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Community Reactions to Intimate Partner Violence: The Interplay Between Psychological Impact and Belief Systems

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Abstract: ***Intimate partner violence (IPV) remains a pervasive social and public health concern that extends beyond individual victims to affect families, bystanders, and entire communities. Despite extensive research on the experience of survivors, limited attention has been paid to how community members perceive and psychologically respond to IPV in their environment. The present mixed-methods study examined the interplay between community beliefs, emotional reactions, and secondary trauma among residents in varying communities within Minnesota. Guided by both the Rational Choice Theory (RCT) and the Culture of Violence Theory (CoVT), a 26-item survey was administered to 46 adult participants, studying how individual decision-making and cultural norms together shape community attitudes toward IPV and responses to incidents within their surroundings. The study concludes that IPV is not solely a private matter but a collective trauma, requiring community wide awareness, culturally informed prevention, and trauma-informed support. Results have implications for public policy, education, and coordinated community responses aimed at fostering empathy, accountability, and social change.***

Keywords: Community, Intimate Partner Violence, Minnesota, Belief Systems, Vicarious Trauma, Mental Health, Domestic Violence

1. Introduction

According to the Women's Foundation of Minnesota (2025), one in two women report experiencing sexual violence, and one in four report physical violence from an intimate partner at some point in their lives. Similarly, one in nine men report experiences of intimate partner violence (1). These statistics illustrate the pervasiveness of what many describe as an epidemic. For the purposes of this study, *intimate partner violence (IPV),* used interchangeably throughout this paper—is defined as any act of physical or sexual violence, stalking, or psychological aggression perpetrated by a current or former intimate partner (2,3,4,5). Since the passage of the *Violence Against Women Act* of 1994, IPV has increasingly been recognized as a public-health issue requiring societal intervention, legal protection, and systemic prevention efforts. This recognition emphasizes that IPV impacts not only the direct victim and perpetrator but also families, friends, coworkers, and entire communities (3,6).

While extensive research has documented the physical and psychological effects of IPV on survivors, there remains limited exploration of how community members are affected when IPV occurs within their environment. Specifically, there is a lack of research examining the relationship between individuals' beliefs and perceptions of IPV and the psychological impact of witnessing or learning about IPV incidents in their community. Although secondary trauma has been well documented among professionals such as therapists, first responders, and shelter staff (7), little is known about secondary trauma among community members indirectly exposed to IPV.

This study focuses on communities across Minnesota, a Midwestern U.S. state that provides an ideal context for comparing urban, suburban, and rural perspectives, due to its well-defined distribution of community types. Minnesota provides a representation of the broader U.S.- a single, manageable research context containing distinctly urban, suburban, and rural populations governed by the same systems but exhibiting different community cultures and belief structures. This research examines community beliefs and emotional responses to IPV, along with concerns and suggestions for change, including ways to strengthen support for both survivors and those indirectly affected. Ultimately, these findings aim to deepen understanding of how communities perceive and respond to IPV, offering insights that may guide future prevention strategies, support services, and community-based interventions. The purpose of this study is to examine community members' beliefs, perceptions, and psychological responses to intimate partner violence (IPV) within their local environments.

2. Methodology

A quantitative and qualitative mixed-methods survey was administered using the SurveyMonkey platform. The survey link was distributed through multiple channels, including social media platforms and direct email invitations, to reach a diverse sample of adult participants residing in Minnesota.

The instrument consisted of 26 items: five demographic questions, 15 quantitative (closed-ended) questions, and six qualitative (open-ended) questions. A five-point Likert scale, ranging from 1 = Strongly Disagree to 5 = Strongly Agree, was used to assess participants' beliefs, perceptions, and emotional responses related to intimate partner violence (IPV). Survey items explored participants' awareness of IPV within their communities, personal beliefs regarding its causes and responsibility, and any psychological or emotional impact associated with learning about or witnessing IPV incidents. (*See Appendix A for an example of this survey)*

Before participating, respondents received information about the studies purpose, voluntary nature, and confidentiality. To ensure participant well-being, contact information for the Minnesota Domestic Violence Hotline (phone and text) was provided at the conclusion of the survey, along with recommendations to contact local mental health or counseling centers if distress occurred. Eligibility criteria required participants to be 18 years of age or older and current residents of the State of Minnesota.

