



## Marginalisation and Rurality

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### **Abstract**

*This paper adopts a 'community psychology' approach to the study of domestic violence in an isolated rural community. It suggests that such a perspective – of 'the individual in context' – provides important insights both into the character and exegesis of the problem and into possibilities for social change. At the same time the research provides an opportunity for reflection on the character and prospects for Community Psychology itself, particularly with regard to its impact on policy and practice for work in marginalised communities.*

Key words: Community; rurality; marginalisation; domestic violence

### **Domestic Violence and the Eden Valley**

The research described in this paper highlights the need for generic provision for those escaping domestic violence within a rural area of Cumbria in the North of England, the Eden Valley. At the same time it attempts to address some specific needs presented by this rural area, including a widely dispersed rural community, lack of public transport, limited access to key services and the nature of small village life and points to some of the deficits in knowledge, resources and training that act as barriers to the uptake of services.

### **Background**

Eden is one of six districts in the County of Cumbria and lies in the eastern part of the County, bordered by South Lakeland to the south, Carlisle to the north, Allerdale to the west and Northumberland and Yorkshire to the east. Extensive, rural and sparsely populated, the focus of the district is the Eden Valley, which runs broadly north/south through the district. Eden is one of the most sparsely populated districts in England and Wales and has a population of over 50,000 people scattered in small villages over 830 square miles of land. The population density of the area is approximately 23 persons per km which is in stark contrast to the population density of the North West of the UK of 244ppkm. There are four main

centres of population in Eden, the largest of these is Penrith, which has a population of around 15,000, followed by Appleby, Alston and Kirkby Stephen. There are currently over 23,000 households in the district. The economy of Eden is largely dependent upon tourism and agriculture, and the services that support them.

To outsiders Eden is an area of outstanding natural beauty, affluence and idyllic lifestyles and as such is not perceived to have the same level of social need as other, more urban, or deprived, areas. Certainly, up until relatively recently, little attention has been paid to the possibilities of social exclusion, poverty or crime in the area. However, of late, there have been a number of studies identifying a variety of factors contributing to the deprivation, marginalization and exclusion of people in rural areas. For example, in 2000 and 2006, 'Living in the Countryside', a report commissioned by the Countryside Agency, highlighted a number of day-to-day issues experienced by those living in the countryside that contributed to a 'poorer quality of life'. Most particularly at risk of exclusion, marginalisation or deprivation were those living in extremely isolated areas, those with no transport or jobs, those on low incomes and those with specific needs (e.g. health, education) and factors found to contribute to deprivation included poor geographical access to

services such as post office, food shops, G.P. and schools.

Factors such as those identified by the Living in the Countryside report clearly have significance for a range of service providers in an area such as Eden. Certainly, over the years anecdotal accounts from professionals and residents working and living in the area, alongside statistics provided by the police and other front line services, suggest that Eden, like other areas of the country, does indeed suffer from a range of social problems but that the nature of the area means that these problems are different and are not as visible or well resourced as those in urban areas. Of particular concern to this paper is the impact rurality has on those experiencing and working with domestic violence.

For those working in rural areas there has been little research carried out on domestic violence. Instead most work on domestic violence (e.g. assessing incidence) has focused on urban locations rather than the patterning of domestic violence across the rural landscape. Of the few studies that have been conducted on rural areas, these have tended to focus on generic social problems rather than specific issues such as domestic violence. However, from the research available a number of potential problems facing those who live in rural and isolated areas and experience domestic violence have been identified. The study 'Living in the Countryside' (2000, 2006) highlighted how problems for those experiencing domestic violence in rural areas might be exacerbated by factors such as lack of transport, isolation from services (particularly health, police and housing). Evans (1999), Eastman, Bunch, Williams and Caravaan (2007) and Eastman and Bunch (2007) drew attention to the impact of car ownership, public transport facilities, the problems of re-housing, lack of specialist services and other aspects of rural culture – for example, the responsibility for domestic pets and other animals – all contributing to a tolerance of domestic violence and hurdles facing access of services.

Anecdotal evidence from workers from a variety of Women's Aid projects around the U.K. gives some insight into the difficulties people can have both coping and working with domestic violence in a rural areas and how these factors need to be taken into consideration when planning services. In particular these problems included: the physical, emotional and social isolation that can come with living in an isolated area, small community living, the lack of public transport and difficulties in accessing central services and information.

