

## Intimate Partner Violence in Rural Communities: Perspectives from Key Informant Interviews

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### Key Findings

- Respondents from intimate partner violence (IPV) advocacy and support organizations identified challenges faced by rural victims and survivors of IPV across six themes: lack of access to IPV-related support services and health care, knowledge and competency limitations among professionals providing services to IPV victims, insufficient resources to meet basic needs, harmful attitudes and norms, detrimental policies and systems, and intersecting risks for IPV victims who belong to marginalized or at-risk groups (e.g., those who are pregnant/postpartum, immigrants, BIPOC [Black, Indigenous, and People of Color], and/or LGBTQ+ [lesbian, gay, bisexual, transgender, queer/questioning]).
- Respondents recommended opportunities for intervention across five themes: victim and survivor-centered policies and services, increased funding for IPV-related support services, investment in rural community resources, IPV-focused education and training, and other policies.

### Purpose

Intimate partner violence (IPV) is a public health problem that is exacerbated by social, community, and system-level factors, especially for rural people. Despite this, there is a dearth of policies and interventions responsive to the unique needs of IPV victims and survivors in rural places. This policy brief describes findings from interviews with key informants from IPV victim support and advocacy organizations, shedding light on distinct challenges faced by rural victims and survivors. It also highlights targeted opportunities for better supporting the health and safety of rural IPV victims and survivors.

### Background and Policy Context

More than one in three people in the United States (U.S.) will experience intimate partner violence (IPV) in their lifetimes,<sup>1</sup> including physical, emotional, and sexual harm. The physical and mental health impacts of IPV are vast and entangle this public health problem with other crises, including substance use,<sup>2</sup> suicide,<sup>3</sup> and maternal mortality.<sup>4,5</sup> People in rural communities may be at higher risk of experiencing IPV,<sup>6,7</sup> and at elevated risk of experiencing more severe violence,<sup>7</sup> compared to urban individuals. Additionally, many rural communities in the U.S. face resource limitations that impact rural residents' health and well-being, including barriers to accessing IPV-related supports. Given these heightened risks and limited resources, rural IPV interventions should be tailored to the specific needs of rural people and places. This policy brief outlines policy-relevant information about the unique challenges faced by IPV victims and survivors living in rural communities, as well as recommendations for policy and systems changes to support rural IPV victims and prevent future IPV.

### Approach

We interviewed key informants (staff members) from 15 IPV victim support and advocacy organizations: five nationally-serving policy and advocacy service organiza-

tions (Table 1), five state-based coalitions (Maine, Minnesota, North Carolina, South Dakota, Wisconsin – Table 1), and five direct service organizations that serve rural communities in four states (Michigan, Minnesota, Montana, North Carolina – Table 2). We identified organizations through online searches, snowball sampling, and a publicly available list of grantees of the Office of Violence Against Women (OVW) Rural Sexual Assault, Domestic Violence, Dating Violence, and Stalking Assistance Program (Rural Program).

The research team created two interview guides: one for facilitating discussions with state and national advocacy organizations and coalitions, and the other for interviews with community-based direct service organizations. The interview guides asked about topics related to IPV victims in general, as well as those specific to rural victims, to pregnant and postpartum victims, and to IPV direct service organizations. Questions centered around challenges faced by individuals and organizations as well as needs and opportunities for addressing these challenges. Finally, the state and national coalitions and advocacy organizations were asked about bar-

riers and catalysts to policy changes related to addressing IPV. One of the direct service organizations was also asked these questions about policy change, due to their significant involvement in policy and advocacy.

One member of the research team conducted 30-to-60-minute interviews using these interview guides; 14 interviews were completed over Zoom and one was conducted by email (at the respondent's request). All Zoom-based interviews were recorded and transcribed either manually or utilizing transcription software. Next, three members of the research team used deductive coding to analyze the interviews in five areas: 1) Challenges faced by people experiencing IPV and by IPV direct service organizations, 2) Assets or positive developments impacting IPV victims and the organizations that serve them, 3) Opportunities to improve the health and safety of victims, 4) Barriers to policy change, and 5) Catalysts of policy change. Finally, one of the coders grouped the codes into themes, and the three coders met together to agree upon final themes. These themes are described in the next section.

