Received: 24 August 2023 | Accepted: 16 November 2023

DOI: 10.1111/inm.13269

International Journal of Mental Health Nursing

PERSPECTIVE

The shame of sexual violence towards women in rural areas

Rikki Jones | **Kim Usher** | **Kylie Rice** | **Louise Morley** | **Joanne Durkin**

School of Health, University of New England, Armidale, New South Wales, Australia

Correspondence
Rikki Jones, School of Health, University of New England, Armidale, NSW 2350, Australia.
Email: rjones66@une.edu.au

Abstract

This perspective paper presents a discussion around the issues of sexual violence (SV) in rural and remote areas and the associated discourses of shame. The authors propose that shame of SV adds additional trauma to survivors, further impacting survivors' mental health which may be exacerbated in rural areas. Shame is a complex emotion that can result in increased feelings of guilt, humiliation, and embarrassment. Shame has been identified as an underlying risk factor and a mechanism for post-assault mental health problems. We propose it can be particularly pronounced for women subjected to sexual assault in rural or remote areas. This paper will explore the link between SV and shame, explain how shame attached to SV may be used as an informal social control mechanism for women, particularly in rural and remote areas, and discuss the role of health practitioners, particularly mental health nurses, who play a key role in supporting people impacted by SV. SV is an insidious social phenomenon that can have profound consequences for individuals, families, and communities. Addressing shame and stigma is a crucial component of supporting survivors of SV in rural and remote areas. There is a need for targeted community-led interventions and responsive support services to address the complex and multifaceted issues contributing to SV in rural and remote communities.

KEYWORDS
mental health, PTSD, sexual assault, sexual violence, shame

BACKGROUND

Sexual violence (SV) is a pervasive and disturbing issue. In Australia, women living in remote areas are almost twice as likely to experience sexual assault (SA) as women living in major cities (Australian Bureau of Statistics, 2017; Australian Institute of Health and Welfare, 2022). Actual rates of SV, however, are suspected to be significantly underreported (Krug et al., 2002) and the process of disclosure through to attempting to seek an outcome in the criminal justice system causes further trauma that deters women from reporting (Ellison & Munro, 2017; Lorenz et al., 2019). In fact, only a small proportion of reported SAs actually result in a successful prosecution and conviction (Campbell & Fehler-Cabral, 2022) which is an added deterrent to disclosure. In rural and remote areas, additional factors, such as social isolation, lack of access to support services, fear of retribution, social stigma and shame further reduce disclosure of SV (Hodgkinson et al., 2023). In addition, perpetrators of SV are most often males known to the survivors (e.g., intimate partner, family members, acquaintance, carers, neighbours, or friends; Australian Bureau of Statistics, 2022; Qu et al., 2021; Tarczon & Quadara, 2012), which makes it more likely survivors will have ongoing contact with the perpetrators after the SV has occurred. This is likely to be polarised in rural communities, with high levels of acquaintance density and low levels of anonymity (Neame & Heenan, 2004). Hence, this paper will focus on SV of women in rural areas, due to the high prevalence rates of SV towards women and the increased impact of men as perpetrators in the rural context.

DESIGN

This perspective paper presents a discussion around the issues of SV in rural and remote areas and the associated discourses of shame. The authors propose that shame of SV adds additional trauma to survivors, further impacting survivors' mental health which may be exacerbated in rural areas. The aim is to explore how shame impacts survivors of SV in rural remote areas. Specifically, we will cover (1) SV within the rural and remote context, (2) SV rates in rural and remote areas, (3) the impact of SV and shame on mental health of women in rural and remote areas, and (4) the clinical implications of the association of shame and SV for health practitioners, particularly mental health nurses, who play a key role in supporting people impacted by SV.

DISCUSSION

What is sexual violence?