2.1 Research Design Justification

A mixed-methods design was selected to integrate both quantitative and qualitative perspectives, enabling a comprehensive understanding of community beliefs and psychological responses to IPV. The quantitative component provided measurable data regarding attitudes and awareness, while the qualitative responses allowed for deeper exploration of emotional and contextual factors influencing participants' perceptions.

2.2 Sampling

A convenience sampling approach was used, supplemented by snowball sampling through participant sharing on social media. This method was chosen to facilitate access to diverse participants across Minnesota while recognizing that generalizability would be limited to the sample obtained.

2.3 Data Analysis Procedures

Quantitative data collected from the Likert-scale items were analyzed using descriptive statistics to summarize patterns of awareness, beliefs, and emotional responses. Cross-tabulations were used to identify differences across demographic variables such as gender and community type (urban, suburban, rural). Qualitative responses from the open-ended questions were analyzed using thematic analysis to identify recurring patterns, themes, and perspectives regarding community attitudes toward IPV and its impact.

2.4 Ethical Considerations

Ethical safeguards were maintained throughout the research process. All participation was voluntary, and no identifying information was collected. Participants were informed that they could withdraw from the study at any time without penalty. The study design and procedures adhered to general ethical principles for research involving human participants, and institutional approval of this survey was obtained.

3. Results

A total of 50 individuals responded to the survey; however, preliminary analysis revealed that only 46 participants completed all sections in full. Accordingly, all analyses and interpretations of trends were based on these 46 complete responses. Responses were distributed across age categories, with the majority of participants falling between 25 and 54 years of age. Women comprised approximately 67% of the total sample. The racial composition demonstrated limited diversity, with a predominant proportion identifying as White or Caucasian. Notably, no participants identified as Black or African American.

Community type was examined as a variable of interest. A majority of respondents (60.87%) reported residing in suburban areas, followed by 26.09% in urban or city environments, and 13.04% in rural locations. Further analysis explores differences in IPV beliefs and signs of secondary trauma across community types, with particular attention to identifying emerging patterns and relationships within the data.

Table 1-4
Participants Demographic Characteristics (N= 46)

Table 1: Age

Age	Variable	n	%
	18- 24	2	4.35
	25- 34	10	21.74
	35- 44	15	32.61
	45- 54	10	21.74
	55- 64	7	15.22
	65- 74	1	2.17
	75 or Older	1	2.17

Table 2: Gender

Gender	Variable	n	%
	Woan	31	67.39
	Man	12	26.09
	Non- Binary	3	6.52
	Transgender	0	0.00
	A Gender not Listed	0	0.00
	Prefer not to answer	0	0.00

Table 3: Race/ Ethnicity

Race/ Ethnicity	Variable	n	%
	American India or Alaskan Native	1	2.17
	Asian/ Pacific Islander	3	6.52
	Black or African	0	0.00
	Hispanic	1	2.17
	White/ Caucasian	40	86.96
	Multiple Ethnicity or Other	1	2.17

Table 4: Community

Community Type	Variable	n	%
	City/ Urban	12	26.09
	Suburban	28	60.87
	Rural	6	13.04
	Other	0	0.00

Note: Percentage are based on total valid responses (N= 46)

The first two questions we looked to answer was in regard to assessing levels of awareness and prevailing belief systems surrounding IPV within the community, and how these beliefs influence individual and collective actions, including intervention, reporting, and support behaviors. Both quantitative and qualitative analyses were conducted to capture general trends in perception, community responsibility, and emotional responses to IPV incidents. Participants demonstrated an overall high level of awareness of IPV within their communities. Most respondents agreed or strongly agreed that IPV does occur in their area and can

affect individuals regardless of their background. A clear majority also endorsed that the community should act when IPV is suspected and that reporting IPV is a personal responsibility.

