestic violence response system to be addressed is that of determining urgency. Criminal justice systems need validated tools to divide cases needing immediate services versus those of less urgency (Campbell, 2005). Often, the police officers' attitudes regarding domestic violence shape how they interpret domestic violence calls (Portwood & Heany, 2007). Additionally, tension between agencies can make it difficult to achieve a positive outcome for the victim. McMullan et al. (2010) found that there was hierarchy between social workers and police officers when collaborating on domestic violence issues, and that while they were both strong victim advocates, they had different views of how to approach and address the issues. With appropriate tools – checklists, clinical interviews, practitioner's intuitions, formal assessment instruments – the system would be in a better position to respond to cases in which there is a risk of homicide. Police might opt for arrest, prosecutors might advocate for incarceration over alternative sentencing, courts might provide expedited

prosecution, shelters might give priority to high-risk cases, and probation departments might be more vigilant and check in more frequently (Campbell, 2005).

The links between domestic violence, stalking, and femicide are sobering. Intimate partner homicide accounts for 40-50% of U.S. femicides and the majority of those involve physical abuse of the female by the male before the murder (Campbell et al., 2003). Thompson et al. (2013) describe twenty individual risk factors in the Integrated Theoretical Model of Stalking Violence. While stalking is a distinct issue, as it does not occur strictly in the context of an intimate partner relationship, it can overlap with the issue of domestic violence, particularly when a partner attempts to end the relationship.

Thompson et al. (2013) propose that severely violent stalkers be “characterized by a greater number and more severe types of predisposing factors than moderately violent stalkers (e.g. violent family and friends, sociocultural beliefs support of violence, narcissism, borderline personality features, a need for control, and a history of severe violence” (p. 856), including domestic violence, while moderately violent stalkers have fewer such associations and a history of less severity. Contextual factors also increase the likelihood of any violence, such as triggering events, opportunities, and disinhibitors. McFarlane et al. (2002) state that violent stalkers are more likely to have had a previous intimate relationship with the victims, and that ex-wives are the group most likely to be targeted.

Combining these factors, Thompson et al. (2013) state, will provide a more complete picture of the level of risk. Understanding these risk factors is critical for those

who are in a position to identify domestic violence and warning signs, so that appropriate advice can be given regarding the development of a safety plan to prevent violence, as “it has been well documented that the most dangerous time for a battered woman is within 1 year of leaving” (Tower, 2006, p. 246). Tower (2006) writes about the importance of proper screening by asking about domestic violence in private, which excludes friends, relatives, and children over two years old, and through the use of professional interpreters to address language barriers.

Addressing men’s attitudes towards women regarding control is an important component in predicting and preventing domestic violence (Towns & Scott, 2013). So-called “macho values” and traditional attitudes towards women are linked to women’s experience of violence from male partners (Towns and Scott, 2013). Towns and Scott (2013) argue that prevention should be targeted at the 16-26 year old age group as they start having intimate relationships to identify and counter early on the controlling behaviors that lead to more severe levels of violence, address the intersections of gender and power, and “... promote norms based on social justice, non-violence and gender equity” (Towns & Scott, 2013, p. 552).

Domestic Violence in Rural Context

The 2010 U.S. Census identifies 19.3% of the U.S. population as rural (U.S. Census, 2010). Of the 50 million people in rural areas, 21 million lack sufficient health care to address their primary care needs (Logan, 2001). In 2000, 58% of U.S. counties had no domestic violence services, and rural counties are even less likely to have such services (Tiefenthaler & Sambira, 2005). Grama (2000) writes that,

“...as awareness of domestic violence grows, one class of victims has been forgotten by states, legislatures, service organizations, and indeed, the battered women’s movement itself: rural women. Rural victims of domestic violence face a different sort of abusive situation than their urban counterparts; indeed, the difficulties faced by urban victims of domestic violence are generally exacerbated for rural victims” (p. 173).

Research on domestic violence has tended to be limited in terms of race, ethnicity, sex, age, and geographic location. Most studies focus on the experiences of White, heterosexual women from urban or suburban settings (Grossman et al., 2005). Though research in the field of domestic violence has increased, few studies have focused on the phenomenon in rural settings (Few, 2005). Shepherd (2001) writes that: “Few studies have been undertaken on the context of, or response to, domestic violence in indigenous rural populations ... similarly, there have been only a few studies on the occurrence of or interventions for domestic violence in rural areas” (p. 489). Few (2005) suggests that this lack of attention to the issue within the rural context may be due to perceptions and myths of the idyllic and peaceful life in rural communities. Wendt and Hornosty (2010) write that rural women portray health “through a sense of belonging and connectedness and so health issues stemming from abuse can get lost or minimised when conforming to the rural idyll” (p. 58). Yet, research shows that “domestic violence is as prevalent in rural areas as it is in urban areas (Few, 2005, p. 488).

While the rates of domestic violence are similar across both rural and urban areas, little else is equal. Domestic violence treatment and criminal justice models have been

developed primarily for densely populated urban and suburban environments, where there are enough affected individuals to justify particular approaches, such as group services (Logan et al., 2001).

Barriers to Identifying and Serving Rural Victims of Domestic Violence

Pyles and Postmus (2004) state that there is no consensus on a theory of what causes domestic violence or what interventions are best suited for victims. This is especially relevant for addressing domestic violence in rural communities, where little research has focused (Few, 2005), and fewer resources exist. Already the barriers for battered women to seek help are serious. Portwood and Heany (2007) found the three primary barriers are fear of repercussions from their abuser, fear of and past negative experiences with the police, and personal and situational factors.

There are several factors that exacerbate help-seeking and intervention efforts in the rural context. Those that top the list are geographic isolation (Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005; Hassija & Gray, 2011; Logan et al., 2001; Shepherd, 2001; Teaster et al., 2006), limited access to services (Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005; Logan et al., 2001; Teaster et al., 2006), fewer employment opportunities (Eastman & Bunch, 2007; Grossman et al., 2005; Shepherd, 2001), insufficient housing (Few, 2005; Grossman et al., 2005), transportation difficulties (Cox et al., 2001; Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005, Shepherd, 2001; Teaster et al., 2006), few law enforcement officials (Shepherd, 2001; Grossman et al., 2005), attitudes about domestic violence (Eastman & Bunch, 2007; Cox et al., 2001; Grossman et al., 2005; Logan et al., 2001), patriarchal views of the family (Few, 2005),

strong religious values (Few, 2005), personal belief systems of victims, and cultural norms (Eastman & Bunch, 2007). The attitudes of society are powerful. Eastman & Bunch (2007) report that, “Service providers in rural localities viewed members of the general public as more likely to see the victim as being responsible for remaining in an abusive relationship and therefore more likely to blame for their own victimization” (p. 468).

The literature also describes the inherent lack of anonymity in rural communities, which manifests in a reluctance to report abuse to police or disclose information to the perpetrator’s extended family and social networks (Grossman et al., 2005; Teaster et al., 2006). Conservative social and cultural norms such as family and group loyalties (Eastman & Bunch, 2007; Shepherd, 2001), gender role stereotyping, self-reliance, and the concept of “standing by your man” are also special obstacles (Eastman & Bunch, 2007; Grossman et al., 2005). Lower education and poverty impact victim access to domestic violence services (Logan et al., 2001) as do severe weather (Shepherd, 2001; Teaster et al., 2006) and lack of child-care (Grossman et al., 2005). Further, the prevalence of alcohol and drugs, along with weapons, punctuate the already problematic position of domestic violence victims in rural areas. Grossman et al. (2005) capture the sense of complete isolation in a few words: “...certain actions, such as disabling vehicles, unplugging and removing phones, or monitoring the car’s odometer, have greater implications for isolating women in rural environments” (p. 72).

These barriers are not unique to communities in the United States. A study in Australia showed that “...many women in small isolated rural communities not only have limited

access to community health agencies because of geographical isolation, but also the nature of their small community creates particular difficulties especially with disclosure” (Cox, 2001, p. 281).

Hetling and Zhang (2010) argue that even when domestic violence services are available, they are not necessarily located where needed most, with the exception of faith-based organizations. They caution that domestic violence services providers should consider place-related factors in designing appropriate services, especially factors that relate to security, confidentiality, and legal and police policies. With respect to these issues, offering services just outside of the areas of greatest need may be appropriate (Hetling & Zhang, 2010). Rural areas also lack services for perpetrators (Grossman et al., 2005; Shepherd, 2001).

Rural Domestic Violence Service Providers

Like the specific barriers for victims of domestic violence, rural service providers also experience unique challenges. Eastman and Bunch (2007) report that more rural service providers than urban service providers reported feeling vulnerable at times and more often experiencing incidents when their safety was threatened. They also found that rural providers’ access to training was more difficult, in particular access to training the incorporated the latest developments in the field. In general, rural service providers reported being under-resourced and under-staffed. Asthana and Halliday (2004) write that “There is a growing body of evidence that suggests that rurality is associated with higher service costs. [...] these reflect economies of scale, higher travel costs, unproductive

time, issues relating to staffing, and institutional costs related to training, development and partnership working” (p. 458).

When it comes to locating services, research on geography and social services aimed at the poor indicates that proximity is a strong predictor of service uptake, and that contact with agencies outside a woman’s neighborhood is a critical link to accessing services (Hetling & Zhang, 2010).

Barriers for Older Women Experiencing Domestic Violence

Older women who are victims of domestic violence are not well represented in literature, falling between elder abuse and domestic violence (Straka & Montminy, 2006). Domestic violence is widely seen as something that affects young women, decreases with age, and is not present among older couples; in fact, it is a growing issue for a growing population, whether it is a continuation of longstanding abuse, violence that starts in old age, or violence that begins with a new relationship in later years (Straka & Montminy, 2006). Recent estimates state that “more than 13,000 women in the United States over the age of 55 report incidents of intimate partner abuse” (Kilbane & Spira, 2010, p. 167). This statistic, as indicated, does not include those unreported incidents.

When it comes to addressing domestic violence among older women, there are challenges that are not unlike those related to addressing domestic violence in rural communities (Straka & Montminy, 2006). Older women were raised with more traditional attitudes and values, especially with regard to gender roles, marriage, and family (Straka & Montminy, 2006). Their financial and employment barriers may be higher than younger women, due to lack of paid work experience, ageism, and lack of job

training opportunities (Straka & Montminy, 2006). Older women are more likely to be dependent on some for both financial resources and care if they have health problems (Straka & Montminy, 2006). Yet others are resigned to their situations, unaware of their choices, and isolated by a social network diminished by the death of their peers (Straka & Montminy, 2006).

Abuse may be reported through adult protective services or domestic violence systems, which operate independently, define the cause of abuse differently, design services differently, and are staffed by people with different sets of skills (Kilbane & Spira, 2010). Distinguishing between domestic violence and elder abuse is critical in identifying appropriate services for the women (Kilbane & Spira, 2010). Elder abuse may be categorized by multiple types of abuse and abusers (only some of whom are intimate partners,) while domestic violence can be narrowly defined as intimate partner violence (Kilbane & Spira, 2010).

Historically, domestic violence programs have overlooked the needs of older women (Kilbane & Spira, 2010) and programming that exists for domestic violence victims may not all be appropriate for older women (Straka & Montminy, 2006). One study indicated that older women, on the whole, did not use shelters, and only 2 of the 25 shelters studied offered special programming for older women (Straka & Montminy, 2006). The barriers for greater use of shelters by older women included the time limit on occupancy, shelter staff who are unfamiliar with the specific needs of the aging, and problems with health and mobility (Straka & Montminy, 2006).

The body of literature about elder abuse focuses on identifying risk and vulnerability versus the focus on gender and power dynamics within domestic violence (Straka & Montminy, 2006). Elder abuse responses are largely conducted by adult protective services agencies, health care professionals, and other community resources. These services are largely provided for both men and women, which is fine for addressing a range of health and social needs, but not the gendered interventions necessary domestic violence victims (Straka & Montminy, 2006).

Straka and Montminy (2006) argue that the problem of domestic violence among older women requires an integrated approach based on both the liberationist and empowerment principles of feminism, and the age and gender dimensions of oppression and vulnerability. The approaches should include both domestic violence and aging resources in the community.

Correlational Issues with Domestic Violence

Victims who face multiple barriers to services, such as substance abuse issues, mental health problems, cognitive disabilities, incarceration, and/or involvement in prostitution face greater challenges in accessing services than mainstream women. While there are many multibarriered women who would benefit from a combination of services, integrated strategies have not been available until most recently (Zweig et al., 2002). The system itself can be the barrier. In one study, “the most common barrier cited by 45% of responses was...the system questions women’s credibility more when it comes to women with multiple barriers compared to women without such problems – the system blames these women more and takes them less seriously” (Zweig et al., 2002, p. 168). Many

believe that abuse is a problem restricted to those in poverty, that it is not an issue for same sex relationships or higher educated women, and that abuse among older people is not a priority; all of these beliefs may affect who is even screened for abuse (Tower, 2006).

While victims come from a variety of ethnic backgrounds, socioeconomic levels, and communities (Pyles & Postmus, 2004), Hetling and Zhang (2010) write that domestic violence is over-represented in poor households relative to middle and upper-income households. Poverty may indeed increase both the likelihood of experience domestic violence, and the feeling of being trapped, as those who escape may do so with no financial resources.

Victims of domestic violence may also have reduced options due to limited work experience, poor education, physical and mental health problems, and substance abuse issues, all of which create difficulties for escaping violence and achieving self-sufficiency (Hetling & Zhang, 2010), and which may worsen as the violence continues. There are many connections between the use of drugs and alcohol and the prevalence of domestic violence. Logan et al. (2001) report that alcohol use during domestic violence has been associated with increased severity of injury in victims. Social disorder and violence are linked with alcohol consumption, especially in Australian rural communities (Carrington et al., 2010).

This is not to be used as an excuse, nor is addressing substance abuse as the panacea to domestic violence. Bennett (1995) argues that the alcohol and drugs alone do not determine whether a man will become abusive when intoxicated, neither will his

abstinence remove the threat entirely. Keeling and Fisher (2012) write that alcohol is not a causative factor for domestic violence, though alcohol dependency increases the risk of violence (Keeling & Fisher, 2012). Female domestic violence victims themselves have said that alcohol alone was not enough to explain their partner's abusive behaviour (Galvani, 2006).

Domestic Violence and Law Enforcement

Rural law enforcement agencies are especially challenged in combating domestic violence. Rural communities have a lower tax base, which impacts the ability to adequately staff and train police departments (Grossman et al., 2005). Additionally, police are an important referral source for both urban and rural victims of domestic violence, but rural victims are less likely to use this resource (Grossman et al., 2005). Nonetheless, a recent report shows that police in western North Dakota are responding to more domestic violence calls and calls about threatening behavior, which thereby requires more action from officers (Archbold, 2013). In the Archbold (2013) report, domestic violence calls are substantial. "Some officers/deputies identified changes in the specific types of calls they receive from the public including more alcohol-related calls ..., traffic-related calls ..., and domestic violence calls ..." (p. 17). One officer reported, "We get a lot more domestic violence calls. In the past, we would get 1-2 domestic violence calls per year. Now, we get 2-3 calls per week" (Archbold, 2013). There does, though, appear to be some sense of urgency around domestic violence as evidenced by this police officer's response. "We prioritize calls. Accident calls wait if there is a domestic violence call or a fight" (Archbold, 2013, p. 41).

Gracia et al. (2001) found that police attitudes shape victims' perceptions of police responses and helpfulness, which directly impacts their willingness to report incidents in the future, and their assessments likely determine whether or not it will enter the legal system. Police officers may espouse "conditional" or "unconditional" law enforcement, which are terms to describe the willingness or unwillingness of a victim to press charges. Trust and responsiveness are critical for those struggling in an abusive situation. A "report confirmed that a substantial number of Americans who died at the hands of IPV failed to embrace legal remedies because they perceived the criminal process as unresponsive" (McMullan et al., 2010, p. 1368).

Only an estimated 20% of women who experience domestic violence obtain protection orders (Portwood & Heany, 2007). Factors that inhibit victims of domestic violence from calling the police include their own perceptions that the incident was minor, concerns for privacy (less important with partners than assault by other family members), and the desire to protect the offender (victims are 5.5 times more likely to protect partners and more than 8 times more likely to protect other family members than they are strangers who assault them) (Felson et al., 2002).

Compared to male victims of domestic violence, though, women are more likely to call the police because they are more likely to desire protection. This is because victims are much more afraid of male reprisal, less likely to think their partner's violence is a private matter, and less likely to think the incident was trivial (Felson et al., 2002).

One problem to note regarding research on victim-offender relationships and policy is that there are two sub-populations, including 1) those who perceive themselves

to be crime victims, and 2) those who could be categorized as victims by objective criteria but who do not perceive themselves to be crime victims (Felson et al., 2002).

Domestic Violence and Religion

In discussing domestic violence, it is important to address the role of religion. Nash and Hesterberg (2009) write that “often cited work suggests an abused religious woman may interpret suffering as deserved or redemptive, wifely submission as a marital requirement, divorce as disfavoured, or forgiveness as adequate prelude for resuming a violent relationship. Moreover, abusers may use patriarchal threads in religious discourse to facilitate or tighten control” (p. 340), though the authors continue to say that “not all religious marital codes are interpreted this way or produce such outcomes” (p. 340). Their study was among the first to deconstruct several abused women’s processes of meaning-making and approaches to survival to provide a more nuanced view of what is frequently deemed inaction (Nash & Hesterberg, 2009). Another study showed that religious involvement may reduce those factors correlated with domestic violence, such as substance abuse, social isolation, and depression through prayerfulness, positive religious coping styles, and self-discipline (Ellison et al., 2007).

Overall, studies of the linkages between religious beliefs and the occurrence of domestic violence have been overlooked at the expense of the field, especially since Americans, in particular women and African Americans, report “comparatively higher levels of religiosity” (Ellison et al., 2007, p. 1096). Wendt (2008) argues for the need to examine tensions between secular and religious-based services because religion and spirituality are recognized as being integral parts of living and religious-affiliated

organizations have increasingly established roles in the provision of social services (Wendt, 2008).

Over the years, men who perpetrate domestic violence have used Christianity as an excuse (Levitt & Ware, 2006; Wendt, 2008), and feminist theorists argue that the teachings of male authority and female submission contribute to domestic violence in that power may be abused and that women are obliged to allow it to occur (Levitt & Ware, 2006). The rules of patriarchal religions, including many Christian denominations, were created by men and for men, and may inadvertently or directly influence followers' beliefs about power within relationships and domestic violence (Levitt & Ware, 2006). In the response to domestic violence, religious leaders may respond inappropriately, such that women stay in abusive relationships (Levitt & Ware, 2006).

Levitt & Ware (2006) identified three traditional gender roles advocated by a range of religious leaders.. First, the leaders argued that each of these roles is true either by God's law or by biology, and that men and women are "equal but different." Division of labor was one such argument, which permits men to work outside of the home, while women are to manage households and remain economically dependent on men, putting them at risk of poverty if they were to leave an abusive situation. Second, the women's obligation to submit, the leaders said, parallels the husband's obligation to put his life on the line for his wife, which appears to be a disingenuous parallel given the frequency of sacrifices by women versus the necessity of males dying for women. Finally, men are called on to sacrifice for their families by relinquishing some personal needs, while the

drawn parallel of submission does not involve any level of personal agency (Levitt & Ware, 2006).

Rather than staying that “it is a woman’s cross to bear” (Wendt, 2008, p. 152) and that “forgiveness within the sacred bond of marriage will heal all” (Wendt, 2008, p. 152), church leaders must become educated on violence against women, and how women’s and men’s spiritual lives can both positively and negatively affect recovery.

Domestic Violence and Intersectionality Theory

An important part of understanding the power dynamics of domestic violence is that of intersectionality theory, which is defined by hierarchies of power existing within multiple socially-defined categories and identity politics (Crenshaw, 1991; McPhail, 2007). McPhail et al. (2007) write that early feminist perspectives focused on gender as the category for analysis. Since then, though, the field has acknowledged the importance of looking “at the intersections between gender and other systems of oppression, such as race, class, national origin, sexual orientation, age, and disability” (McPhail, 2007, p. 819). The underlying causes of racism and domestic violence both stem from ideologies that support inequality and are related to the desire to have power and control over others (Huisman et al., 2005). For example, for Black rural women, racism may contribute to further isolation and underuse of services (Few, 2005). National origin and citizenship status are additional layers of identity politics and marginalization in relation to domestic violence (Erez et al., 2009).

These oppressions simultaneously created by intersecting forms of domination (Erez et al., 2009) bring tensions among groups when ignored or conflated (Crenshaw,

1991). The intersectionality effect is not made easier by institutionalized racism, sexism, and inadequate state and federal funding for police training on racism and domestic violence. Generally, police are not trained to see how domestic violence intersects with other hierarchical systems of domination such as sexism, racism, homophobia, and classism (Huisman et al., 2005). The complex situations of battered women may not be fully seen, such as in the experiences of women of color, lesbians, and immigrants (Pyles & Postmus, 2004).

Additionally, there is a long history of tension between police officers and battered women's advocates, who have long since focused on the weaknesses in the criminal justice system. The common responses to the topic of inequality range from resistance to apathy to rage (Huisman et al., 2005). The lack of engagement between police and diverse communities creates a correlation between prejudice and social distance, and suggests the need to diversify staff and address institutional discrimination (Huisman et al., 2005).

Immigrant women who are victims of domestic violence face unique barriers to safety, and violence against women is one of the most common victimizations experienced by immigrants. Prior to immigration, they may have faced social pressure to marry, and as a result of immigration are at an economic disadvantage (Erez et al., 2009). Legal, economic and social challenges to safety coexist with challenges they experience as immigrants. Battered immigrant women have fewer resources, are more socially isolated and may lack kin in the area, are economically unstable, and are concerned about generating negative perceptions of the community by disclosing the abuse. At the same

time, criminal justice agencies lack translation services and/or knowledge of immigration law, which typically results in legal and economic dependency on the batterer, who may be undocumented (Erez et al., 2009). This results in battered immigrant women having a lack of trust in law enforcement and government authorities while men who batter immigrant women have access to unique forms of domination and control, some of which are facilitated or even sanctioned by immigration law (Erez et al., 2009).

Advancing the Scientific Knowledge Base

While there is a significant amount of literature on the topic of domestic violence, rather little of it regards domestic violence within the rural context. There is a small but growing body of literature regarding boomtowns within developed countries (Berger & Beckmann, 2010; Freudenburg, 1986; Freudenburg, 1991; Freudenburg, 1994; Hunter et al, 2012; Lawrie et al., 2011), most of which addresses the topics of violence and law enforcement; however, virtually none of the literature discusses the experience of women in boomtowns, let alone the issue of domestic violence within boomtowns or the agencies that work to address it. All of these gaps provide opportunities to focus the dialogue on identifying and responding to domestic violence perpetrated against women in boomtown communities.