SV constitutes a range of behaviours including sexual harassment or crimes such as sexual exploitation, sexual acts or touching without consent, sharing intimate images publicly, sending unwanted sexual images, masturbating in public, stalking, indecent assault, rape and aggravated SA (Australian Bureau of Statistics, 2018; Dartnall & Jewkes, 2012; Krug et al., 2002; NSW Government, 2022). In the context of children, the definition also includes procurement or grooming, SA, adverse sexual experiences, child sexual victimisation, and sexual exploitation (Mathews & Collin-Vézina, 2019). Sexual exploitation is considered to be any act of abuse or attempted abuse in exploitive relationships where the survivor is in a position of vulnerability and the perpetrator has power over the survivor, and can include transactional/solicitation of sex in exchange for money, or other forms of remuneration such as social or political gain (Laird et al., 2022). Sexual harassment includes unwanted physical contact, sexual invitations, sex-based taunts, insults, comments or innuendo, and exposure to pornographic material (Saunders & Easteal Am, 2013). In addition, SV is increasingly being assisted by technology, resulting in the emergence of technology-based abuse and exploitation (Usher et al., 2023). Technology-based abuse can include surveillance that enables harassment after a relationship break-up (Lopez-Neira et al., 2019), or a method used to humiliate the survivor (Henry & Powell, 2018).

What is shame?

Shame is a complex and often disputed emotion (Stearns, 2017) that can involve such feelings as self-consciousness, inadequacy, and unworthiness (Sanderson, 2015). Shame can be described as a painful feeling that arises from a sense of being exposed or judged by others that leads to feelings of guilt, humiliation, and embarrassment (Chase & Walker, 2013). Shame is experienced internally, as a sense of self-blame or self-criticism, and externally, as perceptions from others (Ferreira et al., 2022). Yet, it is shaped by the norms that surround the idea of what it means to be a survivor of SV. Shame is a significant emotional response in people who have been subjected to SV (Decou et al., 2013) and can contribute to negative psychological outcomes such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Bhuptani & Messman-Moore, 2019). Self-blame and shame have been identified as underlying risk factors and mechanisms for post-assault mental health issues (Bhuptani & Messman-Moore, 2019), suggesting that shame may be related to psychopathology outcomes directly and also by increasing adverse outcomes of the assault and trauma itself. Thus, if feelings of shame persist health professionals may need to address them as the shame may worsen mental health outcomes for survivors (Feiring & Taska, 2005).

Shame can be particularly pronounced for women subjected to SV in rural or remote areas, where there is greater stigma and other socio-cultural factors surrounding SA (Neame & Heenan, 2004). Further, stigma and shame may be manipulated to maintain silence, to reduce disclosure and to prevent women from seeking healthcare support and a criminal justice response. For individuals who have experienced SV, shame may be one of the biggest barriers to receiving support and accessing services. The shame, for example, that often accompanies the experience of being sexually assaulted, functions to ensure the survivor remains isolated and alone by activation of internal narratives, such as she is not worthy of help and support, or that the experience of being violated is her fault (Murphy-Oikonen et al., 2022).

Shame permeates internal narratives to the extent that Bates and LaBrecque (2020) suggest it constitutes a form of social control. To understand how shame influences behaviour, it is necessary to briefly look at the sociology of emotions (Scheff, 2000), which focuses on the social nature of emotions. Understood from this perspective, emotions constitute powerful structural forces that are woven within the social fabric. These forces are tacit, yet they guide behaviours and actions as well as feelings so that there is conformity to the social norms within a given context.

Shame: Rural and remote context

People who experience SV in rural and remote areas face challenges related to social isolation, lack of education, limited access to policing and support services, and more pronounced power imbalances (Carrington et al., 2013). In some instances, the informal social networks for survivors may be increased owing to the isolation; however,

these so-called 'close knit' communities can result in a lack of anonymity and multiple relationships that connect survivors and perpetrators. The connection between informal social supporters and perpetrators can reduce women's networks of informal support (family/friends) and lead to complexities in the disclosure and the support offered (Davies et al., 2023). Furthermore, the size of rural and remote communities makes it difficult for reports of SV to remain anonymous; this can lead to an increased sense of shame and failure of women reporting, fear of reprisal from perpetrators and their families, and communities protecting perpetrators due to high social standing and/or social ties to law enforcement (Flynn et al., 2022).