In contrast, agreement levels were notably lower for victim-blaming or privacy-related questions. This is supportive of what Violence Free Minnesota (2023) stated, that "our systems, institutions, and communities must shift from blaming victims/survivors to understanding how violence and control affect victim/survivors' lives and decisions" (1). Very few participants endorsed the belief that IPV is a "private matter", or that victims provoke the abuse. Looking across communities, urban respondents more frequently emphasized system issues and frustration with law enforcement, reflecting an awareness of structural challenges as part of prevention and response. Suburban respondents tended to describe community education and moral responsibility, often highlighting the need to "speak up", "support victims", and "raise awareness". Rural respondents tended to frame IPV as a private or family matter, suggesting this population may continue to adhere to residual privacy norms, however there was still a rejection of victim-blaming. Taken together, these findings suggest that while attitudes toward intervention are positive across groups, the interpretation of responsibility may differ- urban participants emphasizing institutional accountability, suburban respondents highlighting social advocacy, and rural participants valuing discretion and personal boundaries.

Perceptions of law enforcement effectiveness were mixed, with respondents expressing less certainty in this area compared to beliefs about individual and community responsibility. About half of the participants agreed that law enforcement effectively handles IPV, however others, expressed either neutrality or outright disagreement., indicating some skepticism regarding systemic responses. In a more detailed look, when the statement "law enforcement is effective in handling intimate partner violence situations", 75% of city or urban community participants answered either strongly disagree (1) or disagree (2) on the Likert scale. Suburban respondents had a total of 60.71% of individuals answering with strong disagreement or disagreement, while rural respondents answered the same question with 50% of individuals responding that they strongly disagreed or disagreed with the statement. This appears to be in alignment with the findings that urban residents tended to feel that law enforcement and the system overall is of high concern. According to the Violence Free MN report (2023), 44.8% of IPV victims murdered by either their current or former partner had documented history of violence occurring in the relationship, while an overwhelming 37.9% were unknown if there had been documentation, and 17.2% did not have any documentation of previous violence reported (1). Police often serve as the initial point of contact with the criminal justice system, playing a critical role in identifying at risk individuals (8). And yet, time and again research has demonstrated a lack of trust and faith in the police when it comes to responding to intimate partner violence. Looking at the survey, an overwhelming 29% of individuals overall responded that they strongly disagreed law enforcement was effective in instance of IPV, while 11% strongly agreed.

Table 5: Summary of Participant Responses to Belief and Awareness Statements on Intimate Partner Violence (N = 46)

Table 5: Participant Responses

Belief Statements	Strongly Agree	Disagree	Neutral	Agree	Strongly Agree
Awareness of IPV	1	3	0	6	2
	3	4	5	7	9
	1	0	1	1	4
IPV is a private matter	8	3	0	0	1
	22	4	0	0	1
	4	1	0	1	0
Victims often provoke	10	1	1	0	0
	22	1	0	0	1
	5	1	0	0	0
IPV can happen to anyone	0	0	0	0	12
	0	1	0	1	26
	0	0	0	1	5
Community should act when suspected	0	0	0	5	7
	1	1	4	8	14
	0	0	1	1	4
Law enforcement is effective	3	6	2	1	0
	8	9	7	3	1
	2	1	2	1	0
Responsible to report IPV	0	1	3	2	6
	1	3	4	11	9
	0	0	0	2	4
Community members will intervene	3	6	2	1	0
	7	10	0	2	2
	3	2	0	1	0
I would intervene	0	0	2	6	4
	1	1	5	11	10
	0	0	0	1	5
I would contact authorities	0	0	3	3	6
	0	1	8	7	12
	0	0	0	1	5
Hearing about IPV has affected my sense of Safety	2	1	6	2	0
	4	9	8	5	2
	2	0	1	0	3
Beliefs of IPV have changed with Experience	2	3	4	2	0
	4	5	11	5	3
	0	1	2	2	2