Theoretical Framework

The theoretical foundation for this research focused on rural sociological writings regarding the social disruption thesis (England & Albrecht, 1984). It referenced the classical sociological writings of Thoenies and Durkheim regarding the positive and negative impacts of rapid industrialization, urbanization, and modernization. It also

included feminist writings on second (offender accountability and victim protection) and third wave feminist (empowerment) theory related to domestic violence.

Contribution to Theory

This research will add to bodies of literature regarding domestic violence in rural areas, including those by Eastman and Bunch (2007), Grossman et al. (2005), Logan et al. (2001), Shepherd (2001), and Cox et al. (2001). It will also contribute toward the social disruption thesis in rural sociology on boomtowns, per the writings of Freudenburg (1986, 1991, 1994).

On a practical level, this research will be valuable for public administrators, non-profit professionals, and others on the front lines of domestic violence prevention, identification, and responses in boomtown settings.

Research Questions

- 1) What issues are confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota?
- 2) What opportunities do professionals cite in identifying and responding to female victims of domestic violence in rural areas and boomtowns?
- 3) How has the professionals' experience of the oil boom changed their methods of identifying and responding to female victims of domestic violence?

Summary

This chapter covered a range of literature that established a background for understanding both the oil boom and domestic violence in North Dakota. It also

addressed the existing literature surrounding boomtowns, including the social disruption theory, women, public health issues, and crime and policing. There was a summary of the movement to address domestic violence, domestic violence in the rural context, correlational issues, domestic violence and law enforcement, domestic violence and religion, and, finally, intersectionality theory. The theoretical framework of the social disruption theory and literature surrounding domestic violence in rural communities was described, including this study's contribution to theory through the articulated research questions.

CHAPTER 3: RESEARCH METHODS

Introduction

The study was conducted through qualitative methods in order to develop a depth and scope of understanding about the experience of those informants working to identify and respond to domestic violence. Specifically, it was a study conducted through a focus group of six people and two individual interviews of directors of non-profit organizations addressing domestic violence in rural North Dakota. Focus groups were chosen as the primary method due to an opportunity that arose to conduct a focus group during a previously-scheduled meeting of rural domestic violence advocacy agencies.

Focus group and interview questions were open-ended in order to solicit longer, more detailed responses (Patton, 2002a). The focus group and individual interviews were conducted using an adaptation of Seidman's (2006) interviewing approach. Focus group participants and individual interviewees were interviewed about their work, details of their experience since the oil boom began (with the goal of reconstructing the detailed facts experience,) and the meaning of their experience. The interview approach particularly focused on how those factors interacted to bring the participants and interviewees to their present situation. Seidman (2006) argues that the process of articulating one's experience is a way to make meaning of it.

Follow-up interviews with those whose interviews reflected different perspective would have been conducted to enable "member checking" (e.g. asking for feedback on the analysis) (Goldenberg et al, 2010), but the combination of the focus group and

individual interviews proved sufficient for cross-checking and clarification (Bradbury-Jones, 2009).

Rural domestic violence and sexual assault advocacy organization program directors were chosen as the informants for this research because they are often the first point of contact for female victims of domestic violence who seek help. Furthermore, the program directors are the individuals in the best position to discuss the barriers to identifying and serving female victims of domestic violence in pre-oil boom rural communities, as well as rural communities after a boom has begun. Involving informants from other types of agencies would broaden the scope of the study and dilute the findings.

Rationale for Methodology

Pascal et al. (2010) follow Denzin and Lincoln's (1994) definition of qualitative research as being "multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (p.174).

This was a generic qualitative study (including elements of a phenomenological approach) of individuals' experiences of identifying and responding to female victims of domestic violence in rural North Dakota, and in the oil patch in particular. The selection of this approach can be justified in a number of ways. The choice of qualitative research with elements of phenomenology as the methodology was based on a desire to establish a detailed contextual analysis of the experience of people within their organizations

(Seidman, 2006). The foundational question of phenomenology, according to Patton (2002a), regards the meaning, structure, and essence of the lived experience of a particular phenomenon for this person or group of people. Bradburg-Jones et al. (2009) state that the primary objective of phenomenology “is the investigation and description of phenomena as consciously experienced” (p. 664). Pascal et al. (2010) reference Streubert and Carpenter’s (1995) definition of phenomenology “as a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience” (p. 175). They add that, “an additional aspect of exploring lived experience is to understand the meanings ascribed to experiences. Thereby it is through accessing lived experience that researchers may gain understanding of the meanings and perceptions of another person’s world” (p. 175).

Husserl described phenomenology as descriptive and detached. His student and critic, Heidegger, did not agree with that approach on the basis that “the observer cannot separate themselves from the world” (Bradburg-Jones et al, 2009, p. 665). Haggman-Laitila (1999) acknowledges that detachment is necessary for replicable research, but argues that the researchers cannot detach from his or her own view, that the research process inevitably walks a fine line between subject and researcher, and that the research process creates a cooperative relationship. It is the researcher, after all, who is charged with understanding the subject’s existence in the world and must be prepared for change in the interpretation process. Some scholars interpret subjectivity as a major methodological problem, while others see it as the first epistemological starting point. That relationship does indeed present the researcher with the great responsibility of

analysis. “Analyses of narratives are interpretations of interpretations. The phenomenologist must make sure that the data he or she analyzes are lived interpretations and not interpretations of interpretations” (Levering, 2006, p. 2).

Fundamentally, researchers choose interviewing as a research method because they are interested in people’s stories (Siedman, 2006). This is based on the belief that the perspective of others is meaningful and can be made explicit (Patton, 2002a). “At the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience” (Seidman, 2006, p. 7).

Interviewing allows individuals to learn those things that he or she cannot directly observe, such as feelings, thoughts and intentions (Patton, 2002a).

Focus groups are popular due to the perception of being cost-effective and “seen to yield large amounts of qualitative data in exchange for relatively little face-to-face researcher contact” (Parker & Tritter, 2006, p. 23). Focus groups should be facilitated to generate interaction that produces in-depth discussion (Morgan, 1996; Parker & Tritter, 2006). Often paired with in-depth individual interviews, focus groups have been used in various subdisciplines of sociology, including medical sociality and social movements, and are particularly useful in gaining insights on sensitive topics and “giving a voice” to marginalized groups (Morgan, 1996).

Seidman (2006) supports dynamic relationships in research. “Interaction between the data gatherers and the participants is inherent in the nature of interviewing. ... One major difference, however, between qualitative and quantitative approaches is that in in-depth interviewing we recognize and affirm the role of the instrument, the human

interviews” (p. 23). Bradbury-Jones et al. (2009) state that focus groups, also called “group interviews”, are distinct because they focus on “interaction between participants” (p. 665). The advantages of focus groups are “the enrichment of data as a result of participants reflecting on and sharing their experiences, and clarification and checking for understanding both among participants and between participants and researcher” (Bradbury-Jones et al., 2009, p. 667). In order to hear individual voices, it is important, though, that facilitators skilfully conduct focus groups to deal with both dominant and reluctant participants (Bradbury-Jones, 2009).

Scholars from the U.S., Canada, and Western Europe approach phenomenological research with unstructured interviews, which allows the interview subject to lead the conversation (Weaver, 2011). Seidman (2006) describes a continuum of interviewing from tightly structured to “apparently unstructured, anthropological interviews that might be seen almost ... as friendly conversations” (p. 15). “The goal of the process is to understand how our participants understand and make meaning of their experience. If the interview structure works to allow them to make sense to themselves as well as to the interviewer, then it has gone a long way toward validity” (Seidman, 2006, p. 24).

Assumptions

Assumptions inherent in this methodology were that gatekeepers would introduce potential key informants. This was not an issue because the researcher was scheduled to facilitate the focus group during the informants’ previously scheduled conference on August 7. A second assumption was that the informants would be honest and not self-serving. Another assumption was that focus group participants (i.e. informants) would be

willing to field follow-up questions to clarify and expand on the focus group data. Finally, a key assumption was that the focus group and follow-up interviews would provide sufficient data to reach a saturation of themes. It was assumed that it would be feasible to reach the point of saturation by focusing on collecting data from directors of domestic violence agencies, rather than on different positions and/or agencies which may come into contact with victims of domestic violence. Similarly, this facilitated a more focused, in-depth review of relevant literature.

Limitations

The methodological approach also had limitations. First, the number of people who meet the narrowly defined research parameters limited the number of prospective participants. Ultimately, due to the qualitative nature of the study and the low number of interview participants, the findings are not generalizable. Second, an inherent limitation in the methodological approach as noted above, is that the interviewer was by default a participant in the research. [At the same time, however, this may be something that can be deemed a strength of the approach.] The lived experience of the researcher impacted the study in both expressed and invisible ways (Goldenberg et al., 2010). Pascal et al. (2010) write that the role of the qualitative researcher is inside and immersed, and that these researchers acknowledge “assumptions, reflections and...autobiographic and co-constructed roles to be a social construction of the relationship between the knower and the known” (p. 174). Additionally, the research did not encompass several seasons to capture the seasonal nature of oil/gas activities, which would have contributed to the validity of the research methodology.

Instruments

Per Patton's (2002a) text on qualitative research and evaluation methods, an interview guide was used to ensure that the core lines of inquiry were pursued within the focus group interview and individual interviews. Within those lines, there was freedom to explore and ask questions that further shed light on the subject, but the guide itself helped create a more systematic and comprehensive approach. The focus group interview guide is included in the appendices.

Population and Sampling Plan

The study employed purposive sampling, which Patton (2002b) describes as a key distinguishing feature of qualitative inquiry, in that it looks in-depth at small samples in order to garner information-rich cases, rather than empirical generalization from a sample of a population (Patton, 2002a). Phenomenological research requires that the investigator gather in-depth information from those who have directly experienced the phenomenon of interest, rather than through secondhand experience (Patton, 2002a). In the case of this study, challenges related to recruitment were avoided by convening a pre-existing group. As such, the key informants for this study were people in professional positions within nonprofit organizations focused on the issue of domestic violence. These informants were primarily program directors, all of whom participate in a coalition on abused women's services in rural North Dakota, thereby placing them in a position to identify and respond to cases of domestic violence. This "intensity sampling" strategy produces information-rich cases that illustrate the phenomenon of interest intensely, though not extremely, (which would focus on the extreme ends of the phenomenon) (Patton, 2002a).

Sample Size

Recruitment of key informant participants was done through purposive sampling, which is based on the purpose of the research, and snowball sampling, which is accessing key informants through “gatekeepers” (Groenewald, 2004). It was anticipated that the focus group would be comprised of roughly ten participants, but there were, in actuality, six participants in the focus group and two individual interviews with directors who were unable to participate in the focus group. The state coalition has twenty members, fourteen of which are rural and nine of which are based in oil-affected counties in the western part of North Dakota.

Based on Groenewald’s (2004) recommendations regarding phenomenological research design, the focus group and interviews were conducted with different informants until the point of saturation, when no new perspectives surfaced. In determining a number of participants, a researcher looks for sufficiency and saturation of information. It is better to err on the side of more participants than necessary. “[I]nterviewing fewer participants may save time earlier in the study, but may add complications and frustration at the point of working with, analyzing, and interpreting the interview data” (Seidman, 2006, p. 55). The design of the study was determined on the basis of limited time and financial resources, more of which would have allowed for a more thorough investigation.

Research Site

The focus group was conducted in Bismarck, North Dakota, where North Dakota’s coalition of abused women’s services held a meeting in August 2014 with its

rural grant from the U.S. Department of Justice's Office of Violence Against Women. The two in-depth interviews were conducted in the respective organizations' offices. All research participants signed consent forms.

Participant Contact

Seidman (2006) advocates for access to interview participants through formal gatekeepers in order to avoid informal gatekeepers who are self-appointed (and who likely annoy the very people the researcher is attempting to access.) As such, prospective participants were first contacted through intermediaries in order to determine interest in the study. Participants were contacted via electronic means before and following the study.

Data Collection

Before collecting data, clear protocols were developed, including the rules for anonymity, eligibility criteria, and reporting formats. The researcher developed a tentative coding system for themes to be revised as new information was gathered. The focus group and interviews were recorded for transcription. Interviews were professionally transcribed and the transcriptionist signed a confidentiality agreement (Parker & Tritter, 2006).

Data Analysis

Analysis in qualitative studies is challenging because of the massive amounts of raw data involved (Patton, 2002b) and the lack of standardized responses (Patton, 2002a). In this study, the investigator attempted to separate trivia from significance, identify

patterns, and construct a framework for conveying what the data fundamentally reveals (Patton, 2002b).

Data was collected and coded throughout the process. Data analysis was conducted with recorded interviews, as well as classification and cross-reference of data. Analysis roughly adhered to Hycner's 5-step explicitation process outlined in Groenewald's (2004) text regarding phenomenological research; this text describes bracketing and phenomenological reduction, delineating units of meaning, clustering of units to form themes, summarizing, and extracting general and unique themes from all interviews to make a composite summary. "The clustered themes and meanings are used to develop the textural descriptions of the experience. From the textural descriptions, structural descriptions and an integration of textures and structures into the meanings and essences of the phenomenon are constructed" (Moustakas, 1994, p. 118).

In analysing this data, there are guidelines, but no rules (Patton, 2002b). The analyst him or herself must be aware of their own processes as they are conducting the analysis in order to report on them (Patton, 2002b). Units of analysis included perspectives (shared experience or perspective), geography (rural), activity (identifying and responding to female victims of domestic violence), and time (before the boom versus after the boom) (Patton, 2002a).

Ethical Considerations

Per widely accepted ethical guidelines, the study adhered to informed consent guidelines, avoided deception, maintained anonymity, and strived for accuracy. Per the

moral standards for research involving human subjects, the study encompassed respect, beneficence, and justice.

There are a number of ethical considerations for this study, the first of which was informed consent in participation and anonymity. Also, the researcher did not know how participating in the focus group or individual interviews would impact the interviewee (Patton, 2002b). An ethical consideration included the fact that the focus group was organized by the state's coalition on abused women's services, and will have access to some form of the data before the dissertation is defended. This concern was mitigated by creating and signing a Memorandum of Understanding, which clearly articulated the identities of the research informants, the fact that key themes will be shared following the focus group and interviews (i.e. not comprehensive raw data), and other relevant interview protocol, including focus group design.

The researcher has personal experience with the issues at hand, some information about which is publicly available. As such, it was difficult to achieve "Epoche," described by Moustakas (2004) as the setting aside of pre-judgements, biases, and preconceived ideas about the phenomena. This challenge was largely alleviated by focusing the study on those who work with victims of domestic violence rather than victims themselves.

CHAPTER 4: RESEARCH FINDINGS

“The most important issue is the victims of domestic violence, sexual assault, and trafficking. We can gripe about money, but if we didn’t have any grants, I would find some way to help these people. I would go knocking on doors.”

~ Advocate 7

Introduction

The focus of this study was to examine the problem of domestic violence in energy boomtowns. In particular, the research questions were:

- 1) What issues are confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota?
- 2) What opportunities are identified by these professionals in identifying and responding to female victims of domestic violence in rural areas and boomtowns?
- 3) How has the professionals’ experience of the oil boom changed their methods of identifying and responding to female victims of domestic violence?

Method and Informants

This study gained information through a focus group and two individual interviews. The the North Dakota Council on Abused Women’s Services/Coalition Against Sexual Assault in North Dakota facilitated contact with the informants, who were program directors of domestic violence and sexual assault advocacy agencies in rural North Dakota, including the oil and gas-affected counties in western North Dakota. The focus group was chosen as the primary method of gathering information, due to this study

receiving an invitation to conduct the focus group interview during a previously scheduled meeting of rural domestic violence advocacy agencies, which was funded through a grant from the United States Department of Justice for rural domestic violence and sexual assault programs. Further, individual interviews were conducted with two agency directors due to their inability to attend that meeting. All of the informants self-identified as “advocates.” As such, the data within this chapter attributes information to “Advocate 1,” “Advocate 2,” etc. to maintain anonymity.

In order to answer the research questions, the focus group and interview questions regarded the definitions of domestic violence, both according to the advocates themselves as well as the advocates’ perceptions of the general rural public’s definition of domestic violence. Questions also explored the evolution of attitudes in rural communities regarding domestic violence. One question pertained to the advocates’ views of domestic violence in rural areas, including how domestic violence may be different from urban and suburban areas. One question explored the role of faith in working with victims of domestic violence. Other questions regarded the response to domestic violence by other institutions, including the police and primary health care providers. Finally, the advocates were asked how their experience of working with victims of domestic violence has changed in the past few years of the oil boom, what those who are working to address the issue need for their work in the oil patch, and what advice the advocates would give to other communities anticipating a boom. [A complete list of questions is included in the appendix. Due to time constraints, some anticipated questions were eliminated during the focus group, and have been struck out accordingly.]

Summary of Themes

As outlined in this chapter, the themes that emerged through the study include varying definitions of domestic violence, public awareness of domestic violence, evolving attitudes regarding domestic violence, effects of the oil boom on the response to domestic violence, lack of referral options for mental health and substance abuse services, lack of affordable housing options, limited capacity of domestic violence advocacy agencies, risks for domestic violence advocacy agency staff, changing domestic violence victim demographics, increased costs of work, and the community-wide response to domestic violence. This chapter will support each of these themes with rich data from focus group and individual interviews.

To provide the reader with an overview of how these themes were determined, an analysis was conducted to determine the frequency at which informants used key terms.

These key themes are represented in Table 1.

Table 1
Textual Analysis of Terms Used in Focus Group and Interviews

<u>Emerging Themes & Terms Used</u>	<u>Mentions of Term (#)</u>	<u>Informants Using Term (#)</u>
Definition of Domestic Violence as Strictly Physical “Physical (abuse)”	5	4
Increase of Mental Illness “Mental illness”	6	5
Increasing Substance Abuse “Drug”	17	6
“Alcohol”	12	5
“Prescription”	1	1

“Drink”	3	2
Lack of Transportation		
“Transport”	8	4
“Ride”	1	1
“Vehicle”	1	1
Lack of Affordable Housing Options		
“Housing/ House”	19	5
“Shelter”	29	6
“Motel”	4	3
Insufficient Staff Capacity and Ability to Retain Staff		
“Staff (shortage)”	18	4
“Employee”	2	2
“Pay (of advocates, police)”	3	2
“Safety (of advocates, police)”	3	2
“Risk”	1	1
Importance and Relevance of Law Enforcement Relationships		
“Law enforcement”	17	6
“Police”	14	7
“Judge”	5	3
“Court”	4	4
Importance of Strong Community Relationships		
“Community”	27	6
“Church”	16	4
“Clinic”	8	4

As illustrated in the table, a range of themes emerged during the focus group and interviews. Some of the themes, such as the understanding of domestic violence as strictly physical and the increase of mental illnesses, presented in their own terms. The informants used the term “physical” in relation to people’s understanding of domestic

violence (5 mentions by 4 advocates), and the informants also mentioned the term “mental illness” numerous times (6 mentions by 5 advocates).

Other themes, such as the increase in substance abuse, manifested through the terms “drug” (17 mentions by 6 advocates), “alcohol” (12 mentions by 5 advocates), “prescription” (1 mention by 1 advocate), and “drink” (3 mentions by 2 advocates). The lack of transportation theme emerged through mentions of “transport” (8 mentions by 4 advocates), “ride” (1 mention by 1 advocate), and “vehicle” (1 mention by 1 advocate). The lack of affordable housing options emerged through mentions of “housing”/ “house” (19 mentions by 5 advocates), “shelter” (29 mentions by 6 advocates), and “motel” (4 mentions by 3 advocates).

Regarding the agencies and their relationships within the community, several themes emerged. That of staff capacity and retention emerged through the terms “staff,” indicating a shortage (18 mentions by 4 advocates), “employee” (2 mentions by 2 advocates), “pay” (3 mentions by 2 advocates), “safety” (3 mentions by 2 advocates), and “risk” (1 mention by 1 advocate). The importance of relationships with law enforcement was emphasized through mentions of “police” (14 mentions by 7 advocates), “law enforcement” (17 mentions by 6 advocates), “judge” (5 mentions by 3 advocates), and “court” (4 mentions by 4 advocates). The importance of strong community relationships was highlighted through references to “community” (27 mentions by 6 advocates), “church” (16 mentions by 4 advocates), and “clinic” (8 mentions by 4 advocates).

This approach to analysing the data provides broad stroke highlights of the issues faced by domestic violence victim advocates in rural North Dakota, such as the limited

understanding of domestic violence as only *physical* violence. Victims also understand domestic violence as only physical, as illustrated in this comment:

Advocate 5: Even talking to victims, if there's been an incident where law enforcement is involved and they've given our business card, then the victim will call you and say, "they gave me this card and told me to call you. I don't know why I am because I'm not a victim of domestic violence." They look down on, and we have a checklist on there. They don't want to admit to having had any of that happen to them. Because everything is on there, the emotional, the verbal, the financial control, not just the physical thing. So when they come in and sit down and to have the power and control wheel and hand them a highlighter and say, just highlight anything that has ever happened to you. And then their page is all bright with orange, that can show them that what their definition was isn't reality.

This emerged as a key theme due to the mentions of this concept, and the fact that it represents a significant barrier in identifying and serving victims of domestic violence.

It suggests opportunities for addressing domestic violence in rural North Dakota and the oil patch in particular, including the identification of solutions to address mental health and substance abuse issues. One advocate describes their inability to sufficiently address these issues:

Advocate 2: The mental health issues, the drugs, the alcohol, prescription drug abuse. Those are things that you can't even get a handle on.

The lack of mental health and substance abuse services within the agencies themselves, and insufficient referral options within the communities, emerged as key issues to address in rural North Dakota, especially in light of the oil boom.

Additionally, this emergence illustrates ways in which the experience of the oil boom in recent years has changed the methods of domestic violence victim advocates, as reflected in the lack of transportation and affordable housing options, which have each contributed to increased expenses and demands on staff time to address. An advocate describes the transportation challenge:

Advocate 1: Transportation is nonexistent. Rural areas, there's nothing. There's no bus, there's no nothing. And if the small programs have no funding to put gas in the advocates' cars, much less the victims cars, and there's no time to – sometimes you can't get away. Sometimes there isn't even enough funding in the grants to do outreach.

Transportation emerged as a fundamental issue in identifying and serving victims of domestic violence in rural North Dakota.

Further, the lack of affordable housing was stark in the comments of advocates, as evidenced in this comment:

Housing is so difficult to get because, what happens is – well, first, there's no affordable housing here. There's just no affordable housing. If we have low-income, income-based, that's about it and it's limited. . . . So, what we're seeing is that people are working, but they're working to pay their rent, they're not really making money because rent is so high (Advocate 7).

Affordable housing is a problem particularly in the oil patch, where housing is scarce and rents are high, presenting a formidable challenge for advocates helping clients to find stability.

Finally, this problem emphasizes the necessity of the community's understanding of domestic violence and its engagement in the response. This community awareness, as well as coordination among agencies in the community, emerged as a central opportunity for addressing domestic violence in rural North Dakota and the oil patch in particular.