Risk factors of SV in rural and remote Australia include increasing numbers of licensed venues in rural mining areas, drinking culture (Carrington et al., 2013), decreased anonymity making it more difficult for survivors to disclose crimes (Ragusa, 2013, 2017), lack of services in rural and remote areas (Krug et al., 2002), and shame and informal social control that acts as a deterrent to reporting and leaving relationships (Owen & Carrington, 2015). Additionally, risk factors for women include femininity in rural areas tending to conform to traditional gendered stereotypes (Flynn et al., 2022, 2023) and financial dependence on perpetrators (Owen & Carrington, 2015). Further to this, childcare and child visitation regulations can prevent women from leaving the rural area which often leaves women feeling unsafe and powerless (Ragusa, 2017) and reporting SV may result in the fear of that children will be removed from their care leaving women feeling disempowered, and more likely to remain in relationships which are unsafe (Carrington et al., 2013; McCulloch et al., 2021). These socio-cultural dimensions of rural communities can have implications in the experience and disclosure of abuse, and services provided to survivors (Neame & Heenan, 2004).

In rural and remote areas, there is also a lack of services available to help survivors of SV, with some rural areas reporting major gaps in service previsions (Carter-Snell et al., 2020; Keynejad et al., 2021; O'Callaghan et al., 2022). Some rural areas report a lack of frontline crisis support services including crisis housing and counselling services (Flynn et al., 2022), a lack of transportation to services, and difficulty in attracting trained staff which limits staffing resources (Carter-Snell et al., 2020). Furthermore, rural area response to SV can often be delayed, due to lack of services and inability to get access to the right services, which reportedly can increase the trauma survivors' experience (Carter-Snell et al., 2020). Additionally, the burden of SV is financially extensive for governments (for example, delivering of SA services, counselling services, and providing specially trained SA nurse examiner (SANE)), and in sparsely populated areas this makes it difficult to justify the expense of providing services that may not be accessed regularly (Carter-Snell et al., 2020).

Reduced law enforcement and forensics services in rural areas is also a major concern (Neame & Heenan, 2004), and can result in evidence not being collected and thus perpetrators not being prosecuted. Consequently, for survivors who do want a prosecution to go ahead, they are often required to travel great distances to have forensics attended to, while others are asked to go home and wait for someone to come to them; a requirement of this directive is that the survivors cannot shower adding to the trauma the survivor has already experienced (Diamond-Welch et al., 2022; Krug et al., 2002). The absence of forensic services for women subjected to SV in rural and remote areas means they do not have access to justice, allowing perpetrators to continue their abuse without consequences for their actions. This may result in survivors being in regular contact with perpetrators of abuse due to the family nature of rural and remote environments, isolation, and smaller population size. For a woman who does choose to seek help from a healthcare practitioner following SV, it is a big step, and all women, regardless of geographic location and cultural background, need to be offered accessible, culturally safe, comprehensive physical and mental health services following this disclosure.

Shame in the rates of sexual violence in rural and remote areas

SV is prevalent across all age groups and cultural groups in society with females being the most likely to experience SV (Australian Institute of Health and Welfare, 2022). Internationally, one in three women will experience domestic violence (DV) or SV (Ghafournia & Healey, 2022). In Australia, 1 in 5 women and 1 in 21 men experience SV in their lifetime, with 2.2 million people reporting SV since the age of 15 (Australian Institute of Health and Welfare, 2022) and 1 in 8 people over 18 reported experiencing physical or sexual abuse as a child (Australian Bureau of Statistics, 2017). Some rural and remote regions of Australia have consistently reported higher rates of family and SV (Neame & Heenan, 2004).

Despite these appalling rates, the reported current prevalence rates underestimate the prevalence and issues as not all survivors report incidents of SV (Australian Bureau of Statistics, 2021). Large numbers of SV or abuse are often not reported due to issues such as stigma and shame associated with being a survivor, perpetrators' ability to silence and control survivors, and the re-traumatisation that occurs when going through disclosure and prosecution of perpetrators (Campbell & Fehler-Cabral, 2022; Dartnall & Jewkes, 2012; Johnson, 2017; Ogbe et al., 2020; Papas et al., 2023). Additionally, SV is imbedded in other forms of abuse, for example, child sexual assault (CSA), DV, intimate partner violence (IPV), family violence (FV), dating violence, elderly abuse, workplace

harassment, technology-based abuse, and sexual harassment within education sectors.