**Table 1. List of Policy and Advocacy Organizations Interviewed**

Organization Name	Type of Organization
End Domestic Abuse Wisconsin	State Coalition
Maine Coalition to End Domestic Violence	State Coalition
North Carolina Coalition Against Domestic Violence	State Coalition
South Dakota Network Against Family Violence and Sexual Assault	State Coalition
Violence Free Minnesota	State Coalition
Esperanza United (formerly Casa de Esperanza)	National Policy/Advocacy
Futures Without Violence	National Policy/Advocacy
National Domestic Violence Hotline	National Policy/Advocacy
National Network to End Domestic Violence	National Policy/Advocacy
StrongHearts Native Helpline	National Policy/Advocacy

**Table 2. List of Direct Service Organizations Interviewed**

Organization Name	Region Served
Custer Network Against Domestic and Sexual Assault	Southeastern Montana
Minnesota Indian Women's Resource Center	Minnesota
Niimigimiwang Transitional Home Program and Services	Keweenaw Bay Indian Community and Upper Peninsula, Michigan
REACH of Haywood County	Western North Carolina
Southwest Crisis Center	Southwest Minnesota

## Results

### CHALLENGES FACED BY RURAL IPV VICTIMS

Key respondents described numerous challenges encountered by rural IPV victims and the organizations that serve them. These challenges were grouped into six themes, summarized below.

#### *Lack of access to IPV-related services and health care*

Respondents from all of the 15 organizations interviewed discussed examples of how rural IPV victims face insufficient access to IPV-related services – including shelter, advocacy, legal services, and law enforcement – as well as health care. The most frequently described challenges centered around a shortage of IPV-related support services and shelters in rural communities, and that many existing IPV programs are underfunded and understaffed. A lack of affordable legal services was also mentioned by multiple respondents.

Many respondents described poor health care access as a challenge for rural victims in particular, especially for those who are pregnant and postpartum. It was frequently mentioned that the COVID-19 pandemic intensified these issues, although some noted positive innovations that resulted from the pandemic response, such as rural victims' increased access to virtual IPV support services (e.g., mental health care and court hearings). In contrast, others described how rural victims without access to stable internet were completely cut off from such services that were only offered virtually during the COVID-19 public health emergency.

#### *Illustrative Quotes for this Theme:*

*"Access to those low-cost or free options is just gonna be limited [in rural areas]; so even if there is a shelter, maybe they only have four beds, maybe those four beds are always full."*

- National Advocacy Organization

*"Small agencies have limited staff, the [executive directors] at these small agencies have to wear all hats from maintenance to doing timesheets to doing the draw-downs to doing the policy, I mean they do everything, doing the advocacy work, the on-call."* - State Coalition

#### *Limitations of service provider knowledge and competency*

Many respondents talked about a lack of IPV-specific and trauma-informed knowledge, skills, and training among professionals who frequently interact with IPV victims in rural areas, especially health care providers, law enforcement professionals, and judges. Some believed that because these professionals may have less training in IPV-related issues or are more often "generalists" than their peers in urban areas, they might more easily miss signs of IPV (e.g., judges not recognizing signs of coercion, physicians missing signs of strangulation). Several respondents highlighted the lack of Sexual Assault Nurse Examiners (SANE nurses) in rural communities as a particular problem. SANE nurses have specialized knowledge and skills related to IPV care, whereas more generalist nurses and other clinicians in rural areas often do not. Further, several people described missed opportunities for IPV screening in health care settings, due again to lack of provider training but also to short visits and/or to clinicians being rushed and overwhelmed; health care workforce shortages<sup>8</sup> may exacerbate this problem in rural areas. Further, a general lack of trauma-informed training among all IPV-related service providers was mentioned by many.