Total number of respondents: City- X (12) Suburban- X (28) Rural- X (6)

The third aim to this study was to understand the psychological and emotional impact of IPV on community members. Both qualitative and quantitative questions were used to gather insight. Examining symptoms of secondary trauma, fear and anger were more common among urban respondents, while sadness and empathy dominated suburban narratives, often linked to symptoms such as emotional exhaustion and frustration. Rural responses were comparatively reserved, reflecting both emotional restraint and potential cultural norms surrounding privacy and interpersonal boundaries. With that being said, anger was the only secondary trauma symptoms that was noted by male rural respondents, possibly suggesting that this emotion was safe to experience, or that this was what any other secondary symptom was being channeled into.

Qualitative findings and open-ended responses revealed nuanced emotional reactions to IPV incidents. When asked what comes to mind upon hearing about IPV in their community, participants frequently expressed sadness, fear,

frustration, and helplessness. The responses reflect the emotional burden and perceived lack of control individuals experience when witnessing violence in their community. Themes of awareness, empathy, and moral responsibility emerged strongly across narratives. A thematic comparison of open-ended responses revealed subtle but meaning differences in emotional tone and expressive framing.

Regarding how other's experiences have shaped beliefs, respondents noted a deepened recognition of IPV's prevalence and complexity. Several indicated that exposure to IPV incidents heightened their empathy and awareness, while others reported emotional fatigue or fear, reflecting secondary trauma responses. The qualitative narratives reinforce the quantitative patterns, with individuals struggling with helplessness, emotional distress, and uncertainty about how to intervene effectively. Overall, the qualitative evidence indicates that geographic context influences emotional engagement with IPV. Urban participants exhibited more reactive and fear-based emotions, suburban participants expressed compassion and moral concern, and rural participants reflected cultural silence and emotional distance. Our understanding and responses to intimate partner violence is shaped by our cultural and social conditioning (9). For example, individuals who have been taught that violence is a natural consequence to a behavior may have a more relaxed viewpoint of IPV and be less psychologically affected by hearing about it occurring in the community. In an opposite upbringing, individuals who see violence as abhorrent or live in communities where violence is not tolerated, may be more directly impacted by hearing about it.

The final aim of this study was to gather qualitative insights into the community perspectives and potential improvements in addressing IPV. When asked what role the community should play, participants overwhelmingly agreed and advocated for support, education, and intervention. Common responses included "listen, support, protect," "educate about the dynamics," and "offer support to the victims." Others emphasized the importance of collective responsibility**,** with statements like *"The community should help the victim first, then hold the abuser accountable." The following are several other statements made by respondents that reflect cross-community feelings about potential improvements in supporting both victims and survivors of IPV.*

City or Urban community response 1: "More ads that "publicize" it happens regardless of class, race, sexual orientation, occupation, age (teen and adult), religion, or gender of partners."

*Suburban community response 1***:** **'**More education posted how to report. Particularly if people want to anonymously report."

*Rural community response 1***:** "More community programs, more outreach, more volunteers, and officers walking the streets to make their presence known and offering help. Stricter laws against the people who commit these acts."

There is clear agreement that resources, education, and support is necessary for intervening in IPV incidents, the follow up question to that was what role, if any should the community play in addressing IPV. The following are several statements made by individuals who again, reflect the belief that there does need to be community involvement, however, some differences in exactly how much:

City or Urban community response 2: "I think people deserve privacy so I don't know that the community should do anything. I do think it would be helpful to have housing the abused could go to, but I think funding is going to be drying up for that. "

Suburban community response 2: "Continue reporting the violence, but advocate for stricter penalties, and vote out judges who frequently give out poorly structured sentencing." *Rural community response 2:* (The community) "should seek help reporting to the police. Some are comfortable with direct interventions which is extremely dangerous knowing first-hand what men are capable of from working with abusers. Call police. Notify. Direct intervention at your own risk."