In addition, the COVID-19 pandemic has reportedly had an impact on SV, with dramatic increases in both international and Australian rates of SV reported (Roesch et al., 2020). The reported rates of SV have increased, with recent research suggesting a dramatic increase in SV, DV, FV and IPV during the recent pandemic (Bradbury-Jones & Isham, 2020; Bradbury-Jones & Nikupeteri, 2021; Usher et al., 2020, 2021). The pandemic compounded the risk for survivors of DV and SV, through increased perpetrator dependence, reduced emotional support from social networks, decreased psychological health, and reduced quantity and quality of interactions whereby survivors could disclose abuse (Davies et al., 2022).

Shame: Mental health impact

Reports suggest only 15% of survivors of rape report the incidence to police, while 54% seek mental health services, the latter being considered more helpful than formal SA services (O'Callaghan et al., 2022). Thus, reports of SV are common among women seeking mental health services; 1/3 of women presenting for mental health services identify a history of DV and/or SV (O'Dwyer et al., 2019). There is clear evidence supporting the link between traumatic events, such as SV, and the development of mental illness (such as depression, suicidal ideation, and substance abuse; O'Dwyer et al., 2019; Sweeney & Taggart, 2018).

Furthermore, underreporting is associated with stigma and the common perception that survivors are responsible for the SV occurring (Dartnall & Jewkes, 2012). Many women who experience the trauma of varying forms of SV, for example, are blamed for the abuse that has been perpetrated against them by common gendered narratives such as 'it's her fault because she wore that short dress', or 'it's her fault because she should have left him', and are often labelled in terms of being a helpless victim; which can in turn feed into narratives of hopelessness (Herman, 1992) and shame. Socio-cultural factors that are related to underreporting, such as stigma and unhelpful perceptions of SA, may be amplified in rural communities (Neame & Heenan, 2004).

Blaming of survivors increases the mental health impact of SV (O'Callaghan et al., 2022) and may lead to an increased sense of shame (Bhuptani & Messman-Moore, 2019). When women do disclose to others, the response they receive is vital to their health and well-being. For example, they need to feel that they have been heard and that their experience is validated. This is an issue for mental health services especially in rural remote areas because staff may not have been trained to respond appropriately and/or staff may be fearful of how to respond owing to the legal implications. In addition, dismissing reports of SV or minimising the incidence of SV, and the blaming of survivors also increases the likelihood that a woman will not continue with the reporting of the incident, and will potentially experience negative outcomes including mental health problems (Bhuptani & Messman-Moore, 2019). The impacts of SV on individuals and society are considerable, with survivors suffering long-term physical, psychological and emotional effects, and may result in trauma and PTSD (Australian Institute of Health and Welfare, 2022; Gibson et al., 2019; O'Callaghan et al., 2022). Despite the clear link between SV and the impact it has on mental health, women often delay reporting, seeking support, and accessing SA services, which may be related to the shame related to such offences. Seeking help post-SV is critical to recovery and reducing long-term effects of the trauma they have experienced so it is essential that mental health nurses and other health professionals in rural areas are aware of the potential link between shame and failure to disclose or seek treatment.

Clinical implications

There are clinical implications relating to the evidence presented in this paper for nurses, particularly those who work in settings where sexual abuse might be disclosed, such as in the mental health sector or in rural locations. Firstly, all practitioners need to be aware that there is a high incidence of SV, high rates of survivors of SV accessing mental health services, and many barriers to disclosing abuse, including shame, particularly in rural communities. Mental health practitioners are in a unique position of trust where the discussion around SV, SA and DV/IPV can be raised. Adding this to regular screening may help to identify women in need of SA services and being the process of disclosing in a trauma-informed way. Additionally, mental health practitioners may need to consider undertaking training in trauma-informed disclosure to help limit the impact of trauma on survivors and encourage more disclosure to ensure more women in rural areas access the SA services they require. Secondly, all practitioners need to be aware of the role of shame in sexual abuse and include an assessment of shame in all clinical evaluations. Shame is likely to be a secondary concern to the primary presenting traumatic event, but may be related to worse mental health outcomes for survivors (O'Callaghan et al., 2022). Shame may be a barrier to disclosure and help-seeking, it may be internalised, and survivors may not voluntarily or explicitly express their experience of shame. Shame can be compounded through the process of disclosure and examination, can be used as a form of informal social control, and may be increased in survivors from rural communities due to socio-cultural factors (Bates & LaBrecque, 2020). Thus, practitioners need to consider how to raise the

topic of shame with survivors and how to assess for the level of shame experienced in all disclosures.