Additionally, a number of service providers in Eden have identified a further problem that may well be operating in the district. Professionals (e.g. the police and the health services) have raised the concerns that the recorded incidence of domestic violence in the area may be significantly under-reported and represents just 'the tip of the iceberg'. Although under-reporting is historically a problem with domestic violence research (e.g. the British Crime Survey, 2000, estimated that less than one in three (31.1%) of victims of domestic violence report the incidence to the police) it is of particular concern to professionals in Eden as it is believed that under-reporting may well be below the U.K. average and that there might well be a number of additional factors are contributing to this under-reporting. For example, workers in the area believe that the lack of awareness around domestic violence issues (both in the community and service providers), lack of specialist services, problems in accessing services and little formal co-ordination or sign posting of servicing all are thought to contribute to the difficulties facing those experiencing domestic violence in the Eden area.

In order to address the concerns raised above this research, commissioned by Eden Forum Against Domestic Violence, set out to explore the following areas:

- To identify/estimate the present level of domestic violence in the Eden area;
- To identify current provision in the area;
- To assess use and effectiveness of provision, from both the point of view of provider and user;
- To make recommendations as to how provision might be improved.

### Methodology

One important goal of community psychology is to develop collaborative working relationships with people (Bond 1990). In this research much attention was given to developing a collaborative research study with a range of stakeholders, including members of the Eden Forum Against Domestic Violence, service providers and users. However, in view of the various research aims of project it also became necessary to use a range of data collection strategies.

In order to build an understanding of the social and economic character of Eden, of the incidence of domestic violence and of the availability of specialist

services within the area and the national figures for domestic violence and domestic violence provision, primary and secondary data analysis of local, regional and national studies and reports was carried out. The documentation analysed included: local and area statistics and policy documents prepared by the Cumbria police, local authority, social services and housing authorities; national statistics produced by the Home Office; other questionnaire and survey results obtained by the local authority, charitable and voluntary organisations and groups. Secondly, to gain an in-depth understanding of local services and the experiences of both those seeking help, and those providing support and advice for those experiencing domestic violence semi-structured questionnaires and interviews were carried out with services providers and survivors. The first stage of the investigation entailed sending out questionnaires to a wide range of agencies and professionals across Eden. The 'agency questionnaire' was designed to collect information on the following: the agency's role; experience of domestic violence; services offered by the agency and evaluation of provision; training and policy; awareness of other services; recommendations for improvement. Agencies were selected on the basis of their likely contact with domestic violence. Research (e.g. Dominy & Radford, 1996) has shown that after family and friends, the police, health services, housing services and legal services are most commonly approached by those experiencing domestic violence. However, as the research moved on a number of other agencies and professionals were approached because of the information disclosed to the researchers (e.g. the church was mentioned by a number of interviewees as an agency that dealt with domestic violence concerns). Agencies and professionals were also invited to participate in a follow-up interview.

Making contact with people who had experienced domestic violence was a complex and sensitive process and used three routes. Firstly, a number of the Forum members had professional caseloads of people who had or were experiencing domestic violence and they collaborated with service users on looking at ways in which they might participate in the research. In preparing for engagement with service users all forum members worked with the researchers in reaching a shared understanding of the research process and developed a protocol for approaching potential interviewees, explaining the research, supporting individuals in filling in the questionnaire or carrying out interviews. Secondly, all agencies that were contact in stage 1 of the research were sent additional information about engaging service users

in the research. Alongside the agency questionnaire, a pack of information about the research (including individual questionnaires and advice to services providers about engaging participants) was sent with a request for agencies to display or, if appropriate, to pass onto potential interviewees.

Finally, an awareness raising campaign about the research took place. This included posters, leaflets, letters, a website, talks to women's groups, a radio and t.v. interview, newspaper articles. Besides raising awareness of domestic violence, the campaign explained about the research project and its aims and invited people to come forward to either fill in a questionnaire or participate in an interview. On all the questionnaires, letters and information about the project there was an invitation for potential respondents (survivors or professionals) to discuss and negotiate the nature of their participation (including interview, questionnaire, anonymity, confidentiality).