#### *Quotes:*

*"[In] some bigger cities, their judges specialize more where our judges usually see a little bit of everything, so even if they specialize in [intimate partner violence] or child custody so they get a better understanding of how manipulation can occur... We don't expect our doctors to do brain surgery and heart surgery or foot surgery, they specialize, and our attorneys kind of do too, but our judges don't. And our law enforcement, there's another issue there, they're young, often no college degree."*  
- State Coalition

*"I think our rural, small town law enforcement doesn't have access to training. Our court systems don't have access to training that, you know, larger organizations might qualify for."*  
- National Advocacy Organization

*Insufficient resources to meet basic needs*

Many key respondents described how a major barrier to health and safety for rural IPV victims is a lack of resources to meet their basic needs. This was often raised in the context of socioeconomic dependence of a victim on their abuser, preventing them from feeling able to leave the relationship. Almost every respondent identified limited access to affordable housing as being a significant challenge for rural victims of IPV, as illustrated by a respondent who works with a direct service organization: “One of the greatest challenges for clients is being in a rural area...Rent is outrageous compared to wages, so many victims choose to stay with their abuser for the lack of financial resources elsewhere.”

Key respondents also described a lack of transportation and broadband infrastructure, general economic stress, and an overall paucity of structural resources in rural communities as barriers to IPV victims being able to meet their basic needs for health and safety.

*Quotes:*

*“Internet access continues to be a really serious issue that is heightened in rural areas, because the infrastructure just isn’t there. Rural communities have been ignored, in terms of developing broadband access. So that makes it really hard, especially throughout the pandemic, when things were mostly virtual, for survivors to get services, whether that’s counseling, whether that’s, you know, trying to get a protection order or something like that, because some of the courts were also virtual, [it] was in many cases impossible for survivors in rural areas, because they can’t access those services, because they don’t have good internet access, if they have internet access at all.”*

- National Advocacy Organization

*Lack of anonymity and experiencing stigma and harmful assumptions and norms*

Another challenge raised was that of attitudes and societal norms/conditions in some rural communities that justify or normalize violence, stigma, and victim-blaming. Experiencing these norms may deter victims from seeking support or leaving abusive situations. Nearly half

of respondents brought up a lack of privacy and confidentiality in small communities as an extra challenge that rural victims must contend with when considering whether to reach out for help or leave – “your landlord knows your husband’s cousin,” as one respondent put it.

Another issue raised was that of traditional gender norms, derived from patriarchal hierarchy, that further increase the stigma around or perpetuation of IPV. Examples given include norms around men needing to be “mean,” beliefs about men’s access to women’s bodies, and cultural or religious beliefs about women as caregivers and procreators and related pressures of “mommy guilt” or “mommy judgment” for pregnant and/or parenting victims. Some described judges in their communities who are known to show outright gender-based discrimination toward some IPV victims.

Despite the prevalence of harmful attitudes mentioned by respondents, several attested that progress has been made in changing attitudes more positively through generally increased awareness about IPV and reductions in victim blaming, in part due to social awareness movements like #metoo.

*Quotes:*

*“So you [a rural victim] may be much more enmeshed in your community, you may know the lawyer, the judge, the police officer, the abusive partner’s job, family, associations and things like that.”*

- National Advocacy Organization

*“In [our rural community], boys are raised to be mean, that’s considered an admirable trait. ‘He’s mean, you just have to watch out for him. He’s just mean.’ The other side of that coin is, girls are raised to be sweet. So it’s not a good combination...And these little girls think that, you know, they’re raised to take care of Daddy, and then they’re raised to take care of their boyfriend, and then they’re raised to take care of their husband.”*

- Direct Service Organization

*Detrimental policies and systems*

Respondents described a variety of system- or institutional-level policies or policy gaps that perpetuate harm

or prevent intervention. The most frequently mentioned challenge in this theme was that the criminal/legal system serves inadequate or inconsistent justice in IPV cases, particularly in rural areas. Examples given included lack of enforcement of orders for protection, dropping of charges, and awarding child custody to abusive partners. Many discussed that the legal system is exceptionally challenging to navigate, and that victims are often confused about their legal rights.

At the organizational level, grant funding that requires significant resources to apply for and maintain (due to restrictive conditions or onerous reporting requirements, for example) was described by several as a barrier to rural IPV direct service organizations securing adequate funding, especially for organizations that do not have the capacity to employ a grant writer.

One-third of respondents expressed concern about the link between a lack of firearm safety policies and high rates of gun ownership in many rural areas, with relatively high rates of homicide by firearm perpetrated by intimate partners.<sup>9</sup> As one respondent that works with a national advocacy organization described, “There has been a huge proliferation of firearms in rural areas, because...you’re alone, you’re far from law enforcement, you’re far from resources. But that means that over time, survivors are less safe, because weapons are more available.”

*Quote:*

*“The foundational layers of structural oppression and structural inequity end up impacting survivors in so many ways that approaching this kind of violence from an individual paradigm really just only leaves people to continue to experience harm... generationally-speaking or at a community level.”*

- State Coalition

*Intersecting risks for rural IPV victims from marginalized or at-risk groups*

All respondents described heightened challenges or more severe outcomes for rural victims of IPV who also belong to marginalized or at-risk groups (e.g., those who are pregnant/postpartum, immigrants, BIPOC [Black, Indigenous, and People of Color], LGBTQ+ [lesbian, gay, bisexual, transgender, queer/questioning]). Many noted that pregnancy and postpartum can be times

of elevated IPV risk and severity, and that challenges faced by an IPV survivor are exacerbated when pregnancy and/or children are involved, especially because it may be more financially and legally complicated to leave an abusive partner in these contexts. Several also raised how recent changes in state laws on reproductive health care may intensify IPV-related risks for people with the capacity for pregnancy and those who become pregnant, including through a potential increase in reproductive coercion by abusive partners and difficulty accessing reproductive health care.

In addition, many respondents brought up distinct or exacerbated challenges faced by rural people of color, Indigenous people, and/or immigrants experiencing IPV. Several addressed disproportionate rates of IPV, trafficking, and homicide for Black and Indigenous people and the lack of law enforcement response to violence against these communities in rural areas. Conversely, multiple respondents acknowledged that law enforcement and criminal/legal system-centered responses to IPV can sometimes be ineffective or harmful for communities of color and queer communities. A dearth of culturally-specific and linguistically-accessible IPV response and legal services in rural areas was also highlighted as a problem by several respondents, including a national advocacy organization staff member, who said: “Another barrier in rural communities is that [IPV direct service organizations] might not have bicultural bilingual advocates on staff. And if they do, the burden of providing support to all...survivors is unjustly placed on them.”

*Quote:*

*“What does [experiencing IPV] mean for marginalized communities in rural areas? Folks who are undocumented, migrant workers, LGBTQ folks, people of color? There’s often confidentiality issues accessing services; I think there’s a feeling of being inconspicuous [sic] if you are, you know, not of the homogenous group in the rural area...there can be backlash and anti-immigrant or anti-LGBTQ sentiment, and also further marginalized folks.”*

- National Advocacy Organization

## OPPORTUNITIES TO IMPROVE THE HEALTH AND SAFETY OF RURAL VICTIMS

Respondents put forth numerous recommendations to address the aforementioned challenges encountered by IPV victims and survivors living in rural communities. These challenges are grouped into five themes, summarized below.

### *Victim and survivor-centered policies and services*

Many of the experts we interviewed stressed the need for policies, programs, and services that are shaped by and responsive to the specific and diverse needs of rural IPV victims. Culturally-specific services for both victims and abusers, along with IPV prevention initiatives, were frequently identified as top priorities for investment.

More than one-third of respondents raised the concept of direct and discretionary financial support for victims. Examples of such initiatives included the Temporary Assistance for Needy Families (TANF) program, the Earned Income Tax Credit (EITC), the Child Tax Credit, and flexible cash assistance for victims to spend however they believe is most beneficial (e.g., making car payments). One respondent highlighted the Oregon Temporary Assistance for Domestic Violence Survivors program, which uses TANF dollars to provide short-term cash assistance to victims.

Finally, several respondents underscored the importance of victim and survivor leadership. They called for centering IPV victims and survivors in discussions around policy solutions and elevating IPV experts to decision-making positions, rather than asking these stakeholders to support policies developed without their input.

### *Quote:*

*"Imagine just a very low barrier, means-tested access to income supports, instead of the kind of hostile system that we have, where folks are having to get denied and then reapply; you know, SSI [Supplemental Security Income], those kinds of things, to be able to have their basic needs met. Absolutely fundamental, particularly for folks in rural areas."*

- National Advocacy Organization

### *Investment in IPV-related services*

Nearly all respondents described the need for policies

and funding that enhance the capacity of organizations providing IPV-related services, with an emphasis on flexible funding (e.g., increases in general operating funds). Several emphasized the importance of unrestricted or non-competitive funding, particularly for smaller rural and culturally-based organizations, which frequently have limited staffing infrastructure to apply for and manage grants.

Additionally, respondents called for expansion of affordable legal services and investment in health care infrastructure in rural communities. The importance of health insurance access policies was mentioned by several respondents (e.g., universal health care, Medicaid expansion and postpartum Medicaid extension in states that have not yet enacted these policies), especially in the context of care for pregnant/postpartum victims.

### *Quotes:*

*"I would just love to see [grant reporting] processes streamlined. I'll give you our data all day long. ...But like, I shouldn't have to read your instruction form six times to make sure that I'm putting this data in the correct box because you have so many specific rules...only the large mainstream organizations are going to be able to apply for that funding. Your culturally-specific smaller organizations, your startups, your new grassroots folks, they don't [have] the infrastructure...that does a real disservice to folks who are looking to provide some sort of specialty work or a culturally-specific organization..."*

- State Coalition

*"Many of our [executive directors] in small places are working probably 60 hours a week and that's pretty typical because there's not funding to hire additional people. So if the state would provide some more financial support that would help in that instance because we all know that if you're working too many hours you're probably not providing the best optimal support that you can...because you're tired."*

- State Coalition

### *Investment in rural community resources*

Respondents discussed the imperative of investing in rural community infrastructure to ensure that individual IPV victims have the resources needed to feel they can leave their abusers, and for survivors to safely recover and heal. Many of the resources mentioned were related to meeting basic needs and addressing social determinants of health, aligning with broader recommendations for improving rural health.<sup>10</sup>

One-third of respondents recommended policies that prioritize rural housing access, given a shortage of affordable housing in many rural areas,<sup>11</sup> and the reality that not having an affordable alternative place to live independently from their abuser can be a barrier preventing victims from leaving abusive relationships. Investment in affordable child care was mentioned by others for similar reasons; many rural communities are facing a child care crisis,<sup>12</sup> and victims may feel trapped in abusive relationships if they lack child care options needed to hold paid work and support themselves financially. Finally, investment in broadband internet and transportation infrastructure in rural communities was recommended to support rural victims in accessing the information, resources, and services needed for their safety and health.

### *Quote:*

*“Just bolstering the funding and services that are available in rural places [would support the health and safety of rural IPV victims, such as]...access to affordable housing and jobs that provide living wages, access to child care, access to other things that the federal government can do like tax credits for children or low-income individuals.”*

- National Advocacy Organization

### *IPV-focused education and training*

Multiple respondents spoke about how increased IPV-focused education, training, and awareness-building for service providers could benefit victims. Specifically, rural-based health care and legal professionals were consistently mentioned as needing enhanced training in responding to IPV in a trauma-informed manner. Additionally, several respondents stressed the importance of elevating awareness among health care clinicians and IPV advocates about how pregnancy and postpartum

can be a time of increased risk for experiencing IPV, with uniquely difficult consequences for victims and their children.

### *Quote:*

*“In [our coalition’s state], there’s no state-wide statute for mandatory training for health care professionals on domestic violence or domestic violence screening... There’s still large numbers of professionals in [our] trainings who said that they’ve never received training on domestic violence. So I think that there’s a lot of missed opportunities for screening survivors and responding to domestic violence. I think having that in policy would be really helpful toward [rural victims and pregnant and postpartum victims].”*

- State Coalition

### *Other policies*

Finally, respondents identified numerous additional interventions that do not fit within one of the aforementioned theme categories. Policy opportunities identified by at least 20 percent of respondents included:

- Policies targeted at addressing racism, discrimination, and racial inequities, including reparations and the establishment of task forces and state offices to respond to the Missing and Murdered Black and Indigenous People crises (e.g., the Minnesota Offices of Missing and Murdered Indigenous Relatives and of Missing and Murdered Black Women and Girls)
- Reform or repeal of state-based domestic violence mandatory reporting laws<sup>13</sup>
- Gun safety legislation, including extreme risk protection orders (ERPOs) and restricted firearm purchasing access for people with IPV protective orders

### *Quote:*

*“Here at the state level, we are seeing a lot of efforts to roll back existing firearm*

*protections such as there's currently a bill to remove our pistol permitting process as a whole in [coalition's state]. And we've not been able to see any traction in putting more proactive relief in like ERPOs, or red flag laws. And that is something that impacts all survivors."*

- State Coalition

## Conclusion

The 15 interviews we conducted with local, state, and nationally-based IPV support organizations illuminated many challenges faced by victims of IPV in rural U.S. communities. Rural IPV victims contend with barriers to accessing necessary supports like trauma-informed victims' services, legal counsel, and health care. Financial constraints often prevent victims from leaving abusive partners, while societal stigma and confidentiality concerns can further discourage seeking support.

Respondents pinpointed policy gaps that enable or exacerbate these issues. They also emphasized how rurality can intersect with other identities a victim may hold – especially being pregnant, postpartum, and/or a person of color or Indigenous person – to further intensify risks and barriers to health and safety through interactions with oppressive and discriminatory systems.

To address these challenges, key informants proposed various policy actions. Recommendations included investing in rurally-located IPV supports and health care services, strengthening rural community infrastructure (such as housing and transportation), and providing better training for rural professionals who interact with people experiencing IPV.

Respondents asserted that centering rural IPV victims in the policymaking process is key to effective and rural-tailored prevention and intervention initiatives. However, respondents also acknowledged that the individuals most impacted often do not have the time, resources, or energy to get politically involved, as they may be focused on day-to-day survival. Rural IPV support service providers and other advocates may help bridge that gap.

This study described numerous and intersecting challenges faced by rural IPV victims, alongside potential avenues to better support their health and safety. Notably, over 80 percent of respondents emphasized the importance of raising awareness about the prevalence and impacts of IPV as a catalyst for policy change; this policy brief begins to fill that need. The insights shared here

can help guide policy discussions aimed at responding to the unique needs of IPV victims and survivors living in rural communities.

### Quote:

*"I think there's also this real reality in our movement that domestic violence and sexual assault do not exist in a vacuum. And they exist because of the societal structure we've created, which is a patriarchal structure, a structure of oppression, a structure where we're not talking as much about gender-based violence as we're talking about power-based violence. People that hold power, you know, are perceived to have more rights to behave the way they want to, and how do you hold power accountable when you're not in power?"*

- State Coalition

## Acknowledgements

The authors would like to thank the individuals who engaged in these interviews for generously sharing their time and expertise.

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## Suggested Citation

Fritz AH, Sheffield EC, Chastain PL, Henning-Smith C, Lewis V, and Kozhimannil KB. Intimate Partner Violence in Rural Communities: Perspectives from Key Informant Interviews. *UMN Rural Health Research Center Policy Brief*. March 2024. <https://rhrc.umn.edu/publication/intimate-partner-violence-in-rural-communities-perspectives-from-key-informant-interviews>



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Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

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