Thirdly, practitioners and researchers need to ensure that interventions for SV target shame and self-blame. Effective interventions for recovery from sexual abuse need to target traumatic symptoms (such as PTSD, depression, and suicidal ideation) (Australian Institute of Health and Welfare, 2022; Gibson et al., 2019; O'Callaghan et al., 2022), as well as self-blame and shame (Bhuptani & Messman-Moore, 2019). Mental health outcomes for SV survivors may be worse if shame is not addressed (Feiring & Taska, 2005). Fourthly, in rural and regional locations particularly, the lack of specialised SA services (Neame & Heenan, 2004) means that all nurses need to be competent in assessing and responding to survivors, not just nurses who work in mental health or dedicated SA services. Practitioners need to be aware of the socio-cultural complexities of rural communities, that may have higher incidence of SV and deter disclosure and adequate support for survivors (Neame & Heenan, 2004). For example, informal supporters who could provide support to survivors of SA are also likely to have a relationship with the perpetrator (Davies et al., 2023), and that this is amplified in small rural communities with interwoven social networks and socio-cultural factors (Neame & Heenan, 2004). In addition, due to the smaller population and closeness of communities in rural areas, healthcare practitioners need to be ready to navigate the possibility they may know the survivor and/or the perpetrator in their community. Additional services and support may be needed to assist rural health practitioners to navigate these situations.

CONCLUSIONS

SV is an insidious social phenomenon that can have profound consequences for individuals, families, and communities. Addressing shame and stigma is a crucial component of supporting survivors of SV in rural and remote areas. There is a need for targeted community-led interventions and responsive support services to address the complex and multifaceted issues contributing to SV in rural and remote communities.

RELEVANCE TO CLINICAL PRACTICE

- Practitioners need to be aware that there is a high incidence of SV, high rates of SV survivors accessing mental healthcare and that there are many barriers to disclosing abuse, particularly in rural communities.
- Trauma-informed training around disclosure may help to increase disclosure and help to limit the re-traumatisation sometimes experienced with disclosure.
- Shame plays a role in SV and can have negative impacts on mental health; practitioners should therefore include an assessment of shame in all clinical evaluations.
- SV recovery interventions need to target traumatic symptoms, as well as self-blame and shame to successfully impact mental health.
- The lack of specialised SA services in rural and remote locations means that all nurses need to be competent in assessing and responding to survivors, including nurses who work in mental health or dedicated SA services.

AUTHOR CONTRIBUTIONS

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors are in agreement with the manuscript. All authors included in this paper contributed to the manuscript. RJ & JD conception of ideas; RJ, JD & KR critical review literature; RJ, JD, KU, KR & LM drafting and finalisation of the manuscript.

ACKNOWLEDGEMENTS

None.

CONFLICT OF INTEREST STATEMENT

Co-Author Prof Kim Usher is the Editor-in-Chief of the International Journal of Mental Health Nursing.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Rikki Jones https://orcid.org/0000-0001-6643-1565
Joanne Durkin https://orcid.org/0000-0001-9948-4794

REFERENCES

Australian Bureau of Statistics. (2017) Personal Safety, Australia: Prevalence of violence: Tables 1 to 7. https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#data-download

Australian Bureau of Statistics. (2018) Directory of Family, Domestic, and Sexual Violence Statistics, 2018. https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4533.0~2018~Main%20Features~Defining%20Family,%20Domestic,%20and%20Sexual%20Violence~4

Australian Bureau of Statistics. (2021) Victims of sexual assualt: time to report and age at incident. https://www.abs.gov.au/articles/victims-sexual-assault-time-report-and-age-incident

Australian Bureau of Statistics. (2022) Sexual Assualt- Perpetrators. https://www.abs.gov.au/articles/sexual-assault-perpetrators

Australian Institute of Health and Welfare. (2022) Family, Domestic and Sexual Violence. Australian Government. Available from: https://www.aihw.gov.au/reports/domestic-violence/family-domestic-and-sexual-violence [Accessed 3rd February 2023]

Bates, R.A. & LaBrecque, B. (2020) The sociology of shaming. *The Journal of Public and Professional Sociology*, 12(1), 3.