Defining Domestic Violence

In order to understand the constraints faced by social service professionals working on the issue of domestic violence in rural North Dakota, it is useful to understand how professionals themselves define the term "domestic violence." In response to a question about how they define domestic violence, focus group member Advocate 1 stated that, "Domestic violence is defined in the Century Code. I don't think we walk around using the Century Code definition, we just know what it is."

In an interview, Advocate 7 articulated the agency's general definition of domestic violence as follows:

How do we define domestic violence *here*? The way we define domestic violence – gosh, there's so many different ways: verbal abuse, emotional abuse, psychological, financial, physical, sexual. Just so many different kinds. And it's not just the physically abused that we help, we also work with the verbally abused. If they're controlled – oh gosh, all of them. It's not that we just help the ones that are injured. If they come to us and they want out because they're tired of

being controlled, of being told “you’re fat, you’re stupid, you’re ugly” and things like that, we shelter them as well.

This response makes clear that abuse can take many forms, and that victims of any form of abuse can seek support from the agency.

In order to successfully identify and serve female victims of domestic violence, it is also critical to understand how the general rural public defines domestic violence. To that question, focus group members had the following exchange:

Advocate 6: Rural? Husband and wife beating each other. Mostly husband against wife.

Advocate 4: And I don’t think emotional and verbal abuse are included in that, just physical. That’s when it’s domestic violence, when it’s physical.

In a separate interview, another advocate underscored that sentiment.

Advocate 7: I think that they [the rural public] – even though we try to get it out there that it’s different – they believe it is hitting and that’s it. Because a lot of times you’ll hear the victims even say, “He thinks I have it just great and I should be very happy because he doesn’t hit me. He’ll say ‘I don’t hit you, I’m not mean to you,’” but he’s mean to her in so many other ways, he doesn’t have to hit her. He just cows her down anyway, or has no self-esteem.

As the above comments suggest, the general rural public’s definition of domestic violence as strictly physical abuse is important in understanding how the community views victims in rural areas, which in turn affects how victims view their own experiences.

Another advocate emphasized the public's view that domestic violence is physical, and that it occurs only within the context of heterosexual couples.

Advocate 8: I think they define it as actual physical violence, between partners. I think the majority of the world sees it as between a man and a woman, and they tend to overlook the same sex violence that happens. And they don't see the emotional violence or the sexual abuse, or even the financial abuse that goes on. I don't think the general public sees that as domestic violence.

These one-dimensional views of domestic violence have implications for the public's perception of domestic violence and victims and also the victims' perceptions of themselves. Advocates describe a limited and out-dated understanding of domestic violence within rural communities.

One advocate articulated how the geography influences the experience of victims of domestic violence.

Advocate 8: I think that with the isolation that comes from being in a rural population, it's got a different look than, I would say, more dense populations, where people are living on top of each other in apartment buildings, a lot closer together. It's harder – I think it's harder for victims to admit that they're victims of domestic violence in rural communities because of that isolation and that small town feel, where everybody knows your business. Basically, I think it's hard for people to come out and say that they're being abused.

As the advocate implies, the isolated nature of rural communities, along with the lack of anonymity, also influences people's willingness to identify as a victim and seek help within their own community.

Public Awareness of Domestic Violence

Public awareness of domestic violence in general and the work of domestic violence advocacy agencies are also critical for identifying and responding to the needs of victims.

Advocate 1: Something that's always sort of baffled me to some extent, I am amazed at how many people don't know that domestic violence agencies exist in our rural areas. They don't know what we do; we've been around for so long and still people don't know.

Without knowledge of the existence of domestic violence, domestic violence agencies, and the services that domestic violence advocates can provide, friends and family members of victims cannot refer victims to those resources and they can not seek help.

Besides the lack of awareness about services, there is also the issue of denial of the existence of domestic violence.

Advocate 6: They don't think it happens locally. I don't see many local people at all, and if I do, they want a restraining order or a protection order for a few days. Just to keep him away from me for a few days, till things get better, but they'd still say it's not domestic violence. People in the community, how do they view it? I can't say they don't think it goes on; they don't want to believe it goes on. It's a small town and you can ask business people, churches, community groups

and they'll say, "Well, we don't really have that here." We do, but nobody wants to acknowledge it. Even try to get awareness things going on in the community, but does anybody come? No. "We don't need to go to that, we don't have that here." It's hard to get community involvement when they don't believe it goes on here.

Denying the existence of domestic violence in the community reduces the ability of domestic violence advocates to have an impact in the community. This denial also affects the believability of victims and the recognition of the issue within the criminal justice system, health care system, faith communities, and other institutions and systems that interact with victims.

Victim Definition of Domestic Violence

The lack of identification as a victim of domestic violence is obviously a significant barrier in identifying and responding to the needs of victims. The following response from a focus group member is an illustration of this issue:

Advocate 5: Even talking to victims, if there's been an incident where law enforcement is involved and they've given our business card, then the victim will call you and say, "they gave me this card and told me to call you. I don't know why I am because I'm not a victim of domestic violence." They look down on, and we have a checklist on there. They don't want to admit to having had any of that happen to them. Because everything is on there, the emotional, the verbal, the financial control, not just the physical thing. So when they come in and sit down and to have the power and control wheel and hand them a highlighter and say, just

highlight anything that has ever happened to you. And then their page is all bright with orange, that can show them that what their definition was isn't reality.

As the response indicates, the process of understanding one's own victimhood may require time and multiple levels of intervention. In this case, an incident that required a police response occurred, the police officer provided a referral, the victim followed up on the referral, and the advocate shed light on the various forms of abuse in the victim's relationship.

Simply identifying behavior as abusive is not necessarily sufficient for a victim to seek or receive help. Instead, the victim may minimize or justify the behavior, as illustrated in this focus group exchange:

Advocate 1: Victims often don't understand the dynamics of domestic violence. It was just one hit or just one hand. They're not taking into account the emotional abuse, the financial abuse, the isolation, the pets, the children, the whole thing. And if anybody does come through our door on their own, it's because they've been hit. It wasn't before.

Advocate 2: There are also degrees of violence, like "he only hit me once" or "he only pushed me, but now he gave me a black eye." I think there's still that degree of violence, where it's not really that bad, then it's kind of bad, and then when it's really bad, that's when they come to us. Otherwise, it's like, "Eh, it wasn't that bad."

Advocate 4: They don't want to bother somebody with it.

Advocate 1: He said he was sorry and I love him.

Advocate 6: I've had people say, well, it's not domestic violence because he only does it when he's drinking. So then it's not domestic violence. And they will fight the no contact order; they want it dropped. Because it wasn't domestic violence and they are not a victim.

A woman may not be able to recognize the different forms of abuse or the intermittent nature of abuse that is part and parcel to the cycle of abuse, and thus may feel she has no basis to identify as a victim.

Evolution of Attitudes Regarding Domestic Violence

Attitudes about and knowledge of domestic violence have evolved in rural North Dakota over the past decade, according to the informants.

Advocate 1: ...more is in print. I think that one of the things that we see are newspapers. Certainly Facebook, and all the computerized – whatever you want to see, whatever you want to look up. You can Google anything you want to Google. The accessibility to information is there and younger people really know how to maneuver a computer a whole lot better than I do. It just wasn't part of my upbringing. So the availability of information is huge compared to what it was.

Now, if all that information was accurate, that would be wonderful. ::Laughs::

As information about domestic violence becomes more readily available, the awareness of resources also increases. The advocate makes an important point about ensuring that accurate information is made available.

Younger generations appear to be better informed about the issues than older generations in North Dakota, which did not discuss sensitive topics like sex in their youth. The following exchange outlines this evolution:

Advocate 1: I think the awareness has increased. Maybe not as much as we would have liked, but with the change in generations, my age versus 40-year-olds versus 20-year-olds, I see younger people being much more well informed of issues than, say, I was, when I was a teenager or young adult. I do still think, especially in the rural areas, young people are naïve about what happens in life. I believe that junior high – well, maybe not even junior high – in grade school, young people do need to be educated on domestic violence and sexual assault issues so that they know risk factors, they know what to look for, they know what to listen for, they know what sort of moves might be made on them. In the rural areas, I believe that everything is – maybe it's talked about more than when I was younger. I would certainly hope so, because it was rarely talked about, sex wasn't talked about, and a lot of things weren't talked about.

Advocate 2: Well, do you think that's a rural thing or more the people that inhabit North Dakota and that sort of Scandinavian thing?

Advocate 1: Well, I think it could be both. It could be a nationality type thing. It could be the part of the country we're in. When you get into the cities, life is bigger and faster and more exposure to a lot of different things. I would like to believe that the knowledge of, or availability of knowledge, of domestic violence

and sexual assault has increased in the past 10 years. Whether it's accurate or not, I don't know.

There are generational differences in understanding domestic violence in rural communities. Advocates suggested that the acknowledgement and discussion of the issue might be related to the culture of the state and the ethnicity of its inhabitants.

It is not only incumbent upon individual citizens to evolve in their attitudes about and knowledge of domestic violence; as leadership changes, so too does the response to domestic violence in rural communities. In this respect there has also been change.

Advocate 6: We've seen a change in our jurisdiction with that GTA assessment that we did, where it brought everybody to the same table. And the good ol' boy attitudes that were there before aren't there as much. I'm not saying they're gone completely, but it's definitely a different dynamic in our law enforcement center. If I come walking down the hall, it's not like "oh crap, what does she need?" I feel welcome there...

A range of agencies that respond to the issue, including the criminal justice system, informs the public's awareness and understanding of domestic violence.

Another informant stated that domestic violence has become an increasingly recognized issue in rural North Dakota.

Advocate 8: It's becoming more recognized. For example, with the healthcare community asking "do you feel safe at home?" That's just developed in the past ten years or so. Just an overall general awareness has increased. People still don't like to talk about domestic violence; it's just one of those taboo subjects. ... the

public in general doesn't really want to hear about it. But more and more are listening and more and more are understanding that it is a problem, and that we need to change something.

While there is still reluctance to discuss it openly, there appears to be more movement within the systems that identify and address domestic violence, including the criminal justice system and the health care system. These systemic changes trickle down to the population at large.

Relating to the research question about opportunities to address domestic violence, the energy boom in western North Dakota has created a window of opportunity to talk about issues that may have previously existed, but which the long-time residents had not acknowledged or known.

Advocate 1: ...[name deleted] can talk about the oil boom and so can you, as far as "do you think the people in your community really are paying attention to what's happening because of the oil?"

Advocate 3: I think they're paying attention to what's happening now, and I think it's easier for them to talk about it now because now they can say it's the oil field. In the back of their minds, they know it's the community, but now they can shift they blame somewhere else.

Advocate 1: But they're talking about it?

Advocate 3: They are. But I think they've known, they've always known. It's in the community and always has been. I think it's just easier for them to talk about it now because they can shift that blame. Everything is blamed on the oil boom.

Anything that goes wrong, “well, it’s the oil fields,” “now we have the trash that’s coming.” No, it’s been here. Always has. You might see more of it, some things might be more severe now, but it’s always been there. But they are talking about it more.

Advocate 1: I wonder if more good will come of it.

Advocate 3: I think so.

Advocate 1: Because of the oil boom, people are talking more about these types of things: domestic violence, sexual assault, robberies, and basic assaults and burglaries. Things that are coming, they’ve always been here. Is it raising awareness of what’s always gone on, but yet it’s more in the forefront now and they can blame it on the oil, so if they’re talking about it, does it increase the awareness?

Advocate 3: I think so.

Advocate 1: I think it has to, to some extent.

As evidenced in this exchange, the boom provides an opportunity to further raise awareness about the topic of domestic violence as an issue in rural North Dakota, regardless of whether it and other forms of violence previously existed.

Another advocate stated in an interview that domestic violence is seen as a more serious issue in recent years.

Advocate 7: I think it’s gotten better. Before, it was more of a joke; it wasn’t really serious. I think people take it a lot more serious now, and people really want to help the victims of domestic violence and the children. We’ve had a lot of

donations from oil field companies and all over the community. They say “Thank you for doing what you do because it’s really difficult work.” And it’s nice to hear “thank you for the work that you do” because I know there were times that you just don’t feel appreciated. It is very hard work; it’s very time consuming; it’s very draining work. And the attitudes in the community on domestic violence, I think has changed immensely out there. They know what it is, they know it’s happening, they know the kids are victims. I don’t know why, if it’s because there is so much more awareness about it.

Based on advocate comments, both domestic violence and the work of domestic violence advocates are increasingly recognized since the oil boom, perhaps because there is more awareness about violence in general.

The oil boom has required domestic violence advocacy to evaluate its methods of responding to victims who seek services. As trafficking becomes an increasingly recognized issue in the oil patch, there are opportunities to raise awareness in this area, too.

Advocate 7: ...Right now though, the big thing is human trafficking. You’re hearing more and more about trafficking than you are on domestic violence. I guess I’m glad that we had our time to get out there for that awareness because now everyone wants to talk about sex trafficking. It is a very important issue, don’t get me wrong, because it is. I learned recently with a case we just had, how horrible it really is because that’s one that people don’t really think exists right now. So now is the time to do awareness on it.

As domestic violence advocates work to increase awareness of domestic violence, they also feel the effects of trafficking.

Effects of Boom on Response to Domestic Violence

The oil boom has significantly impacted the work of domestic violence advocacy agencies, as described by this advocate in an interview:

Advocate 7: Oh, the number of cases have so increased. Our services haven't really changed at all, but the quality. The amount of people we see – I started here in 2006 to 2009, we were lucky if we used our shelter 45 days out of the year, and that's probably pushing it. Now, since probably 2009, since 2010, we haven't had a vacant day. There have always been at least four people at a time. It's full all the time. We can sleep 12 or 14 I think. It's not the same people, it's not like we house them for a year at a time. One might have to stay six months to find an apartment, but the others are moving in and out and it's just all the time. ... Yeah, it's just a revolving door. Coming in, going out, coming in, going out. ...

The demand for services, including shelter, has increased considerably in the past several years of the oil boom.

The criminal justice system is often part of the response to domestic violence. Rural areas face unique challenges in this area and the oil boom has added to those issues as illustrated in this exchange between advocates.

Advocate 1: Wages is a big thing with police officers in the rural areas. They're not paid enough. They come out of academy and they'll get a job wherever. And I'm not speaking for Dickinson, Bismarck, maybe not even Wahpeton to some

extent, small towns. They'll come to a small town – all we have for law enforcement is county sheriff, we have no police departments – and they'll get a year, year and a half under their belt and then they leave. And the turnover in the last two and a half years has been tremendous – constantly an ad in the newspaper for deputies, because they get a little bit of experience, they go somewhere else where they can get better pay.

Advocate 2: Or they go to the oil field, where there's safety for three times the money.

Advocate 1: We have one seasoned officer that was a darn good cop, who decided that he, and he is, he's driving a truck some place in the oil field making beaucoup bucks, and doesn't have to put up with the general public and everything else. Law enforcement's job is not easy anymore. It's not a piece of cake like it used to be where you could just slap somebody's hand and say, "Go home and sleep it off" or whatever, good ol' boy type stuff. It's gotten real serious and it's gotten very dangerous. I'm surprised more haven't, well obviously enough of them, too many, have been killed in the line of duty. It's just sad.

Rural areas are already challenged to pay police officers a competitive wage, and now, rural communities compete with the oil industry for employees. Given the amount of work and level of risk involved with policing in the boom area, turnover is inevitably high among police officers.

In addressing the issue of domestic violence, advocates have noticed inconsistencies in the criminal justice system.

Advocate 4: I've only been in this position since July, but I've found it interesting, with law enforcement, how they handle things. I'm surprised and can see the frustration for advocates with how law enforcement handles some of these things. Like, temporary protection orders. Some give really good detail on why they want it and what happened, and sometimes you still will see it not go through. And you feel so sorry for the person that came in and took that first step to do this and then they got shot down. And it's like going back ten steps. And you feel bad for them because it took courage for them to come down there and start the process.

Advocate 1: And you also wonder, what are the chances they'll ever come back again after getting shot down. And we know the answer; they don't come back. We don't ever see them again.

Advocate 4: They return to their situation. They feel like this first step that they've been thinking about for years, or six months or three months, all just went down the drain.

Law enforcement agencies are over-extended, creating problems within their responses. These inconsistencies and related lack of clarity about the process affect the willingness of victims to seek help, as well as the quality and impact of the services.

Further, advocates report inconsistencies within the court system as well and voice concerns that the legal process is rushed, to the detriment of the victims.

Advocate 4: Yeah, it's just surprising. It depends on the judge. Some are really caring and want to help and others seem like they just want to push it [protection orders] through.

Advocate 1: Especially with the temporary. We have the same judges you do and it's just like ::inaudible action [quickly flipping through papers] :: sign off on the temporary. I don't know if that's good or bad, but they didn't take the time to read the petition and that's important to making an educated decision. And when it's denied at permanent hearing, and don't you wonder, what would have happened if the judge had taken the time to read the temporary order? Was there something that could have been fixed?

Advocate 6: It just seems like everybody's a piece of paper anymore. No one is a human being. It's just a piece of paper that comes across their desk.

Advocate 1: Everybody is just way too busy. From judges to advocates to social workers, so you just get it through, get it done.

Advocates have noticed inconsistencies in the criminal justice system as well as inconsistencies in the outcomes.

Advocates also emphasize the issues that everyone in the oil patch is facing due to competing demands for time. They also are less able to be as engaged with the community as they previously were.

Advocate 1: PR [public relations] is so, so important. You aren't a part of your community anymore and people are thinking, well, there must not be any problems because we don't see them anymore. And really, it's totally, totally the opposite.

Advocate 2: For example, the chief of police is on our board of directors. He hasn't been to one of our board meetings in quite some time. Do I think it's

because he doesn't want to come? Absolutely not. Do I think it's because he is so bombarded that he can't get there? Yes. But not everybody knows that.

Advocates paint a picture of overwhelm across all agencies that are part of the response to domestic violence. The net result is victims who are not served as consistently or effectively as possible.

Lack of Referral Options for Mental Health and Substance Abuse Services

A theme that emerged in discussions about barriers to identifying and servicing female victims of domestic violence is the lack of services within agencies, along with a lack of referral options within the community.

Advocate 2: We have no mental health unit, we have no inpatient drug and alcohol addiction unit, we try to send people to [city name deleted]. They're so packed full they can't handle it. We try [city names deleted] – even [city name deleted]. There's no openings there. So, for things like that, it doesn't matter if you're rural or urban, because there's just nothing, period.

While advocates try to provide referrals to other towns, the demand is too high for service providers in both rural and urban areas of North Dakota.

Another advocate stated in an interview that more training is needed to meet the varied needs of victims.

Advocate 8: We're seeing a lot more mental illness, a lot of drug abuse, substance abuse. I think more training in how to communicate with those people while they're having a PTSD episode or while they are coming off drugs or alcohol. Training on that would be really beneficial.

Capacity-building within domestic violence agencies is necessary to meet the mental health and substance abuse needs of victims.

Further, another advocate mentioned the limited services available for batterers, as well as insufficient services for victims.

Advocate 7: We do not have a lot of services, and you probably know that. What do we have here? Nothing. We don't have a psych ward; anything for mental health services, there's nothing. We don't have anything for suicide interventions. There's no substance abuse programs here. I feel lucky now that we have the batterer treatment group with [name deleted].

The lack of appropriate services, either within the domestic violence agencies or within the community in general, impedes the ability of advocates to effectively serve victims and batterers alike.

During the focus group, advocates cited the serious lack of substance abuse (as well as mental health) services. They wonder why funds are not invested in responses to these issues.

Advocate 2: And they spend all this money on studies. And these studies don't help- they say we're screwed. Well, I could have told you that. How about spend some money on addiction centers and getting psychiatrists to North Dakota? We all know we need them, just get them.

KR: There aren't psychiatrists here?

Advocate 4: There's a lack. There's 2-3 week waiting lists just to get a CD eval[uation]. It's a long wait. And they're removing services. We have a CD

counselor that comes down from [deleted] Center every other week, but they used to do intakes and now they've centralized intake to Fargo. So often, [deleted] County people are having to go to Fargo to do an intake and it's bedlam. Because how do you get a person up there who doesn't have a vehicle? And once you get up there, it's "Oops, you were five minutes late for your appointment so we cancelled it." And it's just a headache.

The wait time for, distance to, and general gap in chemical dependency resources are all barriers to accessing appropriate services.

Advocates indicated that the issue of substance abuse has also increased since the boom, especially among those in North Dakota to work in the oil patch.

Advocate 6: I think they're doing it because it's recreational, it's something to do. They work for hours and hours, days. And when they're not working, what is there to do? There's nowhere to go. There's women, drugs, alcohol. That's what there is to do.

The issue of substance abuse may be related to isolation and few opportunities to engage in the community, as well as the lack of community ownership among oil-related workers due to the transient nature of their work.

Lack of Affordable Housing

Another key issue for victims of domestic violence in the oil patch is that of affordable housing. As the advocate below indicates, housing in general is difficult to access, let alone housing for individuals with limited income.

Advocate 7: I mean, jobs are just out there anywhere. If you want a job, you can go out and get one. And if you don't have a job, it's because you don't want one. But housing? That's a whole 'nother story. Housing is so difficult to get because, what happens is – well, first, there's no affordable housing here. There's just no affordable housing. If we have low-income, income-based, that's about it and it's limited. I think we have just a couple income-based, the Housing Authority and then just one low-income. So, what we're seeing is that people are working, but they're working to pay their rent, they're not really making money because rent is so high. I was just talking to a young lady nearby; she's renting a room, just a room. She shares the bathroom with the rest of the house, and it's \$950. And then rent can go anywhere from single bedroom, 2-bedroom for \$2,300 to \$7,000. And then, getting them into an apartment is difficult because it might cost them \$10,000 up front – come up with first and last month's rent plus a deposit. How can afford that? I can't just come up with \$10,000 and go get an apartment. The greed in this town is really bad.

In addition to single-family homes and apartments, the housing stock in the oil patch includes campers that are parked in lots.

Advocate 7: And the people in the RVs, let's talk about them. They're paying a lot of rent – anywhere from \$700 to \$1,200. And the lots are horrible ... Out there, I think it is like \$1,100, \$1,200. They have showers there, but they're kind of not good. They're supposed to have security, but it's usually drunk people. So, it's not

good. I don't know what they're going to do. I think they need to set some different laws here in our little community.

As the advocate states, even the cost of renting a camper is expensive. They are also ill-equipped for long-term living and are at potentially high risk due to a lack of security.

Limited housing stock in the oil patch affects other parts of the state, as out-of-state workers look for options to commute to work.

Advocate 5: ... we're seeing effects from the oil boom because there are people who are coming from different states to find work there and they think that they have the qualifications to do a certain job and they don't, or they get a certain job and they can't find housing. So what is happening now is there is a rental company that calls themselves the [deleted] Company, but they're in [deleted] and have nothing to do with the boom. And they have rooms there for \$350-\$500 and they rent and commute. And they'll be gone for two weeks and then they'll come back and have a week off, and then go back. So our housing is being used ... for the workers out there.