Across community types, similar themes emerged with distinct emphases on community involvement and potential improvements in addressing intimate partner violence (IPV). Urban respondents highlighted the need for broader visibility and inclusivity in IPV messaging and awareness, suburban respondents called for clearer reporting mechanisms and policy reform, and rural respondents focused on grassroots involvement. When asked about the community's role in intervention participants agreed on the need for involvement but varied how much. Urban residents often cite privacy concerns, suburban respondents focus on advocacy, and rural respondents stressed caution and safety in intervention overall. Overall, findings indicate a shared belief in the necessity of community engagement, though the degree and form of involvement vary by community type.

4. Discussion

The findings in this study indicate that the majority believed that the community should act when IPV is suspected. This aligns with the Rational Choice Theory perspective in which reporting IPV is a personal responsibility, reflective of the rational decision-making process. Individuals may recognize that intervention or reporting, though potentially uncomfortable, contributes to community safety and social order. They may therefore perceive that the benefit (protecting victims, preventing harm, fulfilling moral duty) outweighs the costs (social backlash, fear of involvement). When it came to victim-blaming or privacy related questions, there was a high level of agreement in that "our systems, institutions, and communities must shift from blaming victims/survivors to understanding how violence and control affect victim/survivors' lives and decisions" (1). Looking across communities, urban respondents more frequently emphasized system issues and frustration with law enforcement, reflecting an awareness of structural challenges as part of prevention and response. Suburban respondents tended to describe community education and moral responsibility, often highlighting the need to "speak up", "support victims", and "raise awareness". Rural respondents tended to frame IPV as a private or family matter, suggesting this population may continue to adhere to residual privacy norms, however there was still a rejection of victim-blaming.

Taken together, these findings suggest that while attitudes toward intervention are positive across groups, the interpretation of responsibility may differ; urban participants emphasizing institutional accountability, suburban respondents highlighting social advocacy, and rural participants valuing discretion and personal boundaries.

Psychologically, findings revealed the presence of secondary trauma among community members indirectly exposed to IPV. Emotions such as fear, sadness, anger, and empathy were recurrent, differing by community type. Urban participants often reported fear and anger, suburban respondents described sadness and empathy, and rural participants exhibited emotional restraint or avoidance. These patterns align with the CoVT proposition that cultural conditioning influences acceptable expressions of distress, and with RCT's emphasis on self-protective decision-making. In short, individuals engage in emotional and behavioral responses that balance personal risk, community norms, and moral expectations.

The results carry important implications for practice and policy. Interventions addressing IPV must extend beyond survivor-focused models to include education and trauma support for community members who witness or hear about violence. Ultimately, this research affirms that intimate partner violence is not confined to the privacy of homes- it reverberates through neighborhoods, workplaces, and social networks, affecting the psychological health and moral fabric of entire communities. Recognizing community members as both witnesses and secondary survivors reframes IPV as a collective trauma requiring shared responsibility, informed empathy, and culturally sensitive intervention. Addressing IPV, therefore, demands not only individual accountability but also systemic and cultural transformation toward a more compassionate, engaged, and violence-intolerant society.

5. Conclusion

This study set out to examine how Minnesota community members perceive, interpret, and emotionally respond to intimate partner violence (IPV). The findings contribute to a growing body of literature that views IPV not only as a private or relational issue but also as a complex social phenomenon with broad psychological and cultural implications for entire communities. Across urban, suburban, and rural settings, participants demonstrated high awareness of IPV and a strong rejection of victim-blaming narratives. Most respondents recognized IPV as a community problem requiring collective intervention, though their perspectives on responsibility and involvement differed. This study is important because it bridges a critical gap between individual trauma and community psychology, revealing how collective beliefs, emotions, and actions shape both the persistence of IPV and the potential for prevention.

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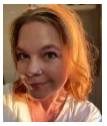
Author Profile



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