Bhuptani, P.H. & Messman-Moore, T.L. (2019) Blame and shame in sexual assault. In: O'Donohue, W.T. & Schewe, P.A. (Eds.) *Handbook of Sexual Assault and Sexual Assault Prevention*. Cham: Springer Nature, pp. 309–322. Available from: https://doi.org/10.1007/978-3-030-23645-8_18

Bradbury-Jones, C. & Isham, L. (2020) The pandemic paradox: the consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, 29(13–14), 2047–2049. Available from: https://doi.org/10.1111/jocn.15296

Bradbury-Jones, C. & Nikupeteri, A. (2021) Intimate partner violence, stalking and the pandemic: yet more paradoxes? *Journal of Advanced Nursing*, 77(5), 2117–2118. Available from: https://doi.org/10.1111/jan.14820

Campbell, R. & Fehler-Cabral, G. (2022) "Just bring us the real ones": the role of forensic crime Laboratories in Guarding the gateway to justice for sexual assault victims. *Journal of Interpersonal Violence*, 37(7–8), NP3675–NP3702. Available from: https://doi.org/10.1177/0886260520951303

Carrington, K., McIntosh, A., Hogg, R. & Scott, J. (2013) Rural masculinities and the internalisation of violence in agricultural communities. *International Journal of Rural Criminology*, 2(1), 3–24.

Carter-Snell, C., Jakubec, S. & Hagen, B. (2020) Collaboration with rural and remote communities to improve sexual assault services. *Journal of Community Health*, 45(2), 377–387. Available from: https://doi.org/10.1007/s10900-019-00744-4

Chase, E. & Walker, R. (2013) The co-construction of shame in the context of poverty: beyond a threat to the social bond. *Sociology*, 47(4), 739–754. Available from: https://doi.org/10.1177/0038038512453796

Dartnall, E. & Jewkes, R. (2012) Sexual violence against women: the scope of the problem. *Best Practice and Research. Clinical Obstetrics and Gynaecology*, 27(1), 3–13. Available from: https://doi.org/10.1016/j.bpobgyn.2012.08.002

Davies, R.L., Rice, K. & Rock, A.J. (2022) The effects of COVID-19 social restrictions and subsequent informal support limitations on intimate partner violence: an opinion piece. *Frontiers in Global Women's Health*, 3, 829559. Available from: https://doi.org/10.3389/fgwh.2022.829559

Davies, R.L., Rice, K. & Rock, A.J. (2023) A systematic review of informal supporters of intimate partner violence survivors: the intimate partner violence model of informal supporter readiness. *PeerJ (San Francisco, CA)*, 11, e15160. Available from: https://doi.org/10.7717/PEERJ.15160

Decou, C.R., Skewes, M.C., López, E.D. & Skanis, M.L. (2013) The benefits of discussing suicide with Alaska native college students: qualitative analysis of in-depth interviews. *Cultural Diversity and Ethnic Minority Psychology*, 19(1), 67–75. Available from: https://doi.org/10.1037/a0030566

Diamond-Welch, B., Jones, M. & Zimmer, B. (2022) Current issues in providing sexual assault medical forensic exams in rural areas. In: Lovell, R.E. & Langhinrichsen-Rohling, J. (Eds.) *Sexual assault kits and reforming the response to rape*. New York: Routledge, pp. 235–250.

Ellison, L. & Munro, V.E. (2017) Taking trauma seriously: critical reflections on the criminal justice process. *The International Journal of Evidence and Proof*, 21(3), 183–208. Available from: https://doi.org/10.1177/1365712716655168

Feiring, C. & Taska, L.S. (2005) The persistence of shame following sexual abuse: a longitudinal look at risk and recovery. *Child Maltreatment*, 10(4), 337–349. Available from: https://doi.org/10.1177/1077559505276686

Ferreira, C., Moura-Ramos, M., Matos, M. & Galhardo, A. (2022) A new measure to assess external and internal shame: development, factor structure and psychometric properties of the external and internal shame scale. *Current Psychology*, 41(4), 1892–1901. Available from: https://doi.org/10.1007/s12144-020-00709-0

Flynn, A., Cama, E., Powell, A. & Scott, A.J. (2023) Victim-blaming and image-based sexual abuse. *Journal of Criminology (2021)*, 56(1), 7–25. Available from: https://doi.org/10.1177/26338076221135327

Flynn, C., Couturier, P., Turcotte, S., Dubé, K., Levesque, C., Côté, P.-B. et al. (2022) How social responses to child sexual abuse and intimate partner violence affect homelessness among women in two rural regions with resource-based economies in eastern Quebec. *Violence against Women*, 29, 602–625. Available from: https://doi.org/10.1177/10778012221083329

Ghafournia, N. & Healey, S.J.R. (2022) Identifying domestic violence and sexual assault presentations at a regional Australian hospital emergency department: comparative analysis of domestic violence and sexual assault cases. *Women's Health (London, England)*, 18, 17455057221103992. Available from: https://doi.org/10.1177/17455057221103992

Gibson, C.J., Huang, A.J., McCaw, B., Subak, L.L., Thom, D.H. & Van Den Eeden, S.K. (2019) Associations of intimate partner violence, sexual assault, and posttraumatic stress disorder with menopause symptoms among midlife and older women. *JAMA Internal Medicine*, 179(1), 80–87.

Henry, N. & Powell, A. (2018) Technology-facilitated sexual violence: a literature review of empirical research. *Trauma, Violence, and Abuse*, 19(2), 195–208. Available from: https://doi.org/10.1177/1524838016650189

Herman, J. (1992) *Trauma and recovery*. New York: Basic Books.

Hodgkinson, T., Corcoran, J. & Andresen, M.A. (2023) Violent assault geographies in northeastern Australia. *PLoS One*, 18(3), e0282522. Available from: https://doi.org/10.1371/journal.pone.0282522

Johnson, H. (2017) Why Doesn't she just report it? Apprehensions and contradictions for women who report sexual violence to the police. *Canadian Journal of Women and the Law*, 29(1), 36–59. Available from: https://doi.org/10.3138/cjwl.29.1.36

Keynejad, R., Baker, N., Lindenberg, U., Pitt, K., Boyle, A. & Hawcroft, C. (2021) Identifying and responding to domestic violence and abuse in healthcare settings. *BMJ*, 373, n1047. Available from: https://doi.org/10.1136/bmj.n1047

Krug, E.G., Mercy, J.A., Dahlberg, L.L. & Zwi, A.B. (2002) The world report on violence and health. *The Lancet*, 360(9339), 1083–1088.

Laird, J.J., Klettke, B., Hall, K. & Hallford, D. (2022) Toward a global definition and understanding of child sexual exploitation: the development of a conceptual model. *Trauma, Violence and Abuse*, 24(4), 2243–2264. Available from: https://doi.org/10.1177/15248380221090980

Lopez-Neira, I., Patel, T., Parkin, S., Danezis, G. & Tanczer, L. (2019) 'Internet of things': how abuse is getting smarter. *Safe – TheDomestic Abuse Quarterly*, 63, 22–26.

Lorenz, K., Kirkner, A. & Ullman, S.E. (2019) A qualitative study of sexual assault Survivors' post-assault legal system experiences. *Journal of Trauma and Dissociation*, 20(3), 263–287. Available from: https://doi.org/10.1080/15299732.2019.1592643

Mathews, B. & Collin-Vézina, D. (2019) Child sexual abuse: toward a conceptual model and definition. *Trauma, Violence, and Abuse*, 20(2), 131–148. Available from: https://doi.org/10.1177/1524838017738726

McCulloch, J., Maher, J., Walklate, S., McGowan, J. & Fitz-Gibbon, K. (2021) Justice perspectives of women with disability: an Australian story. *International Review of Victimology*, 27(2), 196–210.

Murphy-Oikonen, J., McQueen, K., Miller, A., Chambers, L. & Hiebert, A. (2022) Unfounded sexual assault: Women's experiences of not being believed by the police. *Journal of Interpersonal Violence*, 37(11–12), NP8916–NP8940. Available from: https://doi.org/10.1177/0886260520978190

Neame, A. & Heenan, M. (2004) Responding to sexual assault in rural communities briefing: Australian Centre for the Study of sexual assault.

NSW Government. (2022) NSW Sexual Violence Plan 2022-2027-Consultation Draft. https://www.nsw.gov.au/sites/default/files/2022-08/NSW_Sexual_Violence_Plan_Consultation_Draft_August_2022.pdf

O'Callaghan, E., Ullman, S.E., Shepp, V. & Harris, C. (2022) Mental health help-seeking after a sexual assault: a dyadic study of sexual assault survivors and informal support providers. *Traumatology*, 29, 65–75.

O'Dwyer, C., Tarzia, L., Fernbacher, S. & Hegarty, K. (2019) Health professionals' experiences of providing care for women survivors of sexual violence in psychiatric inpatient units [journal article]. *BMC Health Services Research*, 19(1), 1–9. Available from: https://doi.org/10.1186/s12913-019-4683-z

Ogbe, E., Harmon, S., Van den Bergh, R. & Degomme, O. (2020) A systematic review of intimate partner violence interventions focused on improving social support and/ mental health outcomes of survivors. *PLoS One*, 15(6), e0235177. Available from: https://doi.org/10.1371/journal.pone.0235177

Owen, S. & Carrington, K. (2015) Domestic violence (DV) service provision and the architecture of rural life: an Australian case study. *Journal of Rural Studies*, 39, 229–238. Available from: https://doi.org/10.1016/j.jrurstud.2014.11.004

Papas, L., Hollingdrake, O. & Currie, J. (2023) Social determinant factors and access to health care for women experiencing domestic and family violence: qualitative synthesis. *Journal of Advanced Nursing.*, 79, 1633–1649. Available from: https://doi.org/10.1111/jan.15565

Qu, l., Kaspiew, R., Carson, R., De Maio, J., Harvey, J. & Horsfall, B. (2021) National elder abuse prevelance study: Final report. https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report

Ragusa, A.T. (2013) Rural Australian women's legal help seeking for intimate partner violence: women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence*, 28(4), 685–717.

Ragusa, A.T. (2017) Rurality's influence on Women's intimate partner violence experiences and support needed for escape and healing in Australia [article]. *Journal of Social Service Research*, 43(2), 270–295. Available from: https://doi.org/10.1080/01488376.2016.1248267

Roesch, E., Amin, A., Gupta, J. & García-Moreno, C. (2020) Violence against women during covid-19 pandemic restrictions. *BMJ (Online)*, 369, m1712. Available from: https://doi.org/10.1136/bmj.m1712

Sanderson, C. (2015) *Counselling skills for working with shame*. London: Jessica Kingsley Publishers.

Saunders, S. & Easteal Am, P. (2013) The nature, pervasiveness and manifestations of sexual harassment in rural Australia: does 'masculinity' of workplace make a difference? *Women's Studies International Forum*, 40, 121–131. Available from: https://doi.org/10.1016/j.wsif.2013.05.013

Scheff, T.J. (2000) Shame and the social bond: a sociological theory. *Sociological Theory*, 18(1), 84–99. Available from: https://doi.org/10.1111/0735-2751.00089

Stearns, P.N. (2017) *Shame: a brief history*. Urbana, IL: University of Illinois Press.

Sweeney, A. & Taggart, D. (2018) (mis) understanding trauma-informed approaches in mental health. *Journal of Mental Health*, 27(5), 383–387. Available from: https://doi.org/10.1080/09638237.2018.1520973

Tarczon, C. & Quadara, A. (2012) *ACSSA resource sheet*. Sydney: Australian Centre for the Study of sexual Assualt.

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N. & Jackson, D. (2020) Family violence and COVID-19: increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 29(4), 549–552. Available from: https://doi.org/10.1111/inm.12735

Usher, K., Bradbury Jones, C., Bhullar, N., Durkin, D.J., Gyamfi, N., Fatema, S.R. et al. (2021) COVID-19 and family violence: is this a perfect storm? *International Journal of Mental Health Nursing*, 30(4), 1022–1032. Available from: https://doi.org/10.1111/inm.12876

Usher, K., Jones, R., Rice, K. & Jackson, D. (2023) Technology-facilitated sexual abuse and mental health: what mental health nurses and mental health professionals need to know. *International Journal of Mental Health Nursing.*, 32, 1191–1192. Available from: https://doi.org/10.1111/inm.13178

How to cite this article: Jones, R., Usher, K., Rice, K., Morley, L. & Durkin, J. (2023) The shame of sexual violence towards women in rural areas. *International Journal of Mental Health Nursing*, 00, 1–7. Available from: https://doi.org/10.1111/inm.13269