### **Raw Findings**

The research team was aware from the outset that there would be a number of limitations with the sampling used and it was very likely that the project would only make contact with those willing and able to participate. Previous research shows that there are many reasons why victims of domestic abuse do not disclose their abuse (e.g. willingness, embarrassment, fear, ability – including being literate) and it is very possible that this might impact on this research. Similarly, agencies can only provide data on those that they come into contact with, so again the data that they can provide might be distorted by a range of factors (including women who are most in danger, in need, without any other means of support, same individual reporting to a number of agencies)

### **Service provision**

The data gathered showed that there were a number of essential services already available in the area and these were reasonably accessible to those who had transport. For example, the Police, health services, social services, legal advice were all represented in the main market towns. However, these services were more likely to be in the business of providing 'crisis support' (e.g. police protection, emergency health care, emergency housing) for those seeking help and there was found to be very little specialist support for women in the early stages of help seeking (who might, for example, just want to talk). Additionally, many of the services available were centrally located, difficult to access for those in rurally isolated areas and were not well advertised for people experiencing

domestic violence. Hence these services were difficult to access because of their physical location and because they were not well known about or signposted. Both service providers and individuals reported that much was needed to both raise the profile of services, fill in the gaps and meet the particular needs of those living in rural and isolated areas.

### Rurality and Domestic Violence

The rural nature of Eden clearly presented specific and additional difficulties for women who experienced domestic abuse. Problems included: accessing services, poor transport systems, keeping services anonymous, breaking into closed communities, changing prevailing attitudes of acceptance and silence. The following raw quotes or vignettes are taken from the questionnaires and interviews carried out with service providers and survivors. They have been chosen to highlight some of the more perspicuous findings of the research:

#### Breaking into closed communities:

*"we know that there are cases of domestic violence in the very rural areas, but people don't come forward. I'm sure they don't just find it hard to get here transport wise. To make a specific journey to talk about your marriage just is too much of a hurdle"*

*"The women do not get the opportunity to get support, they are isolated socially as well as geographically.... without the support of other women in similar situations it very hard to talk about it or change your situation...."*

#### Physical and social isolation:

*"in the morning he would check the mileage on the car and unplug the phone. If I had to go out then he would check exactly how far I had driven. He would keep on at me too – where had I gone, why, who had I talked to – so in the end it just wasn't worth it"*

*"I can think of a family who lived in a huge isolated house with no neighbours, The woman was totally intimidated by her husband who treated her like an animal. I spent so much time trying to build her confidence but she had no transport and he could rule her life."*

#### Finding and maintaining support:

*"I didn't know who to tell, if I went to Penrith I couldn't keep going, and there's nothing here".*

#### Access to services and transport:

*" there isn't any local police officers any more, they all come from Penrith .... A woman could be dead before they even get the call"*

*"it took weeks to sort everything out and get things organised... whereas if you were in Penrith you could just sort of drop in and see whoever you wanted"*

*"to get to Penrith or Carlisle if you don't have a car and you don't have any money ... you just can't do it"*

#### Childcare:

*"to get to Penrith is a real hike.. its not just getting the bus .. but trapesing all the kids and their stuff too..."*

#### Confidentiality/lack of anonymity:

*"once you say something round here its round the village in no time"*

*"...they [the doctors' receptionists] know all your business, I once took in a sample for a pregnancy test for my neighbour, by the time I got home the women in the shop asked if I was pregnant again."*

#### Service providers being part of the community:

*"I felt I couldn't tell him (the doctor) because he was a man ... he plays cricket with X anyway, so he wouldn't believe me"*

*"the policeman that came round used to live two doors away, he told us to keep the noise down and sort it out for the kids sake".*

#### Difficulties in getting away:

*"I took out an injunction on him to stay away, the magistrate granted the injunction but allowed him to live in the caravan in the yard. He had access to the house twice a day. The first thing he did was superglue the locks, he had the shotgun in the caravan, I was terrified, I didn't sleep for weeks. I eventually called the police and moved out when he was chain-sawing through the windows, I held the phone up to the noise for the police to hear, I think they believed me then."*

#### Roots:

*"I was born in this village, he was too, we have a business here too, so when I had to move I lost my house, my friends, my family, and my livelihood, he still drinks in the same pub and pays me when he feels like it."*

Being 'labelled' and stigmatised by the community:

*"whereas here you can't do anything without somebody else knowing about it, and I'd feel, well when it was happening that everybody was on his side because he was telling everything what the reasons why I had bruises and it just felt as if everybody was closing in on me and talking about me and you couldn't go anywhere without people sort of talking behind your back"*

*"I couldn't go to the doctors, I didn't want anyone to know, I went to Carlisle hospital and told them I had fallen, they know though.... When I went to a solicitors I went to Carlisle again just in case anyone saw me, daft really everyone knew, I'm sure".*

Acceptance of violence/macho culture:

*"There aren't places to go round here, no women's things I mean, you are meant to be home baking in the kitchen".*

*"many people in this area (Appleby) would regard a smack from their husbands as normal ... not as domestic violence"*

### Analysis and Discussion

Whatever the methodological limitations, this empirical study, and the vignettes quoted above, clearly identify experiences and perceptions of domestic violence and of service provision in rural areas, a topic already identified as in need of further investigation (Grama, 2000; Krishnan et al., 2001; Logan et al., 2001). What these documented experiences suggest is that service providers working with domestic violence victims should especially understand how particular contextual, social and environmental characteristics of rural life can impact on both the phenomena itself and the experiences of victims. This research clearly shows that for women in rural and isolated communities there are additional problems that make their experiences different and service providers need to respond to these differences in developing their services. Living in rural and isolated areas creates a number of specific problems faced by those experiencing domestic violence. The psychological isolation that many abused women feel can be heightened when living in sparsely populated areas where there are reduced opportunities for social, community or specialised (confidential) support. The search for help and support can be far more difficult to undertake, particularly if the woman is reliant on public transport or partners and specialist support (such as Refuge or Women's Aid) is likely to

be less accessible. Even being able to access a website for specialist advice or information can be impossible in isolated areas where there is no network access. Although this research suggested that domestic violence is 'classless', it also showed that those who were most economically dependent on their partners who were most disadvantaged by their experiences and were most likely to be excluded and marginalised by their social isolation and dependency.

Rural communities have longstanding and often intractable characteristics that may exacerbate both domestic violence itself and efforts to seek or provide services. To present a simple example, rural isolation adds to the practical difficulties of providing sufficient and appropriate services. Statutory agencies need to rationalise service provision due to their resources, this results, for example, in local offices that are few in number, emergency services response times are affected by the sheer size of the area they have to travel between their home site and the incident they are attending, outreach services have to build in the time and cost of travelling and find ways of servicing an clientele that has specialist needs and a wide geographical area; housing stock is limited in sparsely populated areas - this can mean women have to leave their communities in order to be housed safely or, if chose to stay in their community, are housed in close proximity to their abuser; and need to find resources to develop specialised provision.

Thirdly, many women have roots within the community, e.g. family, support network, employment, schools, which makes it difficult both to report abuse, and to 'up and leave'. Close kinship and community ties create problems for confidentiality and anonymity, while notions of sturdy self-reliance, common in depictions of rural life can act to further reduce the likelihood of reporting abuse. Coupled with this it also has to be acknowledged that there are also many perceived benefits of living in rural areas. This study identified key positive features included: a sense of living in relatively secure and friendly community and living in an attractive, peaceful and unpolluted environment that was not perceived to be blighted by poverty, unemployment, crime or 'traditional' deprivation that comes with 'inner city living'. Some of these were cited as outweighing the 'pros' of leaving an abusive relationship.

Finally, the traditional beliefs of many small, isolated, rural communities was cited as contributing to the stigmatising and social isolation of women disclosing domestic violence, an 'unwillingness to

believe the victim', and a tolerance of violent and abusive behaviour both inside and outside the family. Reluctance to report abuse is similarly reinforced by a stereotypical "stand by your man" mentality rooted in patriarchal attitudes and beliefs about appropriate gender roles that are themselves communally derived and reinforced. Highlighted in the accounts of women and workers was both a subtle and an explicit 'patriarchy' which impacted on the culture, organisation and norms of society in general. In turn these norms and values appeared to trickle down into the local communities and organisations in which these individuals lived and worked. At their worst these attitudes and beliefs led to the 'condoning' and normalisation of violence against women. The impact of these norms and values on the socialisation of children (through the media, social institutions such as schools and church, peer group and family) was also apparent. In the research I found evidence of communities and organisations unwilling to acknowledge, name, react to, or condemn domestic violence or those who perpetrated it (e.g. communities, health care services, criminal justice system) and implicitly, and explicitly, 'blaming' those who were the recipients of this violence. All these factors suggest that rurality may both increase the reluctance of women disclosing domestic violence and influence the extent and effectiveness of services that can be offered – there is a strong sense that victims risk further victimization as a result of the inadequacy or ineffectiveness of service provision. All these factors must obviously be taken into consideration when developing appropriate, coordinated, community services.

This study has a number of important implications for practice and service provision, most notably in highlighting the variety of factors that contribute to domestic violence, the impact of the wider community on people's experience of and responses to domestic violence, the importance of a multi-disciplinary, multi-agency approach in responding to domestic violence. