

Towards Feminist Trauma-informed Perspectives on Domestic Abuse: Lessons from Rural England

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Abstract

Dominant narratives of psychological trauma are shaped by clinical frameworks that pathologize individuals and treat trauma as an isolated, personal problem. In contrast, feminist writers locate women's experiences (and symptoms) of the trauma caused by men's violence within wider geographic, social, cultural and political landscapes. This article brings contemporary perspectives on trauma into conversation with research on domestic abuse in a large, rural English county. Our purpose is threefold. First, we draw on academic and clinical literatures to document the history, and deficiencies, of dominant representations of trauma. Second, we present new research on domestic abuse in rural England that makes an original contribution to international debates on rural domestic abuse *and* illustrates the salience of feminist perspectives on trauma. Third, we consider the implications of our arguments for responses to rural domestic abuse. We conclude by arguing for feminist trauma-informed understandings of, and responses to, domestic abuse in rural (and urban) areas.

Keywords: domestic abuse; trauma; feminist; England; situatedness; embodied and embedded

Introduction

Domestic abuse was first raised in the Parliament of the United Kingdom in 1973, when Jack Ashley MP sought support for *battered wives* who were subjected to “physical brutality” and “gratuitous violence” by their husbands (Hansard HC Deb., 16 July 1973). Over the last 50 years, feminist activists and academics have raised awareness of the multi-faceted nature of domestic abuse. Today, the legal definition of domestic abuse in England and Wales includes a wide range of relationships and behaviours, including (but not limited to) men’s physical violence towards wives.¹ This period has also seen growing awareness of the impact of victimisation beyond physical injury. The extensive and enduring psychological harm, or trauma, caused by domestic abuse is now widely recognised. There is, however, significant variation in how trauma is depicted in theory, policy and practice.

Problem representation matters. How problems are depicted in policy documents, for example, produces dominant narratives that shape national and local responses, whilst subjugating alternative understandings (Bacchi & Goodwin, 2016). Following Martha Fineman’s view of people as embodied *and* socially embedded (Fineman, 2020), we contend that dominant—clinical—conceptions of trauma pay insufficient attention to context. This contrasts with feminist trauma-informed responses that attend to *both* individual *and* structural-level factors related to domestic abuse.

Our argument unfolds over four sections. In Section One, we provide important background and contextual information about trauma. First, we examine how understandings of trauma have changed over time, contrasting dominant clinical perspectives with feminist stances. Then, we examine contemporary understandings of domestic abuse and find clinical approaches to trauma deficient in this context. Finally, we document the principles that shape feminist trauma-informed practice. In Section Two, our attention turns to rural England. We start by highlighting the mythic *rural imaginary* that imbues notions of Englishness, silencing competing narratives. We also discuss domestic abuse legislation, official statistics, and the limited research on domestic abuse in rural England. In Section Three, we present findings from our research on domestic abuse in Cumbria, a large rural county in Northwest England. We demonstrate the *situatedness* of rural survivors and the impact of their embeddedness in particular places, consistent with feminist approaches to trauma. In Section Four, we consider the implications for domestic abuse policy and practice. We conclude by arguing for feminist trauma-informed responses to women abuse in rural (and urban) areas.

Section One: An Introduction to Trauma

The medical profession has long been concerned with trauma, understood as bodily injury. In the nineteenth century, however, the development of national railway networks in Britain and the USA propelled trauma from the physical to the psychological plane (Caplan, 2001; Harrington, 2001). With mass train travel came widespread and well-publicised death

¹ When discussing the law in England, it is conventional to refer to the law in England and Wales because it is a single legal jurisdiction.

and injury on the railways. Physicians claimed that “[t]here is something in the crash, the shock, and the violence of a railway collision, which would seem to produce effects upon the *nervous system* quite beyond those of any ordinary injury” (Camps, 1866, p. 10, original emphasis). According to the medical establishment, it was concussion of the spine (termed ‘railway spine’) that caused victims to “give way to mental emotion” (Erichsen, 1866, p. 128).²

Jean-Martin Charcot, the French nineteenth century neuropsychiatrist, was familiar with this body of work (Micale, 2002, p. 117). Charcot studied traumatic neuroses from the 1870s until his death in 1893, whilst based at the Salpêtrière hospital in Paris. Like British writers on railway spine, he originally understood psychological trauma as the sequelae of physical injuries. As his career evolved, however, he increasingly regarded trauma as the outworking of mental stress incurred in (for example) industrial accidents, even in the absence of bodily harm (Micale, 2002, pp. 122–123). Charcot’s work shaped that of Sigmund Freud, the founding father of psychoanalysis whose work on hysteria has been described as “the unavoidable foundation for theories of trauma” (Luckhurst, 2008, p. 8).

The First World War brought further evidence of trauma’s psychological origins with the profusion of psychiatric casualties amongst military personnel. Medical interest in war-induced trauma fluctuated throughout the 20th century, drawing renewed attention during the Second World War and the Vietnam War. Research with Vietnam War veterans identified post-traumatic stress as a long-term, debilitating outcome of military service. These developments led to the formal recognition of Post-Traumatic Stress Disorder (PTSD) as a diagnostic category in the third edition of the American Psychiatric Association’s (1980) *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; *DSM-III*) (see Herman, 2022, pp. 28-40).

The *DSM* is the leading reference point for mental health professionals in the USA. Whilst having no official status in the National Health Service (NHS) in England, *DSM* diagnostic criteria are referred to in some NHS clinical guidelines and shape diagnostic assessment (NHS England, 2023, p. 3). For example, the PTSD Checklist for *DSM-5* (American Psychiatric Association, 2013), which measures individual presentations against the *DSM-5* symptoms of PTSD, is the recommended measure for NHS clinicians assessing patients for PTSD (NHS England, n.d.). The *DSM* has shaped clinical practice and research in Australia (Australian Institute of Family Studies, 2018, p. 2), China (Lee, 2001), India (Jacob et al., 2013), South Africa (Burns & Alonso-Betancourt, 2013) and beyond. The *DSM*, then, provides a dominant narrative of mental disorders, classifying both objects (e.g., PTSD) and subjects (e.g., people with PTSD), with implications for treatment responses and governing practices (Bacchi & Goodwin, 2016).

² The spine and brain comprise the central nervous system. This underpinned Surgeon John Erichsen’s view that “if the spine is badly jarred, shaken, or concussed by a blow or shock of any kind communicated to the body, we find that the nervous force is to a certain extent shaken out of the man, and that he has in some way lost nervous power” (1866, p. 95).

Initially, feminists welcomed the inclusion of PTSD in *DSM-III*. In the USA, England and elsewhere, the Women’s Liberation Movement of the 1960s and 1970s raised awareness of men’s violence towards women and its psychological effects (Dobash & Dobash, 1992). A diagnosis of PTSD identified men’s violence as the cause of survivors’ psychological distress, rather than women’s defective biology (Horwitz, 2021, p. 96). Since then, studies have demonstrated the prevalence of psychological trauma amongst survivors of domestic abuse (Herman, 2022), amidst growing calls for trauma-informed interventions with survivors.

Simultaneously, feminist writers have challenged dominant representations of trauma that pathologize women’s experiences whilst ignoring the social, economic, cultural and political prism through which women’s trauma is refracted (e.g., Herman, 2022). Feminist geographers have argued that “space, place and gender are interrelated” (Massey, 1994/2007, p. 2) and demonstrated that “the power relations of intimacy are entangled with, and cannot be separated from, those that shape the public, global world” (Little, 2019, p. 1120). Scholars of rural women abuse also depict survivors’ experiences as shaped by place and space. These literatures will scaffold the discussion of our research in rural England.

Domestic abuse and trauma

In recent decades, understandings of domestic abuse have evolved beyond physical and sexual violence (e.g., Sackett & Saunders, 1999; Sharp-Jeffs, 2021; Stark, 2009). In England and Wales, for example, controlling or coercive behaviour, economic abuse, and psychological and emotional abuse, are also included in the statutory definition of domestic abuse,³ and the psychological harm caused is widely recognised (Herman, 2022). In contrast, the latest version of the *DSM* states that a PTSD diagnosis requires “[e]xposure to actual or threatened death, serious injury, or sexual violence” (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association, 2022, pp. 301-304).⁴ By privileging physical and sexual violence, the non-physical abuses that disproportionately affect women and have deleterious psychological impacts are omitted from dominant narratives of trauma.

The dominance of psychiatric perspectives means that much of the literature on trauma focuses on its somatic and psychic effects, as illustrated by Bessel van der Kolk’s *The Body Keeps the Score* (2015). As such, it is “more medicalized and less political” (Gilfus, 1999, p. 1241) than feminist approaches, that situate women’s experiences of trauma within wider (e.g., social, cultural, economic, political) structures that may retraumatize women or cause fresh harm.⁵ As Bonnie Burstow (2003, p. 1296) states:

³ *Domestic Abuse Act 2021*, Part I (1).

⁴ For a diagnosis of PTSD, the event(s) should be followed by symptoms of psychological trauma for more than one month that cause significant distress and impaired functioning. The symptoms listed are the presence of intrusive symptoms (e.g., memories, dreams, flashbacks) related to the traumatic event; persistent avoidance of stimuli linked to the event; deterioration of thought patterns or mood after the event; significant changes in arousal and reactivity (e.g., irritability; hypervigilance; sleep disturbance) after the event.

⁵ The recent social turn in the life sciences is testament to growing acceptance that humans are both embodied and socially embedded (Lewis & Thomson 2019, p. 344). So far, this has had limited impact on the *DSM*.

PTSD is a grab bag of contextless symptoms, divorced from the complexities of people's lives and the social structures that give rise to them. As such, the diagnosis individualizes social problems and pathologizes traumatized people.

Trauma, then, is inseparable from the *place* where it occurs, where place is understood as the intersection of people, histories, cultures and local, national and international politics and power dynamics at a given moment in time, the geographic boundaries of which are constantly being drawn and redrawn (Massey, 1994/2007; 2005). Further, places sit within broader *spaces* comprising relations between human beings, and between people and other entities (e.g., the Government, intergovernmental organisations, multinational companies), that are imbued with power dynamics (Massey, 2005). Consequently, feminist trauma-informed responses to domestic abuse address the places and spaces within which it sits.

The principles of feminist trauma-informed practice

Recent years have seen growing recognition across the life and social sciences that humans are both embodied *and* socially embedded (e.g., Fineman, 2020; Lewis & Thomson, 2019). As the American Government's guidance on trauma-informed practice states:

Trauma does not occur in a vacuum. Individual trauma occurs in a context of community ... The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 17)

Like the feminist scholars cited above, SAMHSA recognizes service users' embeddedness within power structures, noting the "ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment" (p. 11). The implication is that the somatic and psychological trauma caused by domestic abuse perpetrators may fuse with elements of the wider milieu to cause further harm to survivors.

According to SAMHSA (2023), implementing an area or organization-wide trauma-informed approach means understanding the prevalence of trauma within society and the routes to recovery, recognizing the symptoms of trauma, integrating knowledge of trauma into policy and practice, and guarding against re-traumatization (p. 1). SAMHSA (2014) advances six principles of trauma-informed practice, which echo feminist perspectives (e.g., Gilfus, 1999; Burstow, 2003). These are: (1) understanding and prioritising clients' physical and psychological safety; (2) being trustworthy and transparent; (3) offering peer support and mutual self-help; (4) operating non-hierarchical collaboration between practitioners and service users; (5) fostering victim "empowerment, voice and choice", and (6) being attentive to "cultural, historical, and gender issues" (pp. 10-11). That all people are equally entitled to good-quality care, including "persons who live in rural areas", is emphasized (SAMHSA,

2023, p. iv). A feminist trauma-informed response to violence and abuse combines these generic principles with a gendered approach that recognises the disproportionate incidence of interpersonal and systemic oppression, violence, and trauma amongst women and girls. These principles will be revisited in Section Four.

Now, our attention turns to England. In Section Two, we explore the mythic rural imaginary, depicted in art, poetry and prose, that contrasts with findings from our research on domestic abuse in rural England. We also discuss relevant legislation, statistics and the limited research on domestic abuse in rural England. In Section Three, against this backdrop, we present findings from our research in Cumbria. We consider how *this* rural place shapes survivors' experiences of domestic abuse and trauma, and official responses.⁶ Throughout, we situate our findings within the international literature on domestic abuse in rural areas, reflecting upon whether our research confirms or complicates existing narratives.

Section Two: Rural England and Domestic Abuse

The English countryside, as captured in art and literature, has long been a signifier of English cultural identity. Englishness, as a form of cultural expression, is evident in the practise of listing signifiers of our national character (Aughey, 2013). For example, in *England Your England*, George Orwell (1941/2022) attempted to define English culture thus:

Yes, there *is* something distinctive and recognisable in English civilisation... It is somehow bound up with solid breakfasts and gloomy Sundays, smoky towns and winding roads, green fields and red pillar-boxes. It has a flavour of its own. (pp. 12-13, original emphasis)

The English countryside is a mainstay of such lists. It remains “a privileged site” of national expression (Wallwork & Dixon, 2010, p. 24), despite just 17% of the population (9.5 million people) living in rural areas (Department for Environment, Food & Rural Affairs, 2025).⁷ This cultural attachment to the rural idyll obscures other aspects of country life, including the presence and prevalence of domestic abuse.

Although early accounts of domestic abuse focused on physical violence, there is growing recognition of the harm caused by non-physical abuse. England and Wales were the first countries to criminalise controlling or coercive behaviour. The *Serious Crime Act 2015* made such behaviour between people who are *personally connected* (i.e., current or former intimate partners or family members); that has a serious effect on the victim; has occurred

⁶ We italicise *this* here to remind readers of the heterogeneity of rural places (Ceccato & Abraham, 2022; Donnermeyer, 2024). Cumbria shares many characteristics with other rural English areas but remains distinct in important ways. For example, Cumbria is a UNESCO World Heritage Site and received over 41 million tourist visitors in 2024. Cumbria Constabulary must respond to calls for service from visitors and residents. Evidently, Cumbria may differ markedly from rural areas in other countries and continents.

⁷ Official domestic abuse data are combined for England and Wales, which constitutes a single legal jurisdiction. Hence, our discussion of national-level domestic abuse statistics is for England and Wales combined. For this reason, we note that in Wales, 32% of the population (1,022,000 people) lives in rural areas (Woods et al., 2021). In total, then, approximately 10.5 million people in England and Wales live in rural areas.

repeatedly or continuously; and that the perpetrator must (or ought to) have known would have a serious effect on the victim, a criminal offence. Michael P. Johnson (2006) describes this *intimate terrorism* as designed to establish control through a wide range of behaviours including enforced isolation, economic abuse, humiliation and intimidation, buttressed by the actual or threatened use of violence. We contend that facets of rural life strengthen a coercive controller's hand and increase the risk of harm to victims, as evidenced by our findings, presented below.

The *Domestic Abuse Act 2021* created the first statutory definition of domestic abuse in England and Wales. In the Act, *domestic abuse* encompasses a wide range of relationships and behaviours between people aged 16 years or older, including *but not limited to* abuse by a current or former intimate partner.⁸ Our focus in Cumbria, however, was on violence and abuse within intimate partnerships.⁹

In England and Wales, official statistics on domestic abuse come from two sources: police-recorded crime data and the Crime Survey for England and Wales (CSEW). It is widely recognised that much domestic abuse goes unreported to, or unrecorded by, the police. The CSEW is a nationally representative victim self-report survey that provides a more accurate picture of domestic abuse prevalence and trends (Office for National Statistics [ONS], 2025a).

The CSEW found that in the year ending March 2025, an estimated 2.2 million women and 1.5 million men aged 16 or over experienced domestic abuse as defined by the 2021 Act (ONS, 2025a). This equates to 9.1% of women and 6.5% of men. Supplementary data tables show the prevalence of different domestic abuse types by area type and sex (ONS, 2025b). In the year ending March 2025, the prevalence of partner abuse was higher in urban areas (6.3%) than rural areas (5.3%). In rural areas, this equated to 5.9% of women and 4.7% of men.

It is beyond the scope of this article to examine why these findings differ from research in countries including the United States (DeKeseredy, 2019), Australia (Loxton et al., 2003), and China (Hou et al., 2021), that reported higher rates of partner violence in rural areas compared to urban areas. It is worth noting, however, that from the year ending March 2024, the CSEW questions were redesigned to better capture *both* physical *and* non-physical violence and abuse, including controlling and coercive behaviour (ONS, 2025c). Prior to this, the CSEW reported higher rates of women abuse in rural regions than in urban settings (ONS, 2024a, Table 7). Variation in the definition and measurement of domestic abuse may limit comparability across time and space, meaning that evidence from different countries — like that from different iterations of the CSEW — is not directly comparable.

⁸ For example, violence by children aged 16 or over towards parents and carers (Holt & Lewis, 2021), the abuse of family elders (Bows et al., 2025), and so-called honour-based violence (Olsson, 2024) all fall within the statutory definition of domestic abuse.

⁹ Thus, violence and abuse between relatives other than intimate partners is not discussed in this article.

Nevertheless, IPA affects large numbers of people in England and Wales, including in rural areas. As noted above, knowledge of prevalence is important when formulating a response (SAMHSA, 2023). Isolated cases can be addressed individually, but widespread problems demand system-wide solutions, as recognised by the Government’s new strategy to address violence against women and girls (VAWG) (Home Office, 2025a). We return to this point and the new VAWG strategy in Section Four, when discussing trauma-informed responses to rural domestic abuse.

Previous research findings from rural England

To date, much of the research on rural VAWG comes from the US (DeKeseredy, 2021) and Australia (Wendt, 2009; Owen & Carrington, 2015; Harris, 2023). One of the first papers on domestic violence in rural England, by feminist geographer Jo Little (2017), recognised the impact of rural customs, cultures and environments on survivors. The National Rural Crime Network conducted research with seven English police forces (NRCN, 2019). It estimated that reporting rates in rural areas were half those in urban areas, resulting in “an endemic data bias against rural communities” leading to “serious gaps in response and support” as demand-led providers gear their services to urban areas and victims (p. 25). Research by Charlotte Barlow and colleagues in the North of England found that the persistence of traditional conservative (patriarchal) values coupled with a “cloak of silence” around domestic abuse affected survivors in this rural area (Barlow et al., 2022).

To our knowledge, the study reported here and elsewhere (Lewis et al., 2023a, 2023b) is the first in England and Wales to combine analysis of a large rural police dataset with evidence from front-line domestic abuse service providers and police officers. Furthermore, our exploration of rural women’s experiences is not bound by the lines drawn by cartographers. Rather, we illuminate the porosity of geographical boundaries to external forces that impact upon people’s lives (Massey, 2005), and consider the implications for trauma-informed responses (see Section Three and Four respectively).

Section Three: Our research in Cumbria

Covering almost 677,000 hectares, Cumbria is England’s second largest administrative county,¹⁰ and is classified as predominantly rural (ONS, 2016). In mid-2023 it had a resident population of approximately 500,000 people, with 25% of residents aged 65 years or older (ONS, 2024b). Under half of the population lives in a small number of densely populated urban areas (47%), with the rest dispersed across the county (53%) (ONS, 2017). Cumbria is home to the Lake District, England’s largest National Park and a UNESCO World Heritage Site, and received over 41 million tourist visitors in 2024 (Cumbria Tourism, n.d.). Farming has been central to Cumbrian life for centuries: there are over 5,000 farm holdings, dominated by livestock and dairy production (National Farmers Union, n.d., p. 11).

¹⁰ Derived from ONS (2021a).

Cumbria comprises 321 small area geographies known as Lower layer Super Output Areas (LSOAs).¹¹ Outside of the Lake District, there are pockets of significant poverty and deprivation. The latest data available at the time of our research showed that 26 of Cumbria's LSOAs were amongst the top 10% most deprived in England (Lewis et al., 2023a, pp. 18-19).

Our research was funded by the UK Home Office and examined the geospatial and contextual patterns of domestic abuse in Cumbria. It was conducted in collaboration with Cumbria Constabulary, which provided details of all IPA crimes recorded over a 30-month period from 1 April 2019 to 30 September 2021. The dataset comprised 5,390 unique victims and 5,367 unique offenders involved in 8,901 IPA crimes. Most victims were female (72%), most offenders were male (72%). We also conducted semi-structured interviews with 42 local practitioners, most of whom were police response officers (PC1 to PC22), or domestic abuse service providers (DA1 to DA17), alongside three other senior practitioners with significant professional experience of IPA (O1 to O3).¹² Interviews were recorded and transcribed, and key themes identified using a combination of deductive and inductive coding methods (Naeem et al., 2023).¹³

In this article, we focus on IPA within *this* place and space. Although some quantitative data are presented, we prioritise discussion of the rich picture painted by our interviewees of the experiences of IPA survivors and practitioners in Cumbria. Comprehensive accounts of the quantitative research methods and findings are available elsewhere (Lewis et al., 2023a, 2023b).

Police and domestic abuse service providers and their stories¹⁴

In research in Northern England, Rebecca Shaw (2024) examined IPA narratives with domestic abuse service providers, noting the “power and persistence of dominant narratives” (p. 2). The police, as agents of the state and the principal source of local crime data, shape dominant domestic abuse narratives. During our research, most of the 8,901 police-recorded IPA crimes fell within the violence against the person offence category (85.6%), the most frequent of which were common assault and battery (27.5%) and assaults occasioning actual bodily harm (25.9%). Controlling or coercive behaviour accounted for 3.5% of recorded IPA crime. Other crimes present in the dataset included rape, stalking and harassment, criminal damage, and murder, unsettling the myth of the rural idyll (Donnermeyer & DeKeseredy, 2014, pp. 36-39).

¹¹ LSOAs are small area geographies comprising between 400 and 1,200 households. They are used in the England and Wales population census that is undertaken every ten years (see ONS 2021b).

¹² These were a Detective Inspector and Safeguarding Lead for Cumbria Constabulary; a local government official; a local doctor with extensive professional experience of IPA.

¹³ The interview questions were shaped by the researchers' prior knowledge of the domestic abuse / rural domestic abuse literature. This influenced some of the key themes identified (deductive approach), but did not prevent new themes emerging from the interview data (inductive approach).

¹⁴ After transcription, some of the quotations from interviews underwent minimal tidying before inclusion in the article, to aid readability. The verbatim quotations are available from the lead author upon request.

Following Carolyn Hoyle (1998 / 2000), the police officer interviewees were asked to describe the last two domestic abuse incidents they attended. One fifth of incidents concerned child-to-parent violence, including by adult offspring towards elderly parents. The rest involved current or former intimate partners. Most perpetrators were male, most victims were female. Officers' accounts focused on violence against the person, criminal damage, or breach of a restraining order. For example:

[The report was from] a female who had been advised by [her] social worker to call the police and report ... £500 worth of damage to her clothing. Her TV had been taken and a couple of items in her house had been kicked and damaged by her partner yesterday morning, after they had an argument. (PC1)

The victim phoned the police to say that her ex-partner was outside the house drunk and trying to get into the property, but he had a restraining order that prevented him from contacting her. (PC4)

[The police] were called by the wife, and she reported that her husband was ... abusing ... her, swearing at her and had grabbed her by her neck. (PC18)

When prompted, the police interviewees also discussed non-physical forms of abuse. In line with trends in police-recorded crime data (ONS, 2025a, p. 11), officers reported an increase in cases of coercion and control. Some attributed this to growing public awareness following the introduction of the statutory offence of controlling or coercive behaviour in England and Wales.¹⁵ It was suggested that non-physical abuse is less common than physical violence, although it was unclear whether it was considered less common *per se* or less likely to come to police attention, as the following statement illustrates:

Long term — but it's not as often — long term sort of controlling coercive. Like constantly being put down and stuff. That's not as common. It's very difficult for the people in that situation to be able to report it. (PC14)

Either way, in line with the *violent incident model* that has long dominated policing, the police accounts centred incidents of physical violence rather than patterns of physical and non-physical violence and abuse (Stark, 2009). Further, many contrasted physical violence with *verbal only* episodes, depicted as commonplace, heated exchanges that, absent actual or threatened physical violence, did not constitute a criminal offence:

[I]f any offences have occurred then the party's getting arrested. Generally taken into custody [and we will] find out what's gone on. But if it's a verbal only domestic, let's say there's been an argument because we all have them at times, ... we try and separate the parties. (PC5)

¹⁵ Section 76 of the *Serious Crime Act 2015* created an offence of controlling or coercive behaviour between intimate partners or family members.

[I]t isn't an offence, shouting at your partner. If there is not a criminal offence there, we wouldn't be in a position to arrest them. However, if we were to get there and there are injuries, there is assault and she has got marks or he has got marks, then the probability [of arrest] is a bit different then. (PC9)

I spoke with the female, and she stated that it was a verbal only argument between the two of them, so no offences had been committed. (PC14)

The domestic abuse practitioners also described cases of physical violence, further unsettling the myth of the rural idyll. For example:

She would go to the bath to try and ... have her own time, get away, and he would come in and he'd throw things in the bath, pour his beer over her, also scald her with water, try to drown her ... (DA1)

And basically, he would force her into sex. He would ... say things that made her feel like really there wasn't any other option but to have sex with him and the sex could be quite forceful as well. (DA2)

[If the children] were naughty, he would beat their mum up in front of them, by headbutting her, punching her ... He would really batter her and tell them that it was their fault ... Like strangling, pushing her up against the wall ... Punching in the tummy and things where there would be no marks. (DA4)

Contrary to police narratives, however, practitioners' stories reflected (and sometimes explicitly cited) Johnson's notion of intimate terrorism whereby actual or threatened violence is "embedded in a larger pattern of power and control that permeates the relationship" (2006, p. 559). The enforced isolation of survivors is well-documented in the academic literature (Stark, 2009, pp. 262-271) and may be compounded by geographic remoteness. In our research, perpetrators' efforts to "isolate their victims over a period of time and make sure family ties are severed" (DA7) was a recurring theme. Accounts of economic abuse included men leaving women with rent arrears, impeding their ability to move house (DA1), preventing women from working, and controlling the family finances (DA9). Other tactics included "control of social media, accessing accounts ... intercepting messages ... tracking and monitoring of locations using GPS and phones" (DA5), and using children "as tools to keep the women to stay" (DA6). Humiliation was also identified as a control stratagem:

You know, clients can be stopped from going to the toilet. Their medications are controlled. They're told when to eat. And absolutely every aspect of their life is totally controlled. Sanitary wear is withheld, so they'll bleed through clothes and things, toilets withheld, and they can end up having accidents and this can be videoed. The perpetrator will keep the videos on their phone and threaten to share this with people. (DA9)

There was, then, marked variation between police officers' and domestic abuse practitioners' stories. It is widely recognised that police in England and Wales (Hohl et al.,

2023), America (Stark, 2009), Australia (Beckwith et al., 2023, 31-32) and elsewhere struggle to recognise coercion and control. Further, evidence suggests that “[a] hierarchy of abuse still persists, with some types of abuse taken more seriously than others” (Shaw, 2024, 3). Police assumptions that verbal only incidents are less serious than physical assaults, and afford no evidence of a criminal offence, neglect the presence of control in abusive relationships. Logical consequences include under-assessment of the risk of harm and referrals to support services not being made.

In these ways, the trauma caused by abuse may combine with elements of the local response to entrench trauma or cause further harm. This suggests that an effective response to domestic abuse must look beyond its individual impacts to consider the efficacy of local practices, as discussed further in Section Four. It should also consider the situatedness of survivors in places and spaces that shape their experiences, to which we now turn.

IPA in context: the importance of place and space

A burgeoning international literature examines crime and victimisation in rural places (e.g., Harkness et al., 2023; Bowden & Meško, 2025). Scholars of rural crime have dismissed notions of rural homogeneity, demonstrating that rural areas have diverse histories, climates, landscapes, politics, cultures, and so forth (Donnermeyer, 2024). Our findings confirm the heterogeneity of rural places, that are shaped by “a distinct *mixture* of wider and more local social relations” (Massey, 1991, p. 29, original emphasis). They also confirm “the intricacy and profundity” of the relationship between place, space and gender (Massey, 1994/2007, p. 2) and how these shape survivors’ experiences. We now explore the nature and impact of these entwined relationships, with examples from our research.

In the interviews, the geographic and social isolation of rural survivors were common themes. Geographic isolation impedes rural survivors’ access to services, and vice versa. Police officers described covering large and varied geographical terrain, houses being difficult to find in the dark, and remote areas being hard to access in bad weather. When asked whether being in a rural area affected their work, a common reply was that local factors combined with staffing shortages to frustrate efforts to answer calls for service quickly. The following response is typical:

[W]e are operating at the absolute minimum staffing levels ... so we don’t have all the police officers that we need ... [O]n nights when you have got three double-crewed police vehicles dealing with three incidents locally to the police station and then there is an incident of domestic abuse ... that is south of the county, that will take us about 45 minutes to get there on blue lights. So, the response to that is massively different to the response that someone would get if it happened 500m around the corner from the police station. (PC1)

Police staffing depends on local and national funding. Since 2010, austerity politics in England and Wales has produced funding cuts across public sector services, including policing (Hoddinott et al., 2022). Between 2010 and 2017, Cumbria Constabulary

experienced £26 million of budget cuts. Resulting police station closures in Cumbria have left most rural market towns without a police station (Allen, 2024). Thus, county boundaries are porous: the factors affecting residents defy the lines drawn on maps. Put differently, survivors' experiences of police responses to domestic abuse are contingent upon place and space.

As noted above, farming is central to Cumbrian life. Research has evidenced the persistence of conservative values and traditional gender roles in rural areas and farming families, with deleterious implications for women generally and women survivors of domestic abuse particularly (Barlow et al., 2022, pp. 506-509). Despite the large number of farm holdings, most of our police interviewees reported that domestic abuse-related calls for service from farming families were rare. Many domestic abuse practitioners also reported infrequent engagement with farming families. They explained this with reference to social and cultural norms alongside practical and economic barriers to help seeking. These combined with tools of the farming trade, notably firearms, chemicals and farm machinery, were thought to heighten risk:

I think if they are more rural, they're going more back to what they see as the *ideal* relationship. The man does, goes out and works. That's what I think it's like around Cumbria and the farms and stuff. Old-fashioned. (PC14)

Generally, the farming community ... they are quite hardy people... They are not very good at talking and being open and honest about what is actually going on. They just sort of take it on the chin, that's it ... [T]hey can't take support, get help. (PC9)

[In some small] rural communities ... everybody knows each other... And a lot of [domestic abuse] probably does go unreported because ... you get your nosy neighbours that like to know what's going on and I think that would put people off [calling the police] in rural communities and small villages, hamlets. (PC18)

Because of the large geographical area, it is more likely that by the time we get there, the incident has finished, or the suspect has gone ... That goes back to one of the reasons why potentially people stay together, because it is almost like they rely upon each other because of where they live and especially some of the farming communities, almost it is like – well if I separate from him, that is my livelihood gone etc. (PC19)

Additionally, farming in Cumbria is affected by political decisions taken outside the county. For example, a 2023 survey of over 900 farmers and people in related industries found that Britain's departure from the European Union (Brexit) has had a fairly negative or very negative effect on their businesses (Clarke, 2023), whilst the President of the National Farmers Union has stated that "bad policy, geopolitics, [and] unprecedented weather" has produced a "cashflow crisis" for farming families (National Farmers Union, 2025). Evidence shows that poverty increases the risks of (and from) physical violence and coercive and controlling behaviour (Fahmy et al., 2016). That the intersections of space and place, the

global and the local, shape the experiences of victims, again highlights the deficiency of framing domestic abuse-related trauma as “a grab bag of contextless symptoms” (Burstow 2003, p. 1296).

Space, place and the old boys club

The existence of white, male peer support networks that promote social capital, social mobility and loyalty amongst members, whilst disadvantaging others, is well known (McDonald, 2011). Also, men’s social connections with men who condone women abuse is a risk factor for abusive behaviour (DeKeseredy, 1990). Studies from the US and Australia have confirmed the influence of male peer support networks, or *mateship*, on gender-based violence on college campuses (e.g., Schwartz & DeKeseredy, 1997), in the workplace (e.g., Saunders, 2015), and in the sports arena (e.g., DeKeseredy et al., 2023). Additionally, American research has found that in rural areas, where families may have lived for generations in a close-knit community, homosocial networks may include law enforcement officials alongside civilians (Websdale, 1998; DeKeseredy & Schwartz, 2009). In these studies, loyalty amongst fraternity members stopped some police officers from taking the steps needed to keep women safe.

Despite large literatures on policing and domestic abuse in England and Wales, there was (to our knowledge) no evidence of whether police-civilian mateship affects responses to domestic abuse in rural England prior to our study. The domestic abuse practitioners stated that many of the perpetrators and victim-survivors coming to agency attention hailed from Cumbria. A Detective Inspector from Cumbria Constabulary said that “[so]me officers are not from Cumbria, but the vast majority are” (O2). It seems, then, that many Cumbrians remain in their hometown, which could produce entrenched male friendship networks. Despite this, we found no evidence of police-perpetrator mateship during our research. To explore this, we return to issues of place and space, starting with a comparison of police recruitment practices in the US and England and Wales.

Almost 12,000 towns and cities in America have their own police departments (Goodison, 2022). Elsewhere, and in rural areas in particular, policing typically falls to the county sheriff and the deputies they appoint. According to the National Sheriffs’ Association (2021) over 98% of America’s sheriffs are male. The persistence of patriarchal attitudes in rural areas may shape their worldview (Websdale, 1998, p. 111). Sheriffs can hold office for long periods with limited scrutiny (Zoorob, 2022) which, coupled with patronage-based appointments by predominantly male sheriffs, may sustain the old boys club described above. In England and Wales, 43 territorial police forces each cover a discrete geographic area. Each force is led by a Chief Constable. They are accountable to the Police and Crime Commissioner (PCC), a directly elected politician who sets the police and crime priorities and budget.¹⁶ Front-line policing is delivered by each force’s police officers. In March 2024, 35.4% of police officers in England and Wales were women (Home Office, 2024). Police

¹⁶ It was announced in 2025 that the PCC role will be abolished in 2028 (Home Office, 2025b).

officer training requirements and formal recruitment processes guard against patronage-based appointments.

Local organisational factors may also shape policing. For example, in March 2024, Cumbria Constabulary had the highest proportion of women police officers of all 43 forces in England and Wales (42.6%) (Home Office, 2024), which could protect against male police-civilian friendship networks. Additionally, a Detective Inspector stated that within Cumbria Constabulary “there is a culture around avoiding dealing with people we know rather than the other way round”:

So, if there is a situation where somebody knows somebody well, they will declare that. It is in their interests to declare it because they pick up less work by getting somebody else to deal with that job. So, for example, it might be that they are related to the person. It might be that they have dealt with them previously. It might be that they went to school [together] or they live on the same street. In those circumstances, there is an expectation that there is a conflict of interest. (O2)

Other possible barriers to mateship in Cumbria include police use of Body Worn Video (BWV) at deployments; anonymous reporting lines for corruption; and shift patterns which mean that an officer “may not go back to the same address for months because other officers are deployed to other reports at that location” (O2).

Research in rural England by Paige Bromley (2024), however, told a different story. Bromley interviewed 13 domestic abuse practitioners, one police officer, and one victim-survivor from the Midlands and South of England. Contrary to our experience in Cumbria, how affluence and rurality intersect to shape victim-survivors’ experiences was a prominent theme. Bromley contended that “perpetrators of domestic abuse who live in rural areas take on positions of power and authority in the community”, and may make financial donations to community projects, thereby creating a positive image (p. 113). One practitioner stated:

But yeah, and of course in the rural, if you had like a local special or something, you know, somebody tends to run the community level, probably be their mate, cause of course perpetrators make friends with all the important people. (p. 114)¹⁷

It seems, then, that the impact of police-civilian good old boys’ networks on responses to rural domestic abuse is contingent on multiple factors. These include national and local approaches to officer recruitment and training, and local police culture. These interact with population demographics, including (but not limited to) social class, to shape the experience of victim-survivors. This evidence from England complicates the extant literature on police responses to rural domestic abuse. It also underscores the situatedness of survivors, and the need for trauma-informed responses that recognise victims as *both* embodied *and* embedded. In Section Four, we consider how such principles might translate into practice.

¹⁷ In the UK a Special Constable (or Special) is a volunteer who has the same powers as a salaried police constable.

Section Four: The implications for domestic abuse policy and practice

The response to domestic abuse in England and Wales will be shaped by the Government’s new strategy to address VAWG, entitled *Freedom from violence and abuse: a cross-government strategy to build a safer society for women and girls* (Home Office, 2025a). Parliamentary Under-Secretary of State (Minister for Safeguarding and VAWG), Jess Phillips, was pivotal in developing the strategy. It is noteworthy that Phillips worked previously for Women’s Aid, a domestic abuse charity “underpinned by fundamental feminist values” (Women’s Aid, n.d.), routinely advocates for women’s rights, and reportedly makes “as much feminist noise as she possibly can” (Aitkenhead, 2017). One might expect the new VAWG strategy to reflect a feminist worldview and values.

Consistent with feminist principles, the strategy *both* describes perpetrators as wholly responsible for their behaviour *and* recognises that VAWG does not exist in a vacuum. It details the Government’s intention to “address the misogyny and inequality that are the root causes of violence against women” (p. 4) by meeting three objectives. First, prevention and early intervention. This encompasses work in schools to challenge misogyny and promote healthy relationships; national strategies to safeguard children from misogynistic and other harmful content, including online; and “major awareness-raising and behaviour change campaigns” (p. 11). Second, the “relentless pursuit of perpetrators”. This includes embedding domestic abuse, rape and sexual violence specialists in police responses; deploying “cutting-edge enforcement technologies”; and driving “cultural change so VAWG is treated on an equal footing with other serious crimes” (p. 11). Third, support for victims. This incorporates addressing fragmentation in the provision of services, between government departments and across the criminal justice system; adopting “a whole-of-government approach, so victims and survivors can access housing, health and justice seamlessly”; adopting a trauma-informed approach within the court system; and reforming the commissioning of services to better meet victims’ needs (pp. 11-12).

What would a feminist trauma-informed response to rural domestic abuse entail, and will the new VAWG strategy deliver it? As detailed in Section One, a feminist approach looks beyond clinical diagnosis to consider the events that caused trauma, how they were experienced by the individual, and their lasting effects (SAMHSA, 2014, p. 7), all through a gendered lens and whilst attentive to victims’ situatedness in places and spaces. To move from abstract principles to concrete application, we now revisit one of SAMHSA’s principles of trauma-informed practice — the provision of peer support and mutual self-help — and our research findings, to consider the implications for rural domestic abuse service provision. Writing in a health care context, NHS England (2023, p. 1) stated:

Peer support is a valuable resource for people and their families and carers; empowering them to take ownership of, and have more control over, their health and wellbeing. It enables people to develop the knowledge, skills, and confidence to self-manage and address other issues that might be affecting their health, such as loneliness or self-esteem.

Models of delivery include in person; online or by telephone; informal and unstructured (e.g., a gardening club); and formal and structured (e.g., addiction support groups). Peer support does not replace clinical interventions but may sit alongside clinical, therapeutic or supportive services (p. 2).

As noted above, the enforced isolation imposed by domestic abuse perpetrators is well documented and may be intensified by rural geographies. In this context, peer support would seem particularly valuable. Any model, however, should attend to the situatedness of rural victims. Our exploration of public transport and driving times from each LSOA in Cumbria to the seven main domestic abuse service providers found areas where no public transport route was available, with one-way travel times of up to 160 minutes from other LSOAs. The driving time was over 30 minutes from 11% of LSOAs (Lewis et al., 2003a, pp. 19-20). For the 25% of the Cumbrian population aged 65 years or older, ill health and non-driving may pose additional barriers, whilst for women with caring responsibilities, long travel times may be impossible to accommodate. Thus, the offer of transport may be required. Peer support provided online and by telephone has proved valuable in other places and contexts, such as in Australia with people with acute mental health problems (Kilpatrick et al., 2023). Our interviewees told of places in Cumbria where “[people] don’t have a strong internet connection. Sometimes they don’t even have a phone signal” (DA6), however. Perpetrators might monitor victims’ electronic devices. Therefore, risk-reduction measures such as quick-exit buttons to neutral websites and guidance on clearing internet browsing histories are vital. A trauma-informed response necessitates consideration of such factors.

The Government has committed to “[e]mbed[ding] a trauma-informed approach to the VAWG response across the justice system” (Home Office, 2025a, p. 14). As revealed in Section One, however, conceptions of trauma vary widely. The implementation of a trauma-informed approach to healthcare in England has been hampered by the absence of a clear national strategy for trauma-informed care, professional education and a robust evidence base (Emsley et al., 2022). Without clear national guidance on what a trauma-informed approach means in practice, coupled with practitioner training and evaluative research, any trauma-informed response to VAWG may vary in content and be fragmented.

The VAWG strategy makes no reference to rural domestic abuse. Before publication, however, Phillips was asked in Parliament about rural victims. She stated:

The strategy to halve violence against women and girls is for every single part of our country. The Government recognise [sic] that victims in rural and remote areas face particular barriers in fleeing abuse and accessing support. We are already driving forward a range of activities that will support rural victims. (Hansard HC Deb., 13 January 2025)

These activities included requiring “local commissioners to develop joint needs assessments for victims of domestic abuse, to identify gaps in support” (Hansard HC Deb., 13 January 2025). Thus, local areas will be responsible for assessing and addressing local needs.

Again, national-level guidance on trauma-informed care principles and practices, coupled with practitioner training and the development of an evidence base, is vital.

Conclusion

This article combines feminist perspectives on trauma with data from research in rural England to demonstrate the embodied and embedded nature of survivors' experiences. It provides clear evidence that supporting victims' recovery from trauma must be paired with initiatives addressing the wider contexts of that trauma. This includes efforts to challenge men's attitudes and dismantle the social structures that uphold patriarchal oppression of women, which may have a particular hold in rural areas.

Whilst international research on rural crime generally, and domestic abuse particularly, was burgeoning, the gap in evidence from England and Wales made this jurisdiction an outlier. Against this backdrop, our article combines interdisciplinary insights with new evidence about domestic abuse, and police and practitioner responses, in rural England. Our findings confirm some facets of the debate whilst complicating others. Additionally, we considered whether the UK's new VAWG strategy is likely to foster trauma-informed responses to domestic abuse. We made policy recommendations aimed at maximising this potential that have relevance for other countries with similar ambitions. In these ways, this article makes a significant contribution to the national and international literature on rural (and urban) domestic abuse.

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