Advocate 1: How's that affecting your overall rents?

Advocate 5: It's not yet. But it will. Because the other thing that we're seeing, too, is several people – and several is five – clients in the past month who have come down to [deleted] from the [deleted] shelter because there is no housing in [deleted]. ... So it's the beginning of a huge problem.

As the cost of housing increases across the state, victims of domestic violence in the oil patch will have even fewer options to leave their abusive situations and remain in their communities.

Indeed, housing becomes a reason for victims to feel trapped in their situations, because they are financially dependent on their partner.

Advocate 2: I think they do that because in our area, there's no option to go anywhere else. So, he is paying the rent and he is paying the car payment and he is doing everything. By her not being able to have contact with him, she's got nothing.

Advocate 5: A lot of the oil field workers, when they come here from out of state and they get a job in the patch, their company will supply them with housing and then they bring their families and they're in company housing. When there's an arrest made, and he gets arrested, with the no contact order in place, she's immediately without a home. Because that's the company housing and she has to leave. And sometimes it's 2 in the morning and you have to go pick them up.

Advocate 4: And all of the shelters are full.

Advocate 5: And we have no shelters. So, it's taking them to motels which are in the oil field area at \$200 a night.

Advocate 4: And they're not safe, because at those motels are other oil field workers, and they're looking to find someone. They're afraid to stay in the motels, but they don't have any choice.

Advocate 2: We talk about that a lot as a staff, because [town deleted], there's no place to go. And I have a very young staff, and they all say they would go back. When you have absolutely no option, that's what it's coming to. We can send them back to their home state, but there's nothing for them back there, they don't want to go back there. So, they don't really don't have an option, and they go back to him.

The lack of housing options becomes a central theme in a victim's ability to seek protection from her abuser, find a safe place, and ultimately leave the situation.

Not all victims of domestic violence in the oil patch wish to stay in the community after leaving their abuser, but some feel they have no other choice.

Advocate 6: I've had clients tell me, "I do have a house back home. But I can't go back home because there are no lights on at the house, there's no gas, there's no nothing. So where am I supposed to go if you send me back home?"

When housing is dependent on the abuser's income and payments, victims are forced to make even more difficult decisions about where and how to seek refuge.

While the boom is widely thought to be a place to earn high wages, the amount that individuals take home depends on their existing expenses.

Advocate 4: ... a lot of them aren't making money. They hear, oh you're in the oil fields, you're making money – they're not. They're bringing their families here and they're not making money. They can't even afford their own housing, that's why they're in company housing. We have apartments for rent, we have lots of apartments for rent – at \$2,500 a month for a 1-bedroom apartment. A lot of them

are living in company housing, sending money back for the house they bought. So what are they living on? Nothing. They don't have anything. They're not making money.

The cost of housing in the oil patch, along with financial obligations in their home states, greatly impacts the discretionary income of workers in the oil patch, and thus impacts the victims of domestic violence who depend on those incomes.

Limited Capacity of Domestic Violence Advocacy Agencies

In general, domestic violence advocacy agencies are unable to meet the demand that has come with the oil boom.

Advocate 7: It's kind of sad, actually. It's changed a lot. We've gotten so busy, and the sad thing is we've gotten so busy, but we haven't really gotten more funding to hire. I have hired two more people in our office, but the funding isn't really out there to hire the people that we need. So I feel like they're kind of being neglected in a way, and we don't have that quality time to spend with the victims that we used to get to spend with them to educate them. We're still trying to educate them, but sometimes I feel really guilty that I don't spend the time with them that I feel they need.

These insights of the advocate suggest that the oil boom has changed the level of service that agencies are able to offer.

As is evident in the earlier discussion, the lack of services in rural North Dakota (which is most of the state) is a recurring theme. Domestic violence agencies offer few in-house services and make referrals when they are able.

Advocate 1: There are a lot of services in the rural areas that do not exist. And so the smaller programs, it doesn't matter how much territory you cover ... We have no counselors, we have no shelter, we have two employees. We refer out; we have to refer out. It's not cost effective for us to have the same facilities that exist 35 miles away in Bismarck, so we refer to what North Dakota would call an "urban program". They have the services. Sometimes, they have to cover their own area. And sometimes there isn't room for their own, let alone some of the outlying areas, so sometimes there are no services available, period, for victims.

If they exist at all, services are frequently located in other communities, which require transportation, (another barrier discussed later in this paper.) In some cases, there are no services available, either because the agencies are at capacity or because the services simply do not exist within a reasonable distance.

While providing services to victims of domestic violence is already challenging in rural areas, the oil boom brings with it more people and more challenges. One organization has begun tracking oil-related cases.

Advocate 8: We're seeing a big increase. I just looked at our statistics from the month of August. We just started tracking our oil-related cases or oil-related clients – if the reason they came up here was because they were looking for a job in the oil field, or their partner is a truck driver in the oil field. We started tracking those in 2011, and in that time, our oil-related cases have jumped up over 150%, so they're really on the rise, just in three years they've gone up that much.

The increases are reflected in a number of ways.

Advocate 8: ...an increase in clients, an increase in the shelter, so that's why we had to build the new shelter. ... Our crisis calls have gone up and everything has increased, except our funding. We are also seeing an increase in human trafficking victims, which I think in the past we had seen, but not the numbers that we're seeing now. I don't have an exact number, but I know we've seen at least two in the past month. Whereas before, even before last year, I don't think we saw that many.

As the number of victims seeking help increases, so too does the demand for existing services as well as new ones.

Relatedly, rural domestic violence agencies struggle to keep pace with the demands on their staff members, both in terms of amount of work and the range of skills necessary to accomplish the work.

Advocate 1: Staffing in a rural area, the staff: the two, the one, has to do it all. You do the intakes, you do the transportation, you make a food basket for them, you take them here and there, you go to court with them. You have to do it all because that's what you do. Larger programs are able to have advocates that work in various parts of their programs, so they can maybe be more specialized and have more training, more extended knowledge of their position as it fits in with the bigger program. But then the rural advocates, the small advocates, sometimes don't have that luxury, so we clean the office, we do the civic things in our communities, we attend all these meetings, we get involved in the goings on in the whole county, or community. And that makes a difference. We seem like we're

always scrambling and doing all: we write the grants, we administer the grants, we do the accounting, we do the whole program. Instead of doing just advocacy work, we do everything else that goes along with the whole program, fundraising, all of it.

Due to the small staff sizes, agencies require flexible staff members who have a broad set of skills, from client advocacy to logistics to program administration and fundraising.

Due to this demand, the domestic violence advocates in North Dakota displayed a general sense of overwhelm with regard to the demands of their work.

Advocate 1: And, on top of all of it, we're still supposed to, and some of us don't get as much of this as we should, we need to do self-care. And we're working to a point some times that it's like, "If I don't get out of here for two or three days, I'm going to bust!" So you take two or three days, but you don't get any down time. You just don't. And it isn't just us, I'm looking at all of us here, with our specific issues that we deal with, no body gets any down time anymore. You always feel like you're on the run and you're missing something. It's always, "hurry up, gotta go, gotta go, gotta go." I still think it's worse for you guys, it's worse for the larger programs, you've got the volume that's coming in.

Advocate 5: And then you have your turn of when you go on call for so many days.

Advocate 1: Oh yeah, we have that, too. ... And the holidays, I can't tell you the last time I wasn't on call on a holiday. Nobody volunteers - and we don't assign,

they pick – and it’s like “I’m so tired of working Christmas and New Year’s and Easter.”

The increased demand inevitably affects the wellness of the advocates themselves. While the notion of self care is promoted in the field of domestic violence advocacy, reality does not allow advocates to adopt the practice sufficiently..

In general, advocates are perplexed as to how they can realistically accomplish all that they are expected to accomplish in a given period of time, as evidenced by this exchange between focus group members.

Advocate 3: I don’t know how you do all the things you’re supposed to do in a day. You just sort of do what you think is right and hope for the best.

Advocate 5: I think all of us that work in domestic violence, you have a lot of common sense. That’s what you use the most. If you don’t have that, your job would be very difficult.

Advocate 2: Yeah, common sense and connections. That’s the only way to get through. If you can’t come up with something, you know somebody that you can call that maybe can help. And you just keep going up the ladder until you find something.

Advocates rely on their innate abilities, personal value systems, and networks to solve problems. Due to the demand for their services, their responses are primarily reactive, rather than proactive, in nature.

Advocates stated that financial resources are necessary to reduce this overwhelm and avoid burnout of staff members.

Advocate 1: It would just be nice to have the resources, the staff, the dollars. We don't have to worry about cooperative efforts as far as we are concerned. We can call each other all the time. But we need more than that. We need resources to efficiently and effectively do our jobs and not be frazzled and almost burned out. I don't know what word covers it. We are just overworked.

While there is a supportive network of advocates, there are needs that can be met only with additional financial resources. These additional resources would also reduce the burden on staff members, which, in turn, would reduce the actual and potential for burnout.

Indeed, advocates cite a correlation between the demands on their time and a general sense of fatigue.

Advocate 4: People are moving out of North Dakota left and right. ... all the good people are leaving. What's going to happen when they're all gone? All the people that have been the heads of agencies, the heads of the ER and the heads of all the places. When they're all gone, then what happens? And that's what somebody that has enough power to make a difference needs to know, like the governor. If we all up and leave, if every domestic violence program shut their doors tomorrow, where are these people going to go? But they don't care; because they still know we'll figure it out. Because we do.

Advocate 1: We always have. With less and less.

Advocate 5: And it's not just state officials, it's the federal officials. The pencil pushers who have no clue of what is done in real world. And now you have to do

X, Y and Z, in addition to A, B and C. But we're not going to give you any more money to do it.

There is a strong sentiment among advocates that they are being asked to do more with less.

Competing for employees with the oil industry and other for-profit businesses in the oil patch is an ongoing issue for domestic violence agencies.

Advocate 8: We can't compete with the starting salaries at McDonald's. They're starting at \$15 an hour and our shelter staff doesn't start at that. So having funds to raise salaries would really help, it would help staff, obviously, just have a better way of life for everybody.

In order to compete for qualified staff members, domestic violence service agencies must remain competitive in the larger employment market, which is challenging in the oil boom.

When asked about turnover among employees in the oil patch, one advocate said it was low, but then recalled a reason why it was so.

Advocate 2: ... I'm very lucky, I have three staff that have been with me and hopefully will stay with me. But, they are very young. They could walk out my door tomorrow getting a job as a secretary in the oil fields, and make three times as much money, and have no stress. And that's the game that we're playing at our end of the world, is that you hope that you can find someone who does because they feel that it's what needs to be done. Because if they're doing it for the money, they're going to leave.

[Later in focus group]

Advocate 2: I just thought of something. When I told you that I have three young women, every single one of their husbands works in the oil, which is another reason I think that they are able to work for me, because their husbands are bringing in good money. Now if I tried to hire a single female in [deleted] right now, there's no possible way that our pay scale can even come close.

While not necessarily representative of the experience of those employed at domestic violence advocacy organizations in the oil patch and throughout rural North Dakota, this example does underscore the urgency of offering adequate compensation to employees.

The ability to compete for human resources is important to reduce turnover of staff. Since time is required to train new staff, existing employees shoulder a greater burden of the work, contributing to already high levels of fatigue and an inability to practice basic self-care.

Advocate 4: Right now, I know they were working on the schedule, and there's been new employees that are still getting trained, so the ones that have been there for a while have to double up on the on-call while the new ones get trained. My first time going on-call is at the end of the month, so that's one slot where people have been getting doubled up, because people are getting trained.

Advocate 2: [Before the boom, w]hen you were on-call, it might be that you'd get one call. Now, it's constant. In our area, and I know it's different in Bismarck because you guys have always gotten called to the hospital and things like that, but we didn't. And now we're getting called to the hospital, and called to law

enforcement, or to the [deleted] prison, or the [deleted] Correctional Center. Ok, there's four of us. And ... you've got grant requirements that have – it's just mind boggling what they've changed and now what you have to do to comply, in order to not lose your grant. So you've got extra paperwork, additional duties, people constantly, for lack of a better term, watching everything you do, which is fine, except that you need ten more people so that you can actually do what you need to do, but there's no funding for that.

The issues of insufficient human resources and inadequate financial resources intersect to create a problematic environment for domestic violence advocacy agencies.

As the perceived need for additional financial resources has increased, so too has the work required to access resources.

Advocate 7: The federal grants are getting more difficult; the state grants are getting more difficult. They want more information for less money. For me, sometimes, I think, “Really? All this work is not worth \$5,000.” But, I have to do it because in reality, it's helping pay someone's wage or it's helping pay utility bills; it's somehow helping the shelter. We have to have staff 24/7. We're here during the day, so if they need something they come to us. Then we have to have staff during the night for the victims' safety and support and whatever else.

It is difficult for domestic violence agencies to opt out of a funding opportunity that requires significant effort because every dollar available is needed for operations. This dependence on every potential funding source requires staff time above and beyond what is necessary for normal day-to-day operations.

In addition to the skills that staff members typically need to operate in low-resource rural areas, the boom demands a broader skill set.

Advocate 2: Human trafficking is becoming a huge issue. We were swamped before that became, now, the hot topic. I know that it's happening, and we're dealing with it at our shelter, as I'm sure you guys are, and you can only do some much.

Advocate 4: It's a completely different skill set from advocacy.

Advocate 2: It is a completely different skill set, yet you don't have the time to go to the trainings. CAWS is doing a wonderful job trying to get us the information, but in order for us to be trained the way we need to be trained, the entire staff needs to go. So that's four people being gone when four people can't be gone; that's one or two people being gone when two people can't be gone. Now CAWS is trying to bring it to centralized areas, and that's great if we can all be there, but you still have to run your agency and be there for whatever happens. So sometimes it's nearly impossible to do, and be at, all the things you need to do to be up to date on everything.

While trafficking victims face similar issues of trauma as do domestic violence victims, their experiences and needs are different. Domestic violence agencies are currently ill-equipped to serve this population effectively. Given the small size of staffs, not all agencies have been able to respond to the trainings made available.

One advocate described the barrier of simply identifying trafficking victims. This is obviously a critical area to address, whether or not the organization develops the capacity to actually serve them.

Advocate 8: We need more training on how to identify trafficking victims, because a lot of times they don't want to say. And a lot of times they don't even think they were trafficking victims, if they were prostitutes before, they don't see themselves as victims. It just depends on the person, but the self-identifying is hard. If a trafficking victim comes in, they'll go up to their room and sleep for a few days. They don't really talk to anybody, but after a few days they'll come down. This is what the shelter staff has said to me – after a few days, they'll come down and talk a little bit. But they're very hard to get to open up.

Identification of trafficking victims presents some issues distinct from those required to identify victims of domestic violence.

When discussing staffing needs and a sense of overwhelm, advocates return to the issue of funding. In particular, advocates emphasized the requirements necessary to secure grant funding.

Advocate 1: Yes, yes. You fly by the seat of your pants pretty much all the time, in order to get everything done. And it's a funding issue-

Advocate 5: You kind of just prioritize and do what you can do what's most important. What's due now? The frustrating part is grant requirements, and they're coming down on all programs to have. But it makes sense, but it makes it harder for the small programs to comply with everything. "You have to have this,

you have to have that, we want you to do prevention, we want you to do awareness, we want you to do this.” “We’re” one person, and to get the funding, we have to do all of this.

In responding to the requirements of grantmakers, domestic violence agencies struggle to accomplish their day-to-day work while also producing competitive proposals and reports for that very work.

Indeed, when asked what they would advise communities anticipating an energy boom to do in preparation, they highlight the pursuit of funding.

Advocate 7: Make sure they are searching for funds. Really make sure there is funding out there for them. I think funding is everybody’s biggest issue. Research, research, research. Do your math – figure out what you’ve got, know how much you spend per person. How many people do you have now? How many people are expecting to move in? ... It’s just not out there. I know that the Bremer Foundation, you have to have a Bremer bank. There’s one in Minot, but not here. That’s one we don’t qualify for. And that’s a big one, it’s a big grant. It would be fabulous if we could get that one. ... I feel like I’m always researching those little ones. There’s Mary Kay, they will do a shelter, but it has to be specifically for a domestic violence shelter, which is great. Avon Foundation, theirs kind of fluctuates. It might serve children one year, domestic violence another year. Then there’s like Hamburger Helper and all these little – believe me, I check all of them.

Communities should develop an understanding for how the boom will impact them in terms of new residents and true costs of services, as well as any increases in funding that it will necessitate.

The oil boom has brought up many changes in the communities it affects, including domestic violence advocacy agencies.

Advocate 2: ... I think the most interesting thing is we don't do anything the way we used to. And that is because of the oil boom.

The boom has required agencies to fundamentally change how they operate.

In the absence of the financial resources to hire additional staff to meet the demand, one informant reports the use of volunteers to fill some of the gap.

Advocate 7: ... What really helps me right now, and this might be corny as heck, but what really helps me are volunteers. Our volunteers, without them right now, I don't know where we would be. ... They will do everything from come in and visit with the women, because we don't have time, which is really sad. They'll come in and visit with the girls that are here, they may babysit for the women so they can go out and whatever they need to get done. They'll transport them, they'll pick up medicine for them, they'll take them to the doctors, all kinds of things. If we had to do that every time, we'd get nothing else done. And the type of volunteers that we've got I didn't even know existed. I thought people that volunteered were the type to fix your fence or fix a lock, things like that. But the volunteers we have now, they're awesome. I feel very blessed. And most of them aren't from around here, they just moved to the community and say, I feel like the

community has helped us so much, I want to give back. So that's how they give back. They even want to do the crisis phone, that's another thing. They even want to take the crisis phone and answer it, so that it gives everyone else a break.

Leveraging volunteers for a broader range of activities than before can alleviate the need to hire additional staff members for the core work of the agencies.

Risks for Domestic Violence Advocacy Agency Staff

In recent years of the oil boom, informants report an increase in risks for those who respond to domestic violence calls.

Advocate 3: Before the oil boom, did you think twice about going out on a call?

Advocate 2: No.

Advocate 3: You just went. But now, you think more.

Advocate 2: The mental health issues, the drugs, the alcohol, prescription drug abuse. Those are things that you can't even get a handle on.

The increase in substance abuse and mental health issues are barriers in the ability of advocates to feel safe when responding to calls.

One advocate described the response to domestic violence incidents prior to the oil boom.

Advocate 3: ... before the boom, I guess we'd see about 20 people in a year, 20 new victims. Those were usually a single incident, in the home, officers are called, someone is arrested. So you help the victim, just get a room for the night and they go back home and everything is okay again. Now, it's just about all out-of-state people, the incidences are a lot worse. They're not just the few slaps or a

shove here or there. It's strangling, it's beating to where they need surgery. Guns, weapons, knives, drugs are involved. Alcohol is there. It's dangerous situations for the officers and advocates, with the drugs and the alcohol. Officers don't go out on a call with one person, there are two. And I've been on some by myself, and after a few, I'll never go again alone. It is dangerous; that officer, they put that person in your vehicle, you're out in the middle of nowhere, alone. You put yourself into a huge risk, and it doesn't – the victim doesn't even have to be on drugs or alcohol. Their state of mind can change in an instant and you don't know what they're going to change to, or do. So everything is just more severe, more dangerous, and it's just non-stop.

The introduction of more weapons and abuse of drugs and alcohol creates a more hostile environment for both domestic violence advocates and police officers. These risks have fundamentally changed the ways in which advocates can respond to calls.

Another advocate described the increasing level of violence and the need for training in order to respond to new issues.

Advocate 7: That's another big thing is training. You get sick of the same, old repetitive stuff. We need stuff with more depth because more things are happening. It's hard to believe, but abuse is getting worse and worse.

Strangulations, smothering, broken bones, stiches, weapons. ... Things are getting so much worse that it scares me. When they say, "he's going to kill me," I take that serious – he's going to kill them. I saw once that was just so black and blue everywhere, but not her face. Her breasts were so purple and just lumps, all the

way down, front and back. And we see some horrible things and they stay with you. You kind of have to be like surgeons, ER doctors, where you see this and deal with it. It takes a certain kind of person to do this.

Staff members at domestic violence agencies are dealing with new challenges related to the severity of abuse.

Due to the degree of risk, domestic violence advocates do not respond to incidents in homes. While this is considered best practice by domestic violence advocates in general, the severity of incidents has highlighted the importance of this practice.

Advocate 7: So she doesn't respond to calls – well, I'm not going to say that. She does – sexual assault calls, yes, she does respond alone. But so do we because it's at the safety at the hospital, and you're not really going to be injured, killed or raped there. Domestic violence, if they're at the ER or the PD, then we do respond to those if they ask us to come and meet with them, we will. But we're all alone; whoever is on call does it.

Domestic violence agencies have changed policies in order to protect advocates. As a result, advocates only make calls to victims in a health care or law enforcement facility.

In addition to the severity of cases, the frequency of domestic violence cases has also increased.

Advocate 3: Well, before we didn't have that many victims, so you'd go a few months, and then you'd have one. And then you'd go a few months more, and you'd have another one. Now, it's day after day. You still have spurts where it's nonstop, victim after victim after victim, and then you might have a quiet week.

But again, it's nonstop. It's constant, you're always on the go. When you go home at night, it's not "I'm going to rest and I'm going to do this and do that". No, when I go home at night it's "I'll do this because I might have to go out" and "I can't do this because I might have to go out". You're just constantly thinking.

Advocate 1: It's just always on your mind.

Advocate 3: Yeah. I used to go home, take a bath and put my pajamas on. Now, I don't do that, because if I have to get up at 2 am, I have to get all dressed and ready to go again.

The increased frequency of calls has also changed the way advocates do their work and live their lives in general.

Changing Domestic Violence Victim Demographics

The oil boom has also brought about a shift in the demographics of victims and perpetrators of domestic violence in rural North Dakota and in the oil patch in particular.

Advocate 7: I think the most interesting thing about my work right now is all the people: the diversity, all the ethnic backgrounds that we're working with. We're talking Africa, Liberia, Ethiopia that you wouldn't even expect. That's what I find most interesting – the Dominican Republic. There's been so many people that we've helped, and sent one back to the Dominican. We had to send her back; it was just a mess. People are coming from all over to work here. I find it interesting that they think that – we'll ask these women, "was he abusive before you came here?" "Yes, but I was hoping it would change. I was hoping things would change once we moved and be able to start fresh." They all say that, but for the most part

the guys may have been up here three or four months and she's been up here a week. And the abuse happens and she comes to us for help. ... Another interesting aspect is they'll say, "you know, he never used to drink, and now that he's here, all he does is drink." So I don't get that either. I don't know if it's the people around that are working – they get off of work and have a beer. And drugs, but there's always been drugs. I think for the out-of-towners that have moved in, where – Or on the other hand, she'll say, "he's never acted this way before, he's never hit me. And since we've moved up here, all we do is fight and he thinks the only way to handle it is to hit me." So, yeah, it's kind of weird; I don't know.

The diversity of victims of domestic violence, in terms of national origin and experiences with abuse, presents new issues for domestic violence advocates.

When asked to advise communities that anticipate an energy boom, another advocate underscores this issue, which also intersects with the issues of funding for transportation.

Advocate 8: You're going to see people from all over the country. A lot of our clients are from out of state and they just want to go home. So, to have resources and funds available for travel to get these victims out of- get them back to home, where their support group is there. That's really important. You're going to run into a lot of cultural diversity, more than we're used to in the Midwest, and just be prepared for some language barriers and trying to get around those things.

KR: How do you get around those?

Advocate 8: We use our iPhones, an app for language translation.

KR: Oh, like Google Translate?

Advocate 8: Yeah, something like that. And for the most part that's been really helpful, except we came into a situation where the language isn't in there and that's tough. That's a lot of hand gestures and demonstrating.

As the client base diversified, domestic violence advocates are forced to identify new ways to serve them effectively. These needs should be anticipated and planned for accordingly.

Due to the significant barrier of limited affordable housing, domestic violence advocates are also encountering those who want to take advantage of the system.

Advocate 3: And one other thing that I think has changed is the women who are not a victim, but know how to use the system, and play the victim. There's a lot of that.

Advocate 2: And unfortunately, other agencies are telling them what to say so that they can get into shelter, so they don't have to deal with them. Social services or law enforcement or somebody will just tell them, "call the shelter and tell them you're a victim of domestic violence and they will help you." I can guarantee you any victim of domestic violence does not call up and say, "I'm a victim of domestic violence and I need shelter." That's not what they say.

Advocate 3: They don't ask for shelter, they ask for a motel room

Advocate 2: Or money for gas

KR: And this feeds into the larger housing shortage?

Advocate 2: Mhmm, and the shortage of staff and the lack of resources. I mean, people are getting to the point where they just don't know what to do. So sometimes the easiest thing to do is send them on to somebody else because maybe they can do something.

The overall lack of housing options, as well as limited services in general, contributes to some abuse of the systems in place. This is a drain on the already limited resources of domestic violence advocacy agencies and it highlights the importance of addressing the housing issues in a meaningful way.

As advocates serve an increasing number of out-of-state clients, they experience general cultural differences.

Advocate 2: I think the personalities of women are different than they used to be. They, instead of coming in and being thankful or grateful for what you do, they come in and tell you what you're going to do. That you didn't do it fast enough, well enough, quick enough. It's crazy. We have a volunteer that's only been with us for like eight months, and we got a very young girl and her baby in the shelter the night before last. She looked at me and said, "This is what you meant in training when you said it was different now." She was the first woman to come into the shelter to say thank you so much, I don't know what I would do if you hadn't made a spot for my child and me. Otherwise, it's like "I need this, I need this, I need this, I need this" and it's hard.

Advocates have experienced a form of culture shock related to the demands that clients make of them, as well as criticism of their efforts. This represents a significant shift from

the grassroots model that has been operating in rural North Dakota since the beginning of the advocacy movement.

The sense of entitlement of clients is perhaps due to expectations they developed in urban areas where there are more services available.

Advocate 1: The expectations of those from out of state are totally different from the locals. How many times have you been called stupid because you don't do [something] – that's never – it's just been pretty rare. People will come in and they want services, but they want this gamut of services and you say, "we can't provide that, but I can refer you" and they say, "how stupid are you, what kind of a blankety-blank agency are you running that you can't offer any services?" And I'm speechless, and it's pretty bad when I'm speechless. What do you say back to that? I'm sorry?

The disparity in expectations between local clients and out-of-state clients takes a toll on domestic violence advocates who have severely limited resources to address the myriad needs of an increasing client base.

In addition to the criticism directed at the domestic violence advocates themselves, advocates have noticed that more clients are abusive toward each other.

Advocate 2: ... they will outright say something to this new client that makes them feel unwelcome. And once that person says something, you can try to do everything in your power to make sure to make them comfortable, but they already know they're not welcome here. And not by us, but by the other people in the same situation. They could lean on each other, but instead they do absolutely

the opposite. And they will do anything they can to hurt, antagonize and abuse each other. Because for whatever reason, they're not fitting into the little clique that's either been there the longest, or they've kind of been the top ones around the house.

Advocate 4: I had one lady come in one time and I think she lasted 3 hours or 4 hours. I tried talking to her, like you said. Talked to her, and talked to her, and talked to her. But she came down with the one suitcase she came in with and was like, "I don't want to be here." So I didn't know what to do, so I ended up calling, and there was no talking to her. She ended up going to [homeless shelter] because she said; "I know nobody likes me here. I know I'm not wanted here." I bet we sat there for like 2 hours trying to talk to her and she was leaving. I ended up giving her a taxi voucher to get up to [homeless shelter] and some of the women didn't even bat their eye-

Advocates describe situations that suggest the increase in out-of-state clients has created a more hostile environment.

Advocates seek to create a healing environment for victims of domestic violence, but the advocates are struggling to create and maintain one as the client base changes, as the following exchange illustrates.

Advocate 2: I don't know how many times I've said, "you've come to a domestic violence shelter to be safe. Yet, you will be intolerant and abusive to each other."

And I will say, I don't understand, I can't understand.

Advocate 1: That's totally different from how it used to be.

Advocate 3: It almost reminds you of sometimes the Mean Girls movie, with the little digs and the bullying and sometimes you think they've all been through that and would sympathize with one another, but it always seems like there's always one in the group that is the ringleader.

In addition to the shortage of resources, domestic violence advocacy agencies were not prepared for the interpersonal issues that have come with a changing client base.

The advocates are facing an increase in abusive and violent behavior from the victims themselves, as evidenced in this exchange.

Advocate 2: And I don't know how many times in the past six months I've been told, "what, do you just run a shelter full of drug addicts and alcoholics" and blah blah and this and that, from women who are drug addicts and alcoholics. They judge each other, but they don't look at themselves. And you can't even get into that conversation with them, but sometimes I sit back in my chair and I go, "Wow, what's going on here?" Because I did work there when the clients were thankful, and you could get them into housing and you could get them on their own and they could be successful. And now, that's maybe one out of a hundred.

Advocate 1: It's almost to where the victims are abusive to the advocates.

Advocate 2: Oh, absolutely. I had to go in Saturday night at 11 pm and evict a client who told our house parent she was going to effing put her in the emergency room and she didn't care if she went to jail for it.

The increase in domestic violence, along with the limited availability of affordable housing options, contributes to higher numbers of victims staying in shelters and an increased sense of powerlessness among advocates.

The recent interpersonal issues that advocates notice are not limited to those between the victims and advocates. One advocate paints a vivid picture of tensions between the clients themselves.

Advocate 4: We had a situation once. We lock the pantries at night, because otherwise they will be stocking the food. One time, I went downstairs to get some food, and when I was coming back up, I heard two ladies just in each other's face. Hollering and the whole thing was over, it wasn't someone's washday and how dare they be using the washroom because it was so-and-so's washday. And there were these three little kids and these ladies were minutes away from somebody actually throwing a punch. So you have to try and get in between them, and the one didn't care and the "f" word was flying and just "you better log this, too. Go ahead and log what I said." It was almost a catfight.

The anecdote reveals the violence that can erupt even once victims leave their abusive situations.

This violence between clients has the potential to cause harm to the advocates themselves. In any case, it creates the fear of violence, as an advocate described during the focus group.

Advocate 2: And I think for the first time in 13 years, I worry about my physical safety from the clients. When I evicted the one from Saturday night, and with the

way that this room is set up, I had visions of her coming out of the closet with a gun. I absolutely did, and I thought, “You know what, if I die here tonight, that’s really not going to be funny.” And I had never had that feeling before.

The fear of having victims themselves turn weapons on the advocate’s is new to them.

Increased Cost of Work

With the increase of victims of domestic violence seeking services has come an increase in the cost of providing services. One advocate describes the types of costs associated with keeping clients safe.

Advocate 7: ... we’re trying to shelter these people until they have somewhere safe to go. Think about the food you have to buy. I think in one month, our food bill was close to \$4,000. Think about the utilities, the insurance, there’s just so much. It’s like a household, but much larger. And they come in here with nothing, they come in with no money. If we can, we help them with their application fees, so they can get apartment applications in, we help them with their medical. We do get that back, though. I finally found someone who would pay – we have a \$5,000 cap on our medical, so if a woman comes in hurt, she can go to the emergency room, and they bill us. We pay it and they reimburse us. So I asked them [a program] if they could help pay it; they voted and gave us a \$5,000 cap on helping victims.

Costs of housing, feeding, and healing victims of domestic violence have all increased as the number of clients has risen.

While the costs of serving an increasing number of clients have increased in general, the cost of transportation, specifically, has increased. An advocate in the focus group described the lack of transportation options available in rural areas.

Advocate 1: Transportation is nonexistent. Rural areas, there's nothing. There's no bus, there's no nothing. And if the small programs have no funding to put gas in the advocates' cars, much less the victims cars, and there's no time to – sometimes you can't get away. Sometimes there isn't even enough funding in the grants to do outreach.

The lack of transportation affects both the identification and serving of victims of domestic violence.

As described earlier, the lack of referral options is a significant barrier to effectively serving clients. Even when there are options for referring clients to additional services, as a focus group member describes, transportation remains a barrier.

Advocate 6: And it doesn't really help to refer them, really, because most of them can't go. ... "I don't have a car," "I don't have gas money." You can refer anywhere you want, but they can't go. And in a small program of two people, we can't take them. There's no way.

Both referral sources and options for transportation need to be increased in order to help victims of domestic violence access the support they need.

For programs serving so-called out-of-state victims of domestic violence, the costs of transportation increase in order to get them to their home states. Advocate 7 stated, "Transporting the clients out of town is another huge cost we have." Another

advocate described the intersection of the housing and transportation issues for these clients.

Advocate 8: ... Really, it's a lot of trying to find funds to get people home. That's what they want to do. For those who want to stay, try to have some options for housing. Minot is so limited with their affordable housing right now; it's really hard to -. We offer 30 days at the shelter, but it's not uncommon to give an extension or two, so they at least have a roof over their head. But that gets kind of costly and takes up space, when you're a crisis shelter.

Victims of domestic violence often face multiple barriers to leaving an abusive situation. For those who relocate to the oil patch for work, these barriers include both housing and transportation needs.

Costs of transportation increase for both the clients and the advocates, though employing advocates in different communities can reduce the overall costs of time and transportation.

Advocate 7: (regarding an advocate in a separate town) ... it's saved us the drive. It's saved us the funding, because even though we're paying her, we'd have to pay them gas money to come here and still have to go there for court. Whereas now, she's already there. She can do their protection orders, she can go to court, and she can go to bond hearings, so it's all smooth. Whereas before, I would get a call from law enforcement, and I would get in the car and drive. I don't know if you've been in that direction, but it's horrid. A 45-minute drive now takes you an hour, hour and twenty minutes because it's like 25 mph.

As the population and oil-related activities have increased in western North Dakota, so too has the traffic. As a result, more resources (either for transportation or additional staff members) are needed to cover advocates' time in providing advocacy services to victims of domestic violence in other communities,

Responding to the needs of victims of domestic violence requires transportation as well as an appropriate level of human resources. One advocate in the focus group states the inherent challenges.

Advocate 2: And just to add to that, even if you do have funding and you can transport someone, no one goes alone to transport a victim. Because the faces of victims are changing now: the mental health issues, the drug addiction issues, all of those kinds of things. I won't allow one staff member – there has to be two.

And in our agency, we have four full time.

The increased risks associated with the work create greater costs in both human resources and transportation.

The current state of transportation in rural North Dakota requires advocates and clients alike to be creative about how they address the gap.

Advocate 5: I haven't been in my position too long, but I know that ... there are times that they have court or doctor's appointments at [deleted], they'll have to ride down with us in the mornings, spend the day, and then ride back with us.

Without a more sustainable solution for the gap in transportation options, advocates for victims of domestic violence are hard-pressed to make meaningful change in their lives.

Community-Wide Response

Faith-Based Community

In the focus group, informants also discussed the role of other institutions in the community's response to domestic violence. For example, they were asked about their impressions of the role that religion has played in the lives of victims, whether for positive or negative.

Advocate 1: Very few of the victims that we work with are concerned with talking to a religious leader. That's not high on the priority list.

Advocate 3: I would say very few have faith. Well, coming from a domestic violence relationship myself, I had very little faith. I kept thinking, "If there's a god, how can they do this to me?" And once I got past all the relationships and healthy myself, I can have faith and see why things happen. But as a victim, it's "Why would you do it to me?" So there is very little faith.

Advocate 1: At a time of crisis, it seems to me, there's a strong feeling of "why did you let this happen?" or there's that feeling of, "Help me, Lord, through this." That's the two ends of the spectrum. But I don't see very many victims that are looking to god for help. I think it's just trying to survive the moment and incident and that's more in the forefront of the brain.

Insights from advocates suggest that victims are not relying on faith leaders for support when they are trying to leave an abusive relationship.

Another advocate, when asked during an interview about the role of faith in victims' lives, suggested that it does not play a large role, but that victims did, indeed, take marriage seriously.

Advocate 7: For what we see and the ones we work with, no. I don't hear them say, "I need to stay with him because...[of my religion]" I don't see that, I mean, rarely. We do hear them say, "When I got married, I got married for love, for ever, and I thought it would be for ever." So, they want to try to work things out. And many of them have tried to work it out, but they have returned back here. After the third or fourth time, they kind of got it figured out – it's not going to stop. Because in between the third or fourth time they've been here, how many other times have they been abused? We just had one the other day come back who's been here; I think it was her third time. And we always tell them, if you ever need to stay, come back. Don't be afraid to come back. And I know the one came back and said, "I'm just so embarrassed and what you guys must think of me", don't be. No. We're here for you, we do not judge. I know how difficult it is because I was in an abusive relationship, so I know how hard it is. How hard it is to leave. It's not easy, especially when there's children because the kids love dad, you don't want to pull the kids away from dad. But enough is enough; get away before he kills you that final, one last time when he's going to kill you. And that's what scared me with this last one. I really, I thought he broke her spine. She didn't go to the doctor, so I sent her, because he had strangled her so badly. They didn't really check her neck or anything; they x-rayed her lungs and her kidneys

because he hit her in the back with a gun, a rifle. So they checked her kidneys, and two days later, she sneezed and something popped. And she could not move. She was in excruciating pain and I had to call the ambulance to come and get her. And I thought, “Oh, my gosh, just so easily something could be damaged and you do not walk” is what I’m thinking, but everything was fine. It was scary, especially for her I’m sure.

While religion does not always pressure victims to feel they must stay in an abusive relationship, the commitment to marriage and maintaining the family unit remains a powerful factor.

It is possible that the role of faith depends somewhat on the age of the victim, as suggested by this advocate in an interview.

Advocate 8: You know, I guess I hadn’t really noticed it. I can see where a lot of the – well, not even older, the late forties to older, victims who finally decide to talk about their violence, their abuse, use religion a lot. As opposed to the younger, eighteen to thirty-five don’t tend to use religion as much as a justification for staying, or even just their faith.

Faith may play a greater or lesser role in a victim’s decision to stay in an abusive relationship depending on her age.

Advocates also described incidents when the abuser sought religious counsel and managed to get the pastor or priest on their side of the situation.

Advocate 4: We’ve had situations where the significant other has gone to the pastor or the priest and gotten them on their side, and then they want to do

couple's counseling. But you can't do couples counseling in a domestic situation, it's not an even playing field. That comes back to the lack of training that a religious leader has, to not realize that's what the problem is.

Advocate 5: That exact same thing happened to my friend. She was being abused, he went to the pastor, he [the pastor] encouraged them to come together, and I thought, "He's doing all the talking, he's controlling the situation, you're not getting anything out of this." So in her mind, all she's hearing from them is you really need to work on this marriage, you need to do everything you can, divorce is your last option.

Advocate 3: It's: you need to change to make them happy.

The anecdotes underscore the need to provide appropriate training to religious leaders in recognizing and understanding the dynamics of an abusive relationship.

One advocate described how there are times when the goals of the advocate and the goals of the pastor or priest are not entirely aligned.

Advocate 1: That's one of the things we face as far as the pastors are concerned, is they want to fix the problem by pulling it together instead of pulling it apart, and that's not a healthy thing all the time. We don't advocate divorce, we don't advocate splitting up the family, we advocate safety, and that safety means being apart.

Advocate 4: It's not a safe scenario where you're in a counseling session sitting next to your abuser and you can't talk at all because he's taken off his rings and

that is what he does when he's about to beat you. And you know that if you say, "boo," when you leave, you're not in a safe scenario.

This is another important example of the need to develop a shared understanding both of power and control in an abusive relationship and the impacts for the safety of the victim.

There are abusers who justify their behaviour toward victims with religion and religious scripts.

Advocate 2: I can think of three women, off the top of my head, who were beat in the name of the lord. The Bible was used and then she was beat, because she didn't follow what portion of the Bible he quoted to her. And that's always really been hard for me to even comprehend. One of the women that I have worked with since I started, she will come into the shelter for one or two days, and then he will get her back. Because biblically, that's what she's supposed to do and she still believes that, and I don't foresee that she will ever think differently.

Abusers can manipulate religion to keep victims in their subordinate positions. Faith can also have such deep roots in both the abuser and victim that it presents unique barriers for those attempting to help victims.

In rural North Dakota, some church clergy have an understanding of domestic violence and seek help from advocates to better serve them.

Advocate 4: On the other side of the coin, there will be religious leaders who will refer clients to us. They'll be sitting in their office, "I have permission to call you. I have so-and-so sitting here with me, are you available to come and talk with

us?” And it goes from there, so there are, and again it’s LCMS, ELC, Methodist, it’s certain denominations.

Clergy play an important role in serving the holistic needs of their parishioners.

Advocates described a gap in training on the topic of domestic violence among some clergy members in rural North Dakota, as evidenced by this response when asked if churches are helpful in the cause of addressing domestic violence.

Advocate 2: In our area, all churches but the Catholic Church. The Catholic Church does not want to acknowledge that this is a problem. We actually had a priest made one of our clients stay thirteen hours in counseling with her husband, and in that thirteen hours told her that, biblically, she married this man, she needs to stay with this man, and on and on and on. So we get very little support from the Catholic Church ... they just don’t get it yet.

The unwavering position of a client’s priest can be a significant barrier for that individual to seek help in leaving an abusive situation.

Another advocate returned to the topic of training and its importance in addressing sensitive issues such as domestic violence.

Advocate 4: It kind of depends, too, on the type of upbringing or the type of training the priest, or pastor, because it’s not just for Catholics ... where they feel like they can be the counselor for anything. It doesn’t matter if it’s domestic violence, drug and alcohol abuse; if you need help, you go to your priest. Well, they’re not trained to handle that kind of information, they’re not the end all, be all.

Training on the topic of domestic violence helps any individual, including clergy, understand where their expertise begins and ends, and introduces resources to which they might refer a victim for appropriate support.

Advocates also described churches that have been supportive of their efforts to meet the needs of victims of domestic violence and sexual assault.

Advocate 1: We've seen the Lutheran churches in our county as the most supportive. We've had people on our boards that were pastors or pastors' wives. In that respect, my experience has been with Lutheran churches in my area, is that they get it more than the rest of the denominations.

Advocate 6: I agree. The Lutheran church is very good. They're helpful. They want to listen; they want to help.

Advocate 5: The quilts that you get, the toiletries.

Advocate 1: Money, food, volunteers.

Advocate 6: Every once and a while they will call and want you to present to their group.

Advocate 2: The Methodist church is wonderful in our area, too.

The advocates' description of what is helpful in terms of church partnerships includes, in addition to client referrals, in-kind donations, public awareness raising activities, volunteers, and financial support.

One advocate described a past effort to intentionally engage the faith-based community on the topic of domestic violence.

Advocate 1: Some years back, the CAWS office organized a couple different trainings up at [deleted], and invited all of the pastors in the area. We were quite excited about that. It was something that was definitely needed because it brought together a lot of pastors – we had priests and Lutherans and Baptists, Methodists. Everybody was invited, but not everybody came. We had a really good turn out. We did it a couple of different times. Unfortunately, the information that was given then, I think was put in a binder and put on a shelf somewhere and nobody ever picked it up again. Some did, a few did, and there were some good relationships and partnerships that came out of that, but not nearly what we needed. ... I think the ministers did take it seriously, they were there for a reason, they participated, it just didn't go anywhere, it didn't go far enough. I don't know what the answer is, but it certainly was a good thing at the time.

The commentary suggests that bringing together leaders of different faith communities is useful in training and disseminating information on the topic of domestic violence, but that a sustained effort is necessary for long-term benefit.

Health Care System

The health care system – nurses and doctors in particular – play an important role in identifying and responding to victims of domestic violence. Focus group members were asked if health care providers ask patients whether they feel safe at home when at the clinic.

Advocate 1: I've never had any physician or FNP or nurse ever ask me that. Of course, they know what I do for a living, but they've never asked that of me

Another advocate commented that the question is not consistently asked.

Advocate 2: ... If they suspect it, they ask it. But I have been to the ER with family members and it wasn't asked. I've been to the ER with clients where they have. I've been to the clinic myself and never been asked, and I've been with clients to the clinic and that's not been asked.

This form of screening for domestic violence is most effective when consistently applied.

It is not clear what the reasons for the inconsistency may be.

Another advocate explained that the delivery of the question is not always in a serious tone.

Advocate 3: I get asked at my annual exam, but it's always like a joke. She'll say, "I'm supposed to ask this – do you feel safe in your home?" It's uncomfortable for them. It becomes this joke, like obviously you're not. The way she asks me, I would never say yes even if it were true because she's making assumptions.

Advocate 1: Imagine if we, as advocates, did that. "Oh, by the way, I'm supposed to ask you this: Number One." How far are you going to get with that victim?

As noted, screening for domestic violence does not always come naturally to health care providers, and some will treat it as a joke that they are required to ask. This is a barrier in successfully identifying victims of domestic violence.

Yet other advocates report that the question is uniformly asked of patients in clinics around the state.

Advocate 6: At the clinic in [deleted], they ask every single person who comes in. In fact, I've had the clinic call me twice because they had two people say yes to a

question. And I go to a doctor once a month, every single month, and she asks me the same questions, seriously, every time I go.

Consistent screening is an important way to identify and ultimately respond to the needs of victims of domestic violence.

Advocates shared similar stories of asking clients this question, as well as the coordinated response to victims who have been identified.

Advocate 5: [deleted] is the same way. ... We've gone to the nurse managers and we've given them our tear-off sheets, so they put those on the back of the door, so they would have that information right there. They don't necessarily call us when they're in the room with them, but they'll ask that same question, going down their checklist. One nurse might do it differently from another, it's definitely not standard across the board, but it makes a difference.

Advocate 6: [deleted] clinic will call me and the police department at the same time, and we both go to the hospital.

Advocate 5: With the hospital, we do the same thing. It's the coordinated community response, if there's somebody who – but with the hospital, they think of that more with sexual assault, not so much domestic violence. Because usually when they ask that question, the abuser is standing right there, so how is that victim supposed to answer that question, then? But that's all in the training – where you need to get your patient by themselves.

The advocates highlight the importance of a coordinated community response to the issues of both domestic violence and sexual assault. The question, though, should be consistently asked and, just as importantly, asked privately.

Another advocate underscored the importance of screening privately, even if the question is asked in writing.

Advocate 7: They do ask that, and I think that even the ER doctors or nurses are really good. If they sense something, they'll take her back for x-rays or somewhere where he can't be, and ask that question again. ... Every doctor, in a form that you fill out, the question's on there. Of course, if your husband's with you, and he's watching you fill out this form, what are you going to write? Of course you're going to say yes. But if they can't get her away from him to answer that question, they've got [an excuse]: "we need a urine sample, or an x-ray." Something to get her away so that they can then ask. And I have seen that, and I'm like, "good for you!" And even though they say yes, the answer could have been no. I've seen it both ways.

As suggested in the advocate's comments, the question needs to be asked consistently, in the right way, and in an appropriate place.

Law Enforcement

Law enforcement is another agency that has the potential to identify victims of domestic violence. Advocates offered their thoughts on how addressing domestic violence in rural areas might be different than in urban areas.

Advocate 2: I think urban area police get better training than rural. We might have better relationships with our law enforcement, but I don't think they're as highly trained as some place that has enough staff. Right now, for instance, with the human trafficking training, we had a meeting with law enforcement, and I listened to the captain say, "If you can bring in training so that we can do it at role call every shift, that's what we need. Because we have to have our officers on the street, so if you bring training to our area, we can maybe get four or five officers there, but there's no way we can get everybody that needs to get this information."

Advocate 4: I know there are some agencies, bigger ones like [deleted], they'll go to every role call. They'll give the same presentation at 10 o'clock at night that they gave at 1 in the afternoon to the new shift. And they'll do the same thing three times to they get A, B and C shift covered. But when you're Grand Forks...

Advocate 1: Well, that staff person does nothing but that.

Advocate 4: Exactly, they're a trainer, that's exactly what they do. They go out and train.

Advocate 2: And that's why they have better informed officers.

A key difference the advocates identified is the ability to deliver relevant and up-to-date training to police officers at regular intervals.

An advocate in the focus group stated that the leadership within law enforcement also influences how the work is done.

Advocate 4: A lot of how law enforcement functions is how their chiefs and sergeants function. If they have good leadership, then you're going to have a good officer. Whereas, if you have a sergeant that's going to gloss over every report and sign off on it, and doesn't really do their job, then the officers know that and they're going to write a crap report. And if you have someone that held you accountable, then you're going to do a better job and that makes a better force.

The outcomes of law enforcement work, including the efforts related to identifying victims of domestic violence and responding to their problems, are, in part, a product of the overall leadership.

Leadership is not restricted to the level of police officers and their chief of police. Responsibility for achieving better outcomes also rests at higher levels.

Advocate 2: I can speak for our office – it's not our chief or our officers, it's our state's attorney, and nothing ever gets done. They do their job, they do the very best they can, and it never goes any farther. And so, it's part of the whole legal/law enforcement process, where after a while, you can only beat your head against that concrete wall before you have a headache.

The response from higher levels within the criminal justice system affects all levels of the response to domestic violence, including the advocates and the victims themselves.

In creating an effective collaboration between advocates and the police, one advocate described a previous effort to develop understanding across the agencies.

Advocate 5: In 2006 to 2008 and again in 2008-2010, Wahpeton, Minot and Grafton and Dickinson were part of the GTEA assessment when Amaya was there

– Grant to Encourage Arrest federal grant. It was funnelled through CAWS, and there were four pilot sites that were started, where we were sent to St. Paul and we did this assessment training with PRAXIS International and we went back to our communities. We did these assessments to look for gaps with regards to domestic violence services. We were first assigned to start off with law enforcement ...

And then it was the crisis center. State’s attorney’s office was the next round. So we got this group together and we did this assessment, where there were representatives from each agency, and we would interview in pairs, not our own agency, but the other agencies. And we were supposed to think of it as a blank slate, like we knew nothing about what dispatch does, so you as a dispatcher, you tell me what your job is, and if I have questions, you can just direct me. And then we went to the 911 supervisor, and we said, “Alright, how do you think things function? What are the tools you have to do your job? Why do you ask that question? What directive have you been given to ask that question?” And we came back, and we looked for gaps in those services. Like I said, it was the first two year grant and then there was a second two year grant, and because we were able to do that, we built such a great relationship with our law enforcement, and our state’s attorney’s office and our city’s attorney’s office. I’m not saying there aren’t problems, because that was a long time ago and things tend to regress over time, but now we know what we need to do when there’s a problem. So if a victim comes to me and says, “I just had this experience at the hospital and I don’t want anybody else to have this kind of experience.” What can I do to prevent this

from happening again? Well, now we know who to go talk to because we have a point person at those places. . . . If there's an issue, we'll address it, and it's so nice to know we're not against each other, we're all working for the same goal. We want to make sure people aren't double up on services and we want to make sure there aren't any gaps in those services. So I think that was really helpful to have that experience, for our community.

The assessment was essential in understanding the different types of responses to domestic violence and how the community can coordinate, not duplicate or impede, its response.

Related to the above-described assessment, another advocate described its effectiveness in engaging others law enforcement officials in similar activities.

Advocate 3: When we were doing our GTA assessment, we had the chief of police and the sheriff come down and talk to our chief of police and our sheriff and that's what got them to sign on. Otherwise, it was "Why am I wasting my officers time being involved in this?" But when [deleted] already done this years and years ago and they could attest to how positive it will be for them and they should go ahead and do it, that definitely helped. It seems to me that if there are other states that had a boom like this, that would be a good suggestion. To have somebody like the chief from Dickinson or the sheriff from that county and Williston and go down and speak to the leading officials down there and say, "Here's what we're seeing. Here's what you need to prep for. Here's what you need to talk to your city councils about, your county commissioners about. Prep

now.” At least you could have buy in with those people, because they’re talking to the same people. As an advocate, you can’t go talk to the chief of police and the sheriff and say those things. But if you had a peer, you could do that.

The advocate suggests that other communities anticipating or experiencing a boom should engage peers of their law enforcement officials to discuss issues related to domestic violence.

On the topic of counseling current and potential boomtowns, another advocate urges people to build a community-coordinated response early.

Advocate 2: And along with that, solidify your relationships with other entities now. Because if the GTEA grant was brought forth now, neither the chief nor the sheriff would sign on because they couldn’t. The fact that we did that brought all of our agencies closer together and that was one thing we didn’t have to deal with in the midst of everything else. So that is an excellent, excellent point.

While the urgency for a community-coordinated response increases with the boom, it is best developed prior to the boom. Inevitably, organizations will have less time to build relationships once the boom has begun.

Advice for Responding to Domestic Violence in Potential Boomtowns

When asked what advice they would you give to other communities that anticipate a resource boom, advocates urged preparation but articulated a degree of resignation about how much can be done.

Advocate 3: Get on top of it now.

Advocate 5: We tried to be ahead of the game. And it happens with such force and so quickly, it doesn't matter what you do to try and prepare. You can't. I'm not sure who said, the severity of the abuse. It used to be you could sit down as a staff and talk, and now there's just no time. You get there at 8 o'clock and you stay until you get to go home. And sometimes you don't even get to talk to the staff because everybody's running ten different ways. I miss those days when you actually got to sit down and debrief. Sometimes the women are coming in so fast, you have to write them down on a piece of paper. Because they're the same age, they both have 2 kids, they're this, you can't even keep them straight sometimes.

A sense of powerlessness is evident in the comments of advocates.

In response to a question about what they would advise public administrators in preparing for or responding to an energy boom in their community, one advocate urged awareness first and foremost.

Advocate 2: Care. Don't pretend like it's not there. ... now it's crept across the whole state. And now I think everybody realizes that everybody's talking. It's no longer the whining, now it's the discussion that this is coming to our part of the world. But the powers that be, they don't get it. They have to get it.

The resounding take-away from the exchange about advising future potential boomtowns was that public administrators on local, state, and federal levels must recognize the scope and pace of the issue and respond accordingly.

Summary

The data presented above address the key questions articulated at the outset of this study. Through a focus group and interviews, informants identified a range of issues they face in identifying and responding to victims of domestic violence in rural North Dakota and boomtowns, including definitions and awareness of domestic violence, the effects of the boom on agencies, the lack of mental health and substance abuse referral agencies, the lack of affordable housing options, the limited capacity of domestic violence agencies in terms of staffing, skills, and funding, the increased risks for staff members, the changing demographics of victims, and the community's overall response. Advocates also offered advice to organizations and public administrators in potential boomtowns so they can prepare for an effective response to domestic violence.

CHAPTER 5: ANALYSIS AND RECOMMENDATIONS

“But now it’s crept across the whole state. And now I think everybody realizes that everybody’s talking. It’s no longer the whining, now it’s the discussion that this is coming to our part of the world. But the powers that be, they don’t get it.

They have to get it.” ~ Advocate 2

Introduction

The purpose of this chapter is to summarize the findings of the research, address overlooked topics of the study, recommend courses of action to public policymakers and administrators, and propose future directions of research.

Findings outline the barriers to identifying and serving rural female victims of domestic violence, inadequate response to needs of victims of domestic violence, increased risks in response to domestic violence, and need for a coordinated community response to domestic violence. Topics that were overlooked in this study, but have emerged as important in understanding domestic violence in rural areas, include telehealth, domestic violence in the Native American community, identifying cases of domestic violence through the education system, age-related barriers to service utilization, and advocate-informed solutions for addressing the gaps in services, (particularly in the areas of substance abuse, mental health, housing, and transportation.) These areas are each described in greater detail later in this chapter.

The recommended courses of action to public policymakers and administrators include the alignment of the State of North Dakota’s definition of domestic violence with that of the United States’ Department of Justice, which includes forms of abuse beyond

physical violence. It is also recommended that the State explore telehealth to fill the gap for both mental health and substance abuse services, because of the frequent correlation and the low investment required for implementation. Another recommendation regards the trauma-focused capacity-building as a priority for the State's public health agenda. Finally, it is recommended that the State of North Dakota, and any state anticipating an energy boom, invest in the development of a community-coordinated response to domestic violence, especially in advance of an energy boom.

Future directions may include the topics of community-coordinated responses to domestic violence, domestic violence in rural areas, domestic violence in boomtowns, in particular as relating to mental health and substance abuse issues, and domestic violence within the Native American and immigrant communities.

Summary of Findings

The findings from this research confirmed much of what exists in the literature about identifying and serving female victims of domestic violence in rural communities (Eastman & Bunch, 2007; Few, 2005; Grossman et al, 2005; Hassija & Gray, 2011; Logan et al, 2001; Shepherd, 2001; Teaster et al, 2006) added to the literature about social disruption in boomtowns, and raised more questions to explore about the combination.

In returning to the original research questions, there is an overview of the issues and an overlap between the answers to these questions. The first research question was: What issues are confronting social service professionals who are in a position to identify and respond to female victims of domestic violence in rural North Dakota? A key issue is

that of the State's definition of domestic violence as strictly physical violence. This differs from that of the federal Department of Justice's definition, which is broader. The definition is key to the question because it impacts victims' perceptions of their own experience, as well as those perceptions of their families and friends. This is a fundamental issue in identifying victims of domestic violence. Additionally, cultural factors affect the ability and willingness of victims to seek help. Other key issues for identifying and responding to female victims of domestic violence in rural North Dakota include a dearth of transportation options, as well as substance abuse and mental health services.

The second research question was: What opportunities do professionals encounter in identifying and responding to female victims of domestic violence in rural areas and boomtowns? The informants of this study stated or implied a range of ways in which the response could be improved. The gradual evolution of awareness about domestic violence, though chiefly as relating to physical violence, opens the door to more conversation. Additionally, the oil boom has provided a unique opportunity to have these conversations, because it has become something of a scapegoat for the state's social ills, even though they existed before the boom.

Another key opportunity is the development of mental health and substance abuse services in a way that can serve the needs of a boom, while not leaving service providers or communities in a difficult position after the eventual bust. Telehealth is identified in the section on recommendations as a viable approach to address the current lack of services.

Informants identified developing community-coordinated responses to domestic violence as key to their success. The informants noted that had those relationships not been in place prior to the boom, the advocates would not have had the time or capacity to establish them after it began. As such, prospective boomtowns would be wise to encourage the development of a community-coordinated response in advance of an anticipated boom. The result, while not documented in this study, would likely be a more efficient response, including clarity of roles and resources among responders such as advocates, police officers, health care professionals, and faith leaders. One specific opportunity within that response is the adoption and implementation of domestic violence screening practices within clinics and hospitals. According to the informants, this screening is currently done to some extent, but not in a standardized or consistent manner. This represents a significant opportunity within an overall community-coordinated response.

Housing and transportation are challenging for rural communities in general, but especially in boomtowns. Housing, including motels, becomes more scarce and expensive during a boom, presenting significant barriers in stabilizing victims. Public transportation within communities, regions, and the state is virtually non-existent, which creates additional logistical issues and expenses for advocacy agencies. If the victim wishes to return to their home state or relocate elsewhere, agencies incur additional expenses. Without significant investment, there is little that can be done to avoid these issues, but funders and advocacy agencies should expect more housing- and transportation-related expenses due to this boomtown reality.

Finally, the third research question was: How has their experience of the oil boom changed the professionals' methods of identifying and responding to female victims of domestic violence? The methods of domestic violence advocates have changed in significant ways due to the oil boom. The sheer increase in cases has put strain on the human and financial resources of agencies. This shift requires more staff time with clients, and the distance between areas served requires more staff time in transit as well. One informant reported a greater use of volunteers to meet the gap, while others highlighted the gap with no apparent solution. The demographics of clients, too, have changed, thereby affecting the dynamics of relationships among clients in shelters, as well as between clients and advocates. The increase in mental health and substance abuse among both perpetrators and victims has created additional demands on agencies in terms of seeking out appropriate resources (which often do not exist), and also puts advocates at greater risk themselves. Finally, as indicated above, the costs of housing and transportation for clients has a significant impact on the expenses of agencies, which requires additional fundraising efforts and creative logistical arrangements.

Barriers to Identifying and Serving Rural Female Victims of Domestic Violence

The advocates described barriers to identifying and serving rural female victims of domestic violence that parallel those described in the literature about rural domestic violence (Eastman & Bunch, 2007; Few, 2005; Grossman et al., 2005; Hassija & Gray, 2011; Logan et al., 2001; Shepherd, 2001; Teaster et al., 2006). Those barriers include, but are not limited to, geographic isolation, limited services to access, lack of housing options, lack of transportation, and cultural barriers to understanding domestic violence

and seeking help. Some barriers, such as the limited services to access and lack of affordable housing options, were deemed more extreme barriers in their boom context, due to the rise in mental health and substance abuse issues they are seeing, and the expensive housing market.

While the literature described religious beliefs as a more significant barrier for rural victims of domestic violence, whether because religion is used to abuse or pressure a woman to stay in an abusive relationship, the literature did not identify religion as one of the top barriers. In recent years, though, the clients of rural domestic violence organizations have been increasingly from other, non-rural parts of the United States, suggesting that the literature regarding the rural abusers and victims themselves – versus environmental factors – may not be as relevant.

Historically, rural residents of North Dakota have understood domestic violence to strictly encompass a man hitting a woman. According to the advocates who were part of this study, this is still widely the understanding, though the oil boom appears to have opened a window to conversation about all kinds of violence, (perhaps because rural residents feel more comfortable using the oil boom as the scapegoat for any social ills in the state.) As people become more aware of the issue, they are better able to support a friend or family member who is the victim of domestic violence, or recognize their own victimhood.

Inadequate Response to Needs of Victims of Domestic Violence

The overall response to domestic violence is inadequate because of insufficient capacity within the domestic violence agencies, police departments, and the court system.

The domestic violence advocates represent the focus of this study, so their insights largely reflect the experience of their agencies. The advocates describe severely inadequate financial resources to meet increasing demand and increased expenses of current demand. By way of example, the operating expenses of domestic violence agencies have increased, both because of the number of clients as well as the increased cost of transporting clients home. Informants also cited a lack of sufficient human resources to meet the increased number of clients, to serve clients in other communities without losing time and money on the transit, and to respond to the expanding requirements of funders.

The advocates described the increasing need for mental health and substance abuse services, which, in most cases, they are neither able to serve directly nor address by referring to another agency. This lack of services is consistent with the literature about mental health services (and substance abuse services) in rural areas in general in the United States. There is a dearth of services for perpetrators of abuse, save for one batterer treatment group in the oil patch. I did not explore the topic of perpetrators in the literature review, though I suspect this is a topic that deserves much attention in both urban and rural areas.

Increased Risks in Response to Domestic Violence

While there were many gun owners in North Dakota before the oil boom, the advocates reported an increased presence of weapons involved in domestic violence. The literature about domestic violence in rural areas speaks to the presence of guns in the home, and the literature about boomtowns speaks to the increase of violence. The

increase of weapons in the area has repercussions for both the victims of domestic violence, since the presence of guns in the home is known to be a risk factor for domestic violence fatalities, as well as a risk for those who respond to domestic violence. There are inherent risks in responding to domestic violence calls for police officers and domestic violence advocates. There are also risks to the advocates at shelters where victims reside, should the abusers know the victims' location.

Coordinated Community Response to Domestic Violence

Any response to domestic violence is best done in coordination across the community. The advocates report significant levels of engagement from the police, as well as positive (but inconsistent) responses within the court system and in the clinics. The positive collaboration with the police is attributed to the work done to build relationships prior to the boom. The inconsistent response from the court system is considered to be an issue of both capacity, due to the demands on their time since the boom began, and training on the issue of domestic violence. The advocates did not report any particular reasons for the inconsistent response within clinics, where the staff are well positioned to identify victims of domestic violence. The literature cites a lack of training and discomfort with what are deemed "intrusive" questions as significant barriers to consistent screening.

The literature showed that the challenges of an energy boom for local governments include a lag in services (such as policing,) an influx of men with no stake in the community, increased violence (including domestic violence,) increased mental health and substance abuse issues, and overall capacity issues relating to staffing and

training police departments. These challenges are consistent with those that the informants reported. While the literature also described tension between police officers and advocates, it did not emerge as an issue in this study.

Overlooked Topics

In hindsight, there is a range of topics that could have warranted exploration in this study.

Telehealth

Related to the core issue of limited access to mental health and substance abuse services, advocates could have offered insights on the introduction of telehealth in the domestic violence agency environment or in general. [Additionally, it is important to note that the topic of domestic violence prevention, including work with perpetrators of abuse, was not addressed in order to limit the scope of the study to identifying and serving victims of domestic violence.]

Domestic Violence in the Native American Community

Another area that warrants study is the issue of domestic violence within the Native American community. Though only 5.5% of North Dakota's population is American Indian, rates of victimization are alarmingly high both on and off the reservations (ND Coalition of Abused Women's Services et al., 2009). While this study did include (in the statistics) the number of Native American victims who sought help from domestic violence advocacy agencies, the scope of the study did not include a specific examination of the disproportionately high abuse rates of Native American women. One aspect of the literature review in this study that would have applied to this population is that of intersectionality theory, which regards the intersection of multiple

forms and systems of oppression, domination or discrimination. There are fundamental and historical trust issues within the Native American community, which makes the process of identifying a formal gatekeeper and willing informants challenging within the financial and time limitations of this study.

Identifying Domestic Violence through the Education System

In addressing the question of identifying female victims of domestic violence, another opportunity exists within the education system, as domestic violence has known effects on children, which often manifest in behavioral and academic performance problems. Additionally, “50% of men who frequently assault their wives frequently assault their children” (ND Coalition of Abused Women’s Services et al., 2009, p. 48). This was not a line of inquiry in the study, but would benefit from more attention.

Age-Related Barriers to Service Provision

Given the aging population in rural North Dakota, it would be useful to explore how the informants view age as it relates to identifying and serving female victims of domestic violence, though in North Dakota “most victims are young adult women to middle age women, the most common ages range from 25 and 44” (ND Coalition of Abused Women’s Services et al., 2009, p. 48). The literature shows that older women are often reluctant to seek help, due to a lack of appropriate services and other barriers specific to their generation and age.

Solutions for Addressing Gaps in Services

In general, it would be useful to gather informants’ views on how to address the core issues of the lack of referral options for mental health and substance abuse services,

insufficient affordable housing, and the transportation costs involved in serving victims of domestic violence. This information is necessary to have a dialogue with policymakers, who struggle to solve problems within the boom context without knowing when the cycle might turn into a bust. Additionally, the advocates' experiences and insights could inform the state legislature's discussions on how to direct public resources.

Recommendations

Based on the findings of this study, which illuminate issues regarding public understanding of domestic violence, availability of substance abuse and mental health services, and necessity of a community-coordinated response to domestic violence, there are a number of recommendations to public policymakers and administrators. A recommendation intentionally absent from this chapter is that of increased financial resources for domestic violence advocacy agencies. While necessary, since addressing rural domestic violence is noted for higher service costs (Asthana & Halliday, 2004), the issue of increased financing is inherent in the other recommendations. Also absent from these recommendations are how these issues intersect with the national conversations about addressing gun violence, creating access to mental health and overall health care, and strategically managing the "rainy day fund," a fund created from oil boom profits for the long-term sustainability of the state. I would encourage public administrators to consider the narrow scope of this study within that broader context.

State of North Dakota's Definition of Domestic Violence

My first recommendation is to modify the State of North Dakota's definition of domestic violence to that of the U.S. Department of Justice's Office on Violence Against Women:

We define domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone (U.S. Department of Justice, n.d.).

The literature supports this and underscores the difficulty of leaving an abusive situation, no matter the form of abuse:

...domestic violence is more than physical abuse. It is a pattern of assaultive and coercive behaviors that include some or all of the following: physical attack, sexual assault, psychological and emotional attacks, and economic coercion. On average, it takes women approximately six help-seeking attempts before entering a shelter, and approximately five attempts of leaving the abusive environment to permanently leave (Mattson et al., 2002, p. 465).

The informants in this study describe how limiting it is to think about domestic violence as strictly physical, as illustrated in this quotation:

Advocate 7: I think that they [the rural public] – even though we try to get it out there that it’s different – they believe it is hitting and that’s it. Because a lot of times you’ll hear the victims even say, “He thinks I have it just great and I should be very happy because he doesn’t hit me. He’ll say ‘I don’t hit you, I’m not mean to you,’” but he’s mean to her in so many other ways, he doesn’t have to hit her. He just cows her down anyway, or has no self-esteem.

Adopting an accurate definition of domestic violence is necessary for the public to understand and support victims. Additionally, Wendt and Hornosty (2010) state that, “...how rural women understand and perceive their own health and well being and understand and experience family violence is influenced by the rural social contexts in which they are embedded.” (p. 54). How we define and discuss domestic violence as a society has a direct impact on victims’ ability and willingness to seek help. This recommendation will require education of legislators on the public costs to domestic violence, as well as the costs to individuals and families, and should be followed by a comprehensive campaign to educate the general public.

Exploration of Telehealth

Another major recommendation is that the state explore the potential for telehealth to provide mental health, substance abuse, and trauma assessment and treatment services, which has relevance well beyond the life of the energy boom. North Dakota is not alone in facing the deficiencies of services in rural areas, nor are these deficiencies it solely due to the energy boom. Thorndyke (2005) writes that, “At least 15 million rural residents, women and men, suffer with significant mental illness, substance

abuse/dependence, and medical-psychiatric comorbidities ... Problems related to alcohol use and rates of fetal alcohol syndrome are particularly significant among rural women” (p. 200).

The barriers to mental health and substance abuse services include:

“[the] lack of ability to pay for services, decreased likelihood of insurance plans including coverage for mental services, government funding decisions and priorities, disparities in health care providers including mental health care providers, and cultural barriers to accessing mental health services such as the stigma associated with having a mental health problem and negative labeling of those who receive treatment for mental health problems (Thorndyke, 2005, p. 200).

As the advocates who participated in the study indicated, there are few options in general.

The informants in this study highlighted the increase in mental health and substance abuse issues, especially in the oil patch, and the lack of appropriate services to address these issues. One informant stated: “We’re seeing a lot more mental illness, a lot of drug abuse, substance abuse” (Advocate 8). One informant highlights the struggles to access appropriate services:

Advocate 2: We have no mental health unit, we have no inpatient drug and alcohol addiction unit, we try to send people to [city name deleted]. They’re so packed full they can’t handle it. We try [city names deleted] – even [city name deleted]. There’s no openings there. So, for things like that, it doesn’t matter if you’re rural or urban, because there’s just nothing, period.

Another advocate underscores this absence of services:

Advocate 7: We do not have a lot of services, and you probably know that. What do we have here? Nothing. We don't have a psych ward; anything for mental health services, there's nothing. We don't have anything for suicide interventions, there's no substance abuse programs here.

This increase of mental health and substance abuse issues is a common theme throughout the boomtown literature, and lack of access to relevant services in rural areas is present in literature about domestic violence. This study found the combination of challenges present in rural North Dakota, and the oil- and gas-impacted counties in western North Dakota.

In response to this, there is increasing evidence that telehealth can increase access to services (Glauser, 2011), including mental health services. "Telemental health can refer to a broad range of technologies, including telephone, Internet and e-mail, virtual reality stimulators, and videoconferencing. One current means of connecting rural trauma survivors with specialized care is via secure, encrypted videoconferencing-based technology" (Hassija & Gray, 2011, p. 301). Hassija and Gray (2011) assert that, "Initial empirical evaluations have garnered encouraging support of videoconference technology as a viable medium to provide specialized evidence-based psychological services to previously underserved, remote client populations" (p. 310). Paul et al. (2012) and Mattson et al. (2002) echo that by stating that telehealth can be used to reach patients with barriers to care such as stigma, language, location, lack of transportation, child care responsibilities, and lack of local support groups, which are the very barriers for many in

rural North Dakota. Paul et al. (2012) continue to say that, “videoconferencing is proving to be a particularly valuable resource for individuals in remote locations where specialized mental health services would be otherwise inaccessible.” (p. 899)

Telemental health has shown use for both individual and group-based psychological treatment and videoconferencing has “resulted in meaningful improvement in the majority of studies” (Paul et al, 2012, p. 901). Indeed, telehealth has the potential to produce both improved health outcomes and decrease the cost of care, as noted by Mattson et al. (2002): “...telehealth applications have become a source of information for those with a variety of health problems and are available in a number of urban and rural settings...with notable cost savings” (p. 466). There are many concerns in the consideration, adoption, and implementation of telehealth, including the protection of client confidentiality, computer literacy of clients, and assessment and follow-up with clients (Mattson et al., 2002), which is why the area deserves a separate study. As Paul et al. (2012) write of telemental health, “...for rural trauma survivors seeking mental health services, the relevant comparison is no psychological services at all” (p. 903).

Trauma-Focused Capacity-Building as Public Health Priority

Indeed, the issues of trauma, substance abuse, and mental health are inextricably linked and deserve a place on the state’s public health agenda. Hassija and Gray (2011) write that “...as a consequence of pervasive avoidance behaviors to trauma-related cues and reminders, individuals with PTSD often abuse substances and may withdraw socially, thereby increasing the likelihood of developing substance dependence disorders and secondary depression” (p. 309). In other words, trauma often creates additional

health problems that affect the social fabric and productivity of society. This issue is more pronounced in rural areas, where there is considerable stigma related to seeking mental health services, as well as concerns about confidentiality. Additionally, rural areas struggle to recruit and retain mental health professionals (Hassija and Gray, 2011). These issues demand a two-fold response from state agencies, including a comprehensive awareness-raising campaign on issues of trauma, substance abuse, and mental health. It also highlights market opportunities for health care businesses, such as telehealth.

One informant describes the need for more capacity-building among advocates themselves, due to the changing needs of clients:

Advocate 8: We're seeing a lot more mental illness, a lot of drug abuse, substance abuse. I think more training in how to communicate with those people while they're having a PTSD episode or while they are coming off drugs or alcohol.

Training on that would be really beneficial.

Training is useful in both providing higher quality services, and also preventing burnout and turnover among staff.

Advocates reported high levels of collaboration among the network of domestic violence advocacy agencies in the state as well as within their own organizations. In order to effectively respond to the needs of trauma survivors, though, there are considerable capacity-building needs among professionals themselves. Bemiller and Williams (2001) write that, "...given the stress of shelter work, occupational burnout may be one reason for turnover in domestic violence and sexual assault agencies" (p. 90). Slattery and Goodman (2009) identify a range of professionals susceptible to the impact

of secondary traumatic stress: “Literature on the psychological impact of trauma work among psychotherapists, domestic violence and sexual assault counselors, social workers, emergency medical personnel, and firefighters has demonstrated the potential for burnout and secondary traumatic stress that accompanies work with trauma survivors” (p. 1358). Survivors of various forms of abuse who work in the field of domestic violence advocacy may experience more symptoms of secondary traumatic stress (Slattery & Goodman, 2009). While this study did not inquire specifically about the abuse history of advocates, there were several references to personal histories of abuse. This is relevant because it speaks to motivations for working in the field, accessibility to victims seeking help, and the potential for secondary traumatic stress-related burnout.

One particular area in need of capacity-building is training in identifying and serving victims of trafficking. Leidholt (2013) writes that trafficking victims are often also victims of domestic violence, because they are recruited through love and romance, then met with a mixture of rewards and punishments that parallel the experience of domestic violence victims. Also, in most cases, the victims of trafficking are fleeing an abusive situation or are otherwise vulnerable, only to find themselves without economic resources or family support, and isolated by yet another abuser (Leidholdt, 2013). While trafficking has commercial incentive for abusers, there is overlap between the responses to both types of victims. This is a new challenge for the State of North Dakota, as it would be for most any state experiencing an energy boom, and a coordinated response is necessary. One informant stated the need for training in this area:

Advocate 2: It is a completely different skill set [addressing trafficking], yet you don't have the time to go to the trainings. CAWS is doing a wonderful job trying to get us the information, but in order for us to be trained the way we need to be trained, the either staff needs to go. So that's four people being gone when four people can't be gone; that's one or two people being gone when two people can't be gone. Now CAWS is trying to bring it to centralized areas, and that's great if we can all be there, but you still have to run your agency and be there for whatever happens. So sometimes it's nearly impossible to do, and be at, all the things you need to do to be up to date on everything.

It is important to note that the provision of trainings is not always sufficient due to competing demands on advocates' time, especially as a result to the increase in clients related to the oil boom. This points to a larger issue of greater investment in domestic violence services on an ongoing basis and especially during a boom.

Investment in Community-Coordinated Responses

Whether currently experiencing an energy boom or anticipating one, another recommendation is for states and individual municipalities to facilitate – by way of financial and human resources – community-coordinated responses to domestic violence. The areas mentioned by the advocates in this study suggest the critical importance of relationships between law enforcement, the court system, 911, clinics, and domestic violence advocacy agencies in understanding the varying levels of response to domestic violence. This helps agencies avoid duplication, creates more effective working relationships, and ultimately creates better outcomes for victims. This response includes

training of all parties on issues of domestic violence, how these issues intersect with trafficking, and how professionals can better conduct assessments of fatality risk.

It is also beneficial to integrate faith-based communities and schools into the response, as they are uniquely positioned to encounter cases of domestic violence. One informant summarized the importance of building these relationships before a boom occurs:

Advocate 2: And along with that, solidify your relationships with other entities now. Because if the GTEA grant [which facilitated relationships across several communities' domestic violence responses] was brought forth now, neither the chief nor the sheriff would sign on because they couldn't. The fact that we did that brought all of our agencies closer together and that was one thing we didn't have to deal with in the midst of everything else. So that is an excellent, excellent point.

Context, Implications, and Limitations of Findings

The findings of this study were consistent with theories outlined in the review of literature about boomtowns and rural domestic violence as separate issues. While domestic violence is consistently referenced in boomtown literature as one of the areas of violence that increases during an energy boom, this study is unique in its examination of barriers to identifying and serving female victims of domestic violence in energy boomtowns. With respect to boomtowns, the relevant studies were generally with law enforcement, with very little focusing on human services. Other relevant studies have used quantitative methods to measure social disruption in boomtowns.

This study contributes to the social disruption hypothesis by offering deeper insight into increases in domestic violence during energy booms and the barriers to identifying and serving female victims of domestic violence within the boomtown context. It also contributes to theory surrounding domestic violence by adding perspective to the unique barriers that rural victims of domestic violence face in leaving abusive situations, as well as the barriers that rural domestic violence advocacy agencies face in identifying and serving female victims of domestic violence.

The use of purposeful sampling (Groenewald, 2004) was effective in finding informants who could provide rich data to answer the research questions. The formal gatekeeper (Seidman, 2006) of the Coalition of Abused Women's Services was instrumental in reaching the informants and creating a safe space for people to share ideas and opinions. The use of a focus group provided a rich and dynamic discussion amongst members, as is intended for the method, that I facilitated. The interviews were conducted because those advocates were unable to attend the workshop at which the focus group was conducted. Informants commented at the end of the focus group that the discussion had been "cathartic" and the organizer later shared that several members called it the best part of the conference.

The exploratory nature of this study presented inherent limitations, as it ventured into fairly uncharted territory. The findings are not generalizable, due to the number and type of informants, limited geographic scope, and absence of specific research within the Native American community, but future research themes emerged from the rich focus group discussion and interview responses.

Research Relevance

Those who would benefit most from this research include public policymakers and administrators, rural domestic violence advocacy agencies, rural sociologists, mental health and substance abuse professionals, health care providers and administrators, higher education institutions, faith-based organizations, and philanthropists. Public policymakers and administrators can benefit from the findings of the study in making decisions regarding public health, public safety, and higher education. Domestic violence has implications for the cost of health care for victims of domestic violence, productivity of victims and their families, behavioral issues and academic performance in schools, and social cohesion in general.

The effects of trauma for the victims, as well as the subsequent generations, present additional costs and additional demand for mental health and substance abuse treatment services. This gap demands the attention of legislators, professionals in the fields of mental health and substance abuse treatment, and health care providers and administrators.

The gap in health services fits into larger conversations about higher education and stemming the outmigration of North Dakota's youth. The oil boom has provided the state with revenue that can be directed quite strategically toward initiatives that give greater sustainability to the state, like incentives (such as free tuition or reduced taxes) to remain in the state after post-high school education, which could help educate and retain professionals in areas of critical need.

Faith-based organizations, including churches, continue to play an important role in rural communities in North Dakota. These organizations would better serve their communities with a greater understanding of the unique barriers to identifying and serving female victims of domestic violence in rural communities and energy boomtowns.

Wendt and Hornost (2010) state that, “Family violence has also been labeled as an urgent public health concern, with research showing that it impacts on future generations, development and productivity of communities, cultural preservation, social harmony, and health of families” (p. 51). The collective impact of domestic violence on society is something policymakers should care about.

Directions of Research

There are infinite opportunities for research in this field. Items within future research instruments may facilitate a deeper understanding of the barriers to identifying and serving female victims of domestic violence in rural communities and boomtowns in North Dakota and elsewhere. Combining semi-structured focus groups and in-depth individual interviews produces a rich set of data to analyze, the themes of which can lead researchers in different directions. One advocacy organization reported beginning to collect data about victims’ connections with work in the oil patch, whether their own work or that of their abuser’s, which presents an opening for quantitative researchers.

Coordinating Community-Wide Responses

The topic of facilitating a community-based response warrants additional research, especially as it relates to preventing and responding to domestic violence in boomtowns. Grama (2000) writes that,

Any attempt to battle domestic violence in society must necessarily incorporate some sort of community based response, retaining the efforts of social agencies, religious communities, businesses, legal officials, law enforcement, and government. This sort of community response to domestic violence is of critical importance to rural areas, where the lack of domestic violence shelters and service providers, and the dominance of traditional stereotypical attitudes hamper a rural domestic violence victim's chances of leaving an abusive situation (p. 181).

Indeed, this seems to have been the case in rural North Dakota, and in the oil patch in particular, but only because the groundwork of relationship-building and cross-training was done before the boom began.

Domestic Violence in Rural Areas

Additionally, the topic of domestic violence within rural areas demands additional attention. Wendy and Hornosty (2010) argue that:

"...preventive and treatment approaches will be stronger and more appropriate if they are formulated with an understanding of the influences of rural social contexts. [...] Rural communities are culturally charged arenas that shape women's experiences of family violence and hence how they understand resulting health issues." (p. 52).

While the rates of domestic violence are similar across urban and rural communities, the attempts to prevent and respond to the issue are impacted by different factors. In particular the issues of geographic isolation, cultural attitudes surrounding domestic violence, and the presence of weapons needs to be analyzed in order to determine appropriate solutions. Grama (2000) writes that, "... In order to fully support the plight of the rural domestic violence victim, the Battered Women's Movement must also devote resources, time, and energy to discovering, chronicling, discussing, and solving the issues unique to rural victims of domestic violence" (p. 184).

Domestic Violence in Boomtowns

While domestic violence in rural areas is under-researched, domestic violence in boomtowns is almost completely overlooked. The social disruption thesis notes an increase in violence in boomtowns, including domestic violence, but there is little investigation of the response to domestic violence in particular. Domestic violence is both a cause and effect of the erosion of social capital, as Wendy and Hornosty (2010) write: "Social capital is a vital starting ingredient in facilitating the creation or use of other types of capital and maintains ties between individuals and enables common action. By eroding women's health, family violence also potentially erodes the life and soul of rural communities." (p. 53). Two major issues that emerged in this study were the lack of affordable housing in the oil patch, and the increased cost of transportation for domestic violence advocacy agencies as they transport clients to their home states. Solutions for these two issues should be high priorities for domestic violence advocacy agencies, and public policymakers and administrators anticipating an energy boom.

Domestic Violence within Native American and Immigrant Communities

Two areas that are necessary to address in a comprehensive study of domestic violence in North Dakota would be the experience of Native American women and immigrant women. The double marginalization of rural women of color through both sexist and racist attitudes presents the intersection of forms of oppression referred to in intersectionality theory. Similarly, for immigrant women who are dependent upon their batterers for continued residence in the U.S. via a conditional visa, the threat of being refused a visa and possible deportation are strong coercive tactics that the batterer can use against his immigrant partner or spouse (Grama, 2000).

Conclusion

Ultimately, this study's primary contribution is that it is a step toward understanding the experience of domestic violence advocates in rural communities and boomtown settings. The recommendation about how domestic violence is officially defined impacts how victims see themselves, as well as whether and how friends and family support the victims in seeking help. The availability of mental health and substance abuse services creates hope for ending cycles of violence and trauma, and the creation of telehealth options accounts for the eventual "bust" in the boom-bust cycle of boomtowns. When agencies responding to domestic violence develop an understanding of trauma, they are able to better identify and serve victims; a community-coordinated response to domestic violence, especially one developed in advance of a boom, is necessary for effectively identifying and serving victims of domestic violence. These

recommendations are relevant and realistic for both North Dakota and other states anticipating a boom.

REFERENCES

- Abrar, S., Lovenduski, J., & Margetts, H. (2000). Feminist ideas and domestic violence policy change. *Political Studies*, 48(2), 239-262.
- Allen, N.E., Lehrener, A., Mattson, E., Miles, T. & Russell, A. (2007). Promoting systems change in the health care response to domestic violence. *Journal of Community Psychology*, 35 (1), 103-120.
- Anft, M. (2014a, October 5). Cash-strapped nonprofits in oil-boom region go begging for workers. *Chronicle of Philanthropy*. Retrieved from <http://philanthropy.com/article/Cash-Strapped-Nonprofits-in/149179/>
- Anft, M. (2014b, October 5). Groups explore ways to help people left in poverty by N.D. oil boom. *Chronicle of Philanthropy*. Retrieved from <http://philanthropy.com/article/Groups-Explore-Ways-to-Help/149131/>.
- Anft, M. (2014c, October 5). Prosperity brings challenges to North Dakota's overmatched charities. *Chronicle of Philanthropy*. Retrieved from <http://philanthropy.com/article/Prosperity-Brings-Challenges/149133/>
- Archbold, C.A. (2013). *Policing the patch: An examination of the impact of the oil boom on small town policing and crime in western North Dakota*. Retrieved from www.ndsu.edu/fileadmin/cjps/Policing_the_Patch_Report_-_Final_Draft_August_4th_-_Archbold.docx.
- Asthana, S. & Halliday, J. (2004). What can rural agencies do to address the additional costs of rural services? A typology of rural service innovation. *Health and Social Care in the Community*, 12(6), 457-465.

- Beeble, M.L., Post, L.A., Bybee, D., & Sullivan, C.M. (2008). Factors Related to Willingness to Help Survivors of Intimate Partner Violence. *Journal of Interpersonal Violence, 23*(12), 1713-1729.
- Bemiller, M. & Williams, L.S. (2011). The role of adaptation in advocate burnout: A case of good soldiering. *Violence Against Women, 17*(1), 89-110.
- Bennett, L.W. (1995). Substance abuse and the domestic assault of women. *National Association of Social Workers, Inc., 40*(6), 760-771.
- Bent-Goodley, T.B. (2005). Culture and domestic violence: Transforming knowledge development. *Journal of Interpersonal Violence, 20*, 195-203.
- Berger, J. & Beckmann, J.P. (2010). Sexual predators, energy development, and conservation in greater Yellowstone. *Conservation Biology, 24*(3), 891-896.
- Bevan, E. & Higgins, D.J. (2002). Is domestic violence learned? The contribution of five forms of child maltreatment to men's violence and adjustment. *Journal of Family Violence, 17*(3), 223-245.
- Bradbury-Jones, C. Sambrook, S. & Irvine, F. (2009) The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing, 65*(3), 663-671.
- Brown, R.B., Dorius, S.F., & Krannich, R.S. (2005). The boom-bust-recovery cycle: Dynamics of change in community satisfaction and social integration in Delta, Utah. *Rural Sociology, 70*(1), 28-49.
- Campbell, J.C. (2005). Assessing dangerousness in domestic violence cases: History, challenges and opportunities. *Criminology and Public Policy, 4*(4), 653-672.

- Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S.A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health, 93*(7), 1089-1097.
- Carrell, S.E. & Hoekstra, M. (2012). Family business or social problem? The cost of unreported domestic violence. *Journal of Policy Analysis and Management, 31*(4), 861-875.
- Carrington, K., Hogg, R., & McIntosh, A. (2011). The resource boom's underbelly: Criminological impacts of mining development. *Australian & New Zealand Journal of Criminology, 44*(3), 335-354.
- Carrington, K., McIntosh, A., & Scott, J. (2010). Globalization, frontier masculinities, and violence: Booze, blokes and brawls. *British Journal of Criminology, 50*, 393-413.
- Catalano, S., Smith, E., Snyder, H. & Rand, M. (2009). Female victims of violence. Retrieved from <http://www.bjs.gov/content/pub/pdf/fvv.pdf>.
- CAWS North Dakota. (2008). *Facts about domestic violence in North Dakota: January-December 2007*. Retrieved from <http://cawsnorthdakota.org/wp-content/uploads/2013/11/2007-DV-Fact-Sheet.pdf>.
- CAWS North Dakota. (2014). *Facts about domestic violence in North Dakota: January-December 2013*. Retrieved from http://www.ndcaws.org/facts/domestic_violence/domestic_violence_stats.html.

- Centers for Disease Control and Prevention (2013). *Intimate partner violence: consequences*. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>.
- Clark, A. (2011). Domestic violence, past and present. *Journal of Women's History*, 23(3), 193-202.
- Covey, H.C. & Menard, S. (1983). Crime in the region of Colorado affected by energy resource development. *Journal of Research in Crime and Delinquency*, 20, 110-125.
- Cox, H., Cash, P., Hanna, B., D'Arcy-Tehan, F., & Adams, C. (2001). Risky business: Stories from the Field of Rural Community Nurses' Work in Domestic Violence. *Australian Journal of Rural Health*, 9(6), 280-285.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6) 1241-1299.
- Crittenden, C.A. & Wright, E.M. (2012). Predicting patriarchy: Using individual and contextual factors to examine patriarchal endorsement in communities. *Journal of Interpersonal Violence*, 28(6), 1267-1288.
- Dalton, M.J. (1995). The social disruption hypothesis revisited: Mental health, domestic violence, and crime; A three-dimensional longitudinal analysis of a rapid growth community. Logan, Utah: Utah State University.

- DeKeseredy, W.S. & Dragiewicz, M. (2007). Understanding the complexities of feminist perspectives on woman abuse: A commentary on Donald G. Dutton's *Rethinking Domestic Violence*. *Violence Against Women*, 13(8), 874-884.
- Deller, S.C. & Deller, M.A. (2010). Rural Crime and Social Capital. *Growth and Change*, 41(2), 221-275.
- Eastman, B.J. & Grant Bunch, A. (2007). Providing services to survivors of domestic violence: A comparison of rural and urban service provider perceptions. *Journal of Interpersonal Violence*, 22(4), 465-473.
- Eligon, J. (2013, January 28). An oil boom takes a toll on health care. *New York Times*.
- Ellison, C.G., Trinitapoli, J.A., Anderson, K.L., & Johnson, B.R. (2007). Race / ethnicity, religious involvement, and domestic violence. *Violence Against Women*, 13(11), 1094-1112.
- Endo, R., Ellington, B.L., & Nielsen, J.M. (1984). Wife abuse in western energy boomtowns. *International Journal of Sociology of the Family*, 14(2), 269-281.
- England, J.L. & Albrecht, S.L. (1984). Boomtowns and social disruption. *Rural Sociology*, 49(2), 230-246.
- Erez, E., Adelman, M., & Gregory, C. (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. *Feminist Criminology*, 4(1), 32-56.
- Felson, R. B., Messner, S.F., Hoskin, A.W., & Deane, G. (2002). Reasons of reporting and not reporting domestic violence to the police. *Criminology*, 40(3), 617-648.

- Few, A.L. (2005). The voices of black and white rural battered women in domestic violence shelters. *Family Relations*, 54(4), 488-500.
- Finley, L.L. (2010). Where's the peace in this movement? A domestic violence advocate's reflections on the movement. *Contemporary Justice Review*, 13(1), 57-69.
- Fitzgerald, A.J., Kalof, L., & Dietz, T. (2009). Slaughterhouses and increased crime rates: An empirical analysis of the spillover from "The Jungle" into the surrounding community. *Organization Environment*, 22(2), 158-184.
- Flaherty, M.P. (2010). Constructing a world beyond intimate partner abuse. *Journal of Women and Social Work*, 25(3), 224-235.
- Foster-Fishman, P.G., Nowell, B. & Yang, H. (2007). Putting the system back into systems change: A framework for understanding and changing organizational and community systems. *American Journal of Community Psychology*, 39(3-4), 197-215.
- Freudenburg, W.R. (1984). Boomtown's youth: The differential impacts of rapid community growth on adolescents and adults. *American Sociological Review*, 49(5), 697-705.
- Freudenburg, W.R. (1986). Social impact assessment. *Annual Review of Sociology*, 12, 451-478.
- Freudenburg, W.R. & Frickel, S. (1994). Digging deeper: Mining-dependent regions in historical perspective. *Rural Sociology*, 59(2), 266-288.
- Freudenburg, W.R. & Jones, R.E. (1991). Criminal behavior and rapid community

- growth: Examining the evidence. *Rural Sociology*, 56(4), 619-645.
- Galvani, S. (2006). Alcohol and domestic violence: Women's views. *Violence Against Women*, 12(7), 641-662.
- Geissinger, C.J., Lazzari, M.M., Porter, M.J., & Tungate, S.L. (1993). Rural women and isolation: Pathways to reconnection. *Affilia*, 8(3), 277-299.
- Glauser, W. (2011). The Skype solution. *Canadian Medical Association Journal*, 183(12), E798.
- Goldenberg, S.M., Shoveller, J.A., Koehoorn, M. & Ostry, A.S. (2010). And they call this progress? Consequences for young people of living and working in resource-extraction communities. *Critical Public Health*, 20(2), 157-168.
- Goldenberg, S.M., J Shoveller, J., Ostry, A Koehoorn, M. (2008). Youth sexual behaviour in a boomtown: implications for the control of sexually transmitted infections. *Sexually Transmitted Infections*, 84(3), 220–223.
- Goodmark, L. (Fall 2009). Autonomy feminism: An anti-essentialist critique of mandatory interventions in domestic violence cases. *Florida State University Law Review*, 37(1).
- Gracia, E., García, F., & Lila, M. (2011). Police attitudes toward policing partner violence against women: Do they correspond to different psychosocial profiles? *Journal of Interpersonal Violence*, 26(1), 189-207.
- Grama, J.I. (2000). Women forgotten: Difficulties faced by rural victims of domestic violence. *American Journal of Family Law*, 14, 173-189.

- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 1-27.
- Grossman, S.F., Hinkley, S., Kawalski, A., & Margrave, C. (2005). Rural versus urban victims of violence: The interplay of race and region. *Journal of Family Violence*, 20(2), 71-81.
- Hassija, C. & Gray, M.J. (2011). The effectiveness and feasibility of videoconferencing technology to provide evidence-based treatment to rural domestic violence and sexual assault populations. *Telemedicine and e-Health*, 17(4), 309-315.
- Henning, K. & Connor-Smith, J. (2011). Why doesn't he leave? Relationship continuity and satisfaction among male domestic violence offenders. *Journal of Interpersonal Violence*, 26(7), 1366-1387.
- Hetling, A. & Zhang, H. (2010). Domestic violence, poverty, and social services: Does location matter? *Social Science Quarterly*, 91(5), 1144-1163.
- Hubble, G. (1997). Feminism and the battered woman: The limits of self-defence. *Criminal Justice*, 9(2), 113-124.
- Huisman, K., Martinez, J., & Wilson, C. (2005). Training police officers on domestic violence and racism: Challenges and strategies. *Violence Against Women*, 11(6), 792-821.
- Hunter, L.M., Krannich, R.S., & Smith, M.D. (2002). Rural migration, rapid growth, and fear of crime. *Rural Sociology*, 67(1), 74-89.
- Iyengar, R. & Sabik, L. (2009). The dangerous shortage of domestic violence services. *Health Affairs*, 28(6), 1052-1065.

- Javdani, S., Allen, N.E., Todd, N.R., & Anderson, C.J. (2011). Examining systems change in the response to domestic violence: Innovative applications of multilevel modeling. *Violence Against Women, 17*(3), 359-375.
- Johnson, E.M. & Belfer, M.L. (1995). Substance abuse and violence: Cause and consequence. *Journal of Health Care for the Poor and Underserved, 6*(2), 113-121.
- Keeling, J. & Fisher, C. (2012). Women's early relationship experiences that lead to domestic violence. *Qualitative Health Research, 22*(11), 1559-1567.
- Kilbane, T. & Spira, M. (2010). Domestic violence or elder abuse? Why it matters for older women. *Families in Society: The Journal of Contemporary Social Services, 91*(2), 165-170.
- Krannich, R.S., Greider, T., & Little, R.L. (1985). Rapid growth and fear of crime: A four community comparison. *Rural Sociology, 50*(2), 193-209.
- Lawrie, M., Tonts, M., & Plummer, P. (2011). Boomtowns, resource dependence and socio-economic well-being. *Australian Geographic, 42*(2), 139-164.
- Leidholdt, D.A. (Winter 2013). Human trafficking and domestic violence: A primer for judges. *Judges' Journal, 52*(1), 16-21.
- Levitt, H.M. & Ware, K. (2006). "Anything with two heads is a monster": Religious leaders' perspectives on marital equality and domestic violence. *Violence Against Women, 12*(12), 1169-1190.

- Logan, T.K., Walker, R., & Leukefeld, C.G. (2001). Rural, urban influenced, and urban differences among domestic violence arrestees. *Journal of Interpersonal Violence, 16*(3), 266-283.
- Macy, R.J., Giattina, M.C., Parish, S.L., Crosby, C. (2010). Domestic violence and sexual assault services: Historical concerns and contemporary challenges. *Journal of Interpersonal Violence, 25*(1), 3-32.
- Martinez, J. (2001). Hostages in the home: Domestic violence seen through its parallel, the Stockholm Syndrome. Retrieved from <http://www.mincava.umn.edu/documents/clergybook.bak/clergyappendix2.doc>
- Mattson, S., Shearer, N., & Long, C. (2002). Exploring Telehealth Opportunities in Domestic Violence. *Journal of the American Academy of Nurse Practitioners, 14*(10), 465-470.
- Mayer, M.J. (1989). *Klondike Women: True Tales Of 1897-1898 Gold Rush*. Athens, Ohio: Swallow Press.
- McDermott, M.J. & Garofalo, J. (2004). When advocacy for domestic violence victims backfires: Types and sources of victim disempowerment. *Violence Against Women, 10*(11), 1245-1266.
- McFarlane, J., Campbell, J.C., & Watson, K. (2002). Intimate partner stalking and femicide: urgent implications for women's safety. *Behavioral Sciences and the Law, 20*(1-2), 51-68.
- McKanna, C.V. (2004). Enclaves of violence in nineteenth-century California. *Pacific Historical Review, 73*(3), 391-424.

- McMullan, E.C., Carlan, P.E., & Nored, L.S. (2010). Future law enforcement officers and social workers: Perceptions of domestic violence. *Journal of Interpersonal Violence, 25*(8), 1367-1387.
- McPhail, B.A., Busch, N.B., Kulkarni, S., & Rice, G. (2007). The integrative feminist model: The evolving feminist perspective on intimate partner violence. *Violence Against Women, 13*(8), 817-841.
- Messing, J.T. (2011). The social control of family violence. *Affilia, 26*(2), 154-168.
- Miller, G.E. (2004). Frontier masculinity in the oil industry: The experience of women engineers. *Gender, Work and Organization, 1*(1), 47-73.
- Minsky-Kelly, D, Hamberger, L.K., Pape, D.A., & Wolf, M. (2005). We've had training, now what? Qualitative analysis of barriers to domestic violence screening and referral in a health care setting. *Journal of Interpersonal Violence, 20*(10), 1288-1309.
- Moen, E. (1981). Women in energy boom towns. *Psychology of Women Quarterly, 6*(1), 99-112.
- Morgan, D.L. (1996). Focus groups. *Annual Review of Sociology, 22*, 129-152.
- Moustakas, C. (1994). *Phenomenological research methods*. California: SAGE Publications, Inc.
- National Network to End Domestic Violence. (2014). *Family violence prevention & services act*. Retrieved from <http://nnedv.org/policy/issues/fvpsa.html>.
- ND Coalition of Abused Women's Services, Coalition Against Sexual Assault in North Dakota & ND Department of Health's Division of Injury Prevention and Control.

(2009) *North Dakota Intimate Partner & Sexual Violence Prevention Plan*.

Retrieved from

<https://www.ndhealth.gov/injury/publications/ND%20State%20Prevention%20Plan-2010-March%20FINAL.pdf>.

North Dakota Office of Attorney General. (2013). *2013 report of the North Dakota domestic violence fatality review commission*. Retrieved from

<http://www.ag.nd.gov/Reports/2013DVFR.pdf>.

Nichols, A.J. (2014). No-drop prosecution in domestic violence cases: Survivor-defined and social change approaches to victim advocacy. *Journal of Interpersonal Violence, 29*(11), 2114-2142.

Parker, A. & Tritter, J. (2006). Focus group method and methodology: current practice and recent debate. *International Journal of Research & Method in Education, 29*(1), 23-37.

Pascal, J., Johnson, N., Dore, C., & Trainor, R. (2010). The lived experience of doing phenomenology. *Qualitative Social Work, 10*(2), 172-189.

Patton, M.Q. (2002a). *Qualitative research and evaluation methods*. California: Sage Publications, Inc.

Patton, M.Q. (2002b). Two decades of developments in qualitative inquiry: A personal experiential perspective. *Qualitative Social Work, 1*(3), 261-283.

Paul, L.A., Hassija, C.M., & Clapp, J.D. (2012). Technological advances in the treatment of trauma: A review of promising practices. *Behavior Modification, 36*(6), 897-923.

- Portwood, S.G. & Heany, J.F. (2007). Responding to violence against women: Social science contributions to legal solutions. *International Journal of Law and Psychiatry*, 30(3), 237-247.
- Post, L.A., Klevens, J. Maxwell, C.D., Shelley, G.A., & Ingram, E. (2010). An Examination of Whether Coordinated Community Responses Affect intimate partner violence. *Journal of Interpersonal Violence*, 25(1), 75-93.
- Pyles, L. & Postmus, J.L. (2004). Addressing the problem of domestic violence: How far have we come? *Affilia*, 19(4), 376-388.
- Ruddel, R. (2011). Boomtown policing: Responding to the dark side of resource development. *Policing*, 5(4), 328-342.
- Shepherd, J. (2001). Where do you go when it's 40 below? Domestic violence among rural Alaska native women. *Affilia*, 16(4), 488-510.
- Sherman, L.W. & Harris, H.M. (2014). Increased death rates of domestic violence victims from arresting vs. warning suspects in the Milwaukee Domestic Violence Experiment (MilDVE). *Journal of Experimental Criminology*, 11(1), 1-20.
- Slattery, S.M. & Goodman, L.A. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women*, 15(11), 1358-1379.
- Straka, S.M. & Montminy, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women*, 12(3), 251-267.

- Tarrezz Nash, S. & Hesterberg, L. (2009). Biblical framings of and responses to spousal violence in the narratives of abused Christian women. *Violence Against Women, 15*(3), 340-361.
- Teaster, P.B., Roberto, K.A., & Dugar, T.A. (2006). Intimate partner violence of rural aging women. *Family Relations, 55*, 636-648.
- Thurman v. City of Torrington, 595 F. Supp. 1521 (C.D.1 1985).
- Thompson, C.M., Dennison, S.M., & Stewart, A.L. (2013). Are different risk factors associated with moderate and severe stalking violence? Examining factors from the integrated theoretical model of stalking violence. *Criminal Justice and Behavior, 40*(8), 850-880.
- Thorndyke, L.E. (2005). Rural women's health: A research agenda for the future. *Women's Health Issues, 15*, 200-203.
- Tiefenthaler, J., Farmer, A. & Sambira, A. (2005). Services and intimate partner violence in the United States: A county-level analysis. *Journal of Marriage and Family, 67*, 565-578.
- Tjaden, P. (2004). What is violence against women? Defining and measuring the problem: A response to Dean Kilpatrick. *Journal of Interpersonal Violence, 19*(11), 1244-1251.
- Tjaden, P. & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women, 6*(2), 142-161.

- Tower, L.E. (2006). Barriers in screening women for domestic violence: A survey of social workers, family practitioners, and bstetrician-Gynecologists. *Journal of Family Violence, 21*, 245-257.
- Towns, A.J. & Scott, H. (2013). 'I couldn't even dress the way I wanted...' Young women talk of 'ownership' by boyfriends: An opportunity for the prevention of domestic violence? *Feminism and Psychology, 23*(4), 536-555.
- United Nations General Assembly. (1994). *Resolution adopted by the general assembly: Declaration on the elimination of violence against women*. Retrieved from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N94/095/05/PDF/N9409505.pdf?OpenElement>.
- U.S. Department of Justice (n.d.) *Domestic violence*. Retrieved from <http://www.ovw.usdoj.gov/domviolence.htm>.
- U.S. Office of Justice Programs (n.d.) *Grants and funding*. Retrieved from <http://www.ojp.usdoj.gov/ovc/grants/index.html>
- U.S. Census. (2010). *2010 census urban and rural classification and urban area criteria*. Retrieved from <http://www.census.gov/geo/reference/ua/urban-rural-2010.html>.
- U.S. Department of Justice. (2013). *Domestic Violence*. Retrieved from <http://www.ovw.usdoj.gov/domviolence.htm>.
- VAWA history: Evolution of domestic violence law. (June 2012). *Congressional Digest, 91*(6), 162-163
- Weber, B.A., Geigle, J., & Barkdull, C. (2014). Rural North Dakota's oil boom and its impact on social services. *National Association of Social Workers, 59*(1), 62-72.

- Wendt, S. (2008). Christianity and domestic violence: Feminist poststructuralist perspectives. *Affilia*, 23(2), 144-155.
- Wendt, S. & Hornosty, J. (2010). Understanding contexts of family violence in rural, farming communities: Implications for rural women's health. *Rural Society*, 20(1), 51-63.
- Wheeler, D. (2009). The representation of domestic violence in popular English-language cinema. *New Cinemas: Journal of Contemporary Film*, 7(2), 155-175.
- Wies, J.R. (2008). Professionalizing human services: A case of domestic violence shelter advocates. *Human Organization*, 67(2), 221-233.
- Wilcox, P. (2006). Communities, care, and domestic violence. *Critical Social Policy*, 26(4), 722-747.
- WomensLaw.org (2010, January 21). *Know the laws: North Dakota*. Retrieved from http://www.womenslaw.org/laws_state_type.php?id=565&state_code=ND.
- Worden, A.P. & Carlson, B.E. (2005). Attitudes and beliefs about domestic violence: Results of a public opinion survey: II: Beliefs about causes. *Journal of Interpersonal Violence*, 20(10), 1219-1243.
- Zweig J.M., Schlichter, K.A., & Burt, M.R. (2002). Assisting women victims of violence who experience multiple barriers to services. *Violence Against Women*, 8(2), 162-180.

APPENDIX I: FOCUS GROUP SCRIPT

Focus Group Script
August 7, 2014
1:00-4:00 p.m.
Comfort Suites
Bismarck, ND

Thank you for your participation in this focus group on providing services to female victims of domestic violence in rural North Dakota. As you know, we would like to talk with you for about three hours – with a break in the middle – about your experience identifying and responding to female victims of domestic violence in rural North Dakota and in the Oil Patch in particular. You were selected as the focus group because you are the experts in providing services to victims of domestic violence in rural areas of North Dakota, as well as the Oil Patch.

My name is Kristi Rendahl. I'm a doctoral candidate at Hamline University in St. Paul, Minnesota. By day I work at The Center for Victims of Torture as the organizational development advisor to nine torture survivor centers in post-conflict countries around the world. My master's degree is in non-profit management, and my doctorate will be in public administration. I grew up on a farm south of Rugby, North Dakota.

As you know, this is Suzanne – or Suzie – Kramer-Brenna from the Coalition on Abused Women's Services. I am grateful to the Coalition for bringing us together. I will be providing CAWS with a summary report on key findings from our conversation today.

I will be moderating today, and Suzie will be taking some notes. During our discussion we'd like to hear about your experiences identifying and serving female victims of domestic violence in rural areas, and how your work has changed, if at all, with the oil boom.

There are no wrong answers, only differing points of view. Please feel free to share your point of view even if it differs from what others have said.

The discussion will be audio-recorded with your permission. All identifying information will be removed before any experiences or thoughts are shared with anyone outside of this room. If you don't participate at any time, your decision will in no way affect the services you receive from NDCAWS. Is that okay with everyone?

Introduce and ask the participants to sign the consent form

- ✚ Make sure all participants have access and understand the consent form (e.g. should we have participants with impaired vision, you must read out the consent form).
- ✚ Ask the participants to sign and return the consent form.

Let's touch on a few ground rules

1. Please speak up and have only one person talking at a time.
2. We're audio-recording the session because we don't want to miss any of your comments. So, we ask that you speak loudly and clearly, and that only one person speaks at a time.
3. We'll talk on a first-name basis, and in my later report there will be no names attached to your comments. What you say will remain confidential. What you say here stays here – please don't discuss outside of this room what you hear others say while here.
4. My role is to ask questions and listen. Suzie and I won't be participating in the conversations, but I want you to feel free to talk with one another. This is an opportunity to have a conversation amongst the group, not just a call and response with me. I will be asking about 12 questions, and I'll be moving the discussion from one question to the next.
5. Please turn off your cell phones.
6. Most importantly, please feel free to help yourself to chocolate and coffee anytime during our discussion today.

Are there any other ground rules you'd like to suggest?

Let's begin!

Participants introduce themselves

Ask all participants to introduce themselves in few sentences.

Opening Question:

1. What do you find most interesting about your work? (10 minutes)

Introductory Questions:

2. How do you define domestic violence? (10 minutes)
3. How do you think the general rural public defines domestic violence? (15 minutes)
 - a. Are there differences based on gender?
 - b. Are there differences based on age?
 - c. Are there differences based on religion?

Transition Questions:

4. Do you see addressing domestic violence within rural areas as potentially different than in urban or suburban areas? If so, how? (15 minutes)
 - a. Distance?
 - b. Culture?
 - c. Religion?
 - d. Poverty?
 - e. Housing?
 - f. Jobs?
 - g. Aging communities?

Key Questions:

5. Do you see faith playing a role in the work?
 - a. Religion, does it influence?
 - b. How does it play a role for victims?
6. Do you see any things that might be special with your relationship with police in a rural area?
7. Primary care, is there screening for DV?
8. What has helped you in working with female victims of domestic violence in rural areas? (10 minutes)
 - a. Resources?
 - b. Laws?
 - c. Training and staff capacity. Do you feel in rural areas that you have enough access to develop the skills you need?
 - d. Interaction with other agencies / organizations?
- ~~9. What have been the limitations to serving female victims of domestic violence in rural areas? (15 minutes) *~~
10. How have attitudes surrounding domestic violence evolved in rural communities over the past decade? (15 minutes)

*** BREAK ***

11. Has your experience working with victims of domestic violence changed in the past few years of the oil boom? If so, how? (15 minutes)
 - a. Interactions with other organizations / agencies?
 - b. Resources?
 - c. Responsibilities?
12. What do you think would benefit those who work with victims of domestic violence in the Oil Patch? (15 minutes)
- ~~13. Have there been any advantages to the oil boom in your work serving female victims of domestic violence? If so, what are they? (5 minutes)~~
- ~~14. What is needed to best position you to identify and serve female victims of domestic violence? (10 minutes)~~

- a. ~~From your organization?~~
- b. ~~From the municipal and county governments?~~
- c. ~~From the state government?~~
- d. ~~From the federal government?~~

15. What advice would you give to other communities that anticipate a resource boom as relates to addressing domestic violence? (10 minutes)
- a. Advice for public administrators?

Ending Questions:

16. Of all the issues we've discussed today, which one is most important to you? (10 minutes)
- ~~17. Summarize key themes and findings for participants to ensure accuracy of interpretations. Then ask:~~
- ~~Is this an adequate summary?~~
 - ~~Is there anything we should have talked about but didn't? (10 minutes)~~

Closing the session

About 10 minutes before the end of the focus group timeframe, take a few minutes to summarize the findings, and ask if there are ideas that we have not discussed so far.

Thank the participants for their time, and adjourn the meeting.

* Some questions were envisioned for the focus group and interviews, but were eliminated due to time constraints. The same questions were asked for both the focus group and interviews.

APPENDIX II: PARTICIPANT CONSENT FORMS

**Consent to Participate in Focus Group Study
as part of research on domestic violence in rural North Dakota
and especially in the Oil Patch**

The purpose of the group discussion and the nature of the questions have been explained to me.

I consent to take part in a focus group about my experiences providing advocacy services to female victims of domestic violence in my work with a local domestic violence/sexual assault program. I also consent to be audio-recorded during this focus group discussion.

My participation is voluntary. I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive from NDCAWS.

None of my experiences or thoughts will be shared with anyone outside of NDCAWS and the Researcher (Kristi Rendahl) unless all identifying information is removed first. The information that I provide during the focus group will be grouped with answers from other people so that I cannot be identified.

Questions may be directed to the Researcher, Kristi Rendahl, at rendahl@gmail.com, or the Researcher's dissertation committee chair, Reid Zimmerman, PhD, at rzimmerman03@hamline.edu.

Please Print Your Name

Date

Please Sign Your Name

**Consent to Participate in Interview
as part of research on domestic violence in rural North Dakota
and especially in the Oil Patch**

The purpose of the interview and the nature of the questions have been explained to me.

I consent to take part in an interview about my experiences providing advocacy services to female victims of domestic violence in my work with a local domestic violence/sexual assault program. I also consent to be audio-recorded during this interview.

My participation is voluntary. I understand that I am free to end the interview at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive from NDCAWS.

None of my experiences or thoughts will be shared with anyone outside of NDCAWS and the Researcher (Kristi Rendahl) unless all identifying information is removed first. The information that I provide during the interview will be grouped with answers from other people so that I cannot be identified.

Questions may be directed to the Researcher, Kristi Rendahl, at rendahl@gmail.com, or the Researcher's dissertation committee chair, Reid Zimmerman, PhD, at rzimmerman03@hamline.edu.

Please Print Your Name

Date

Please Sign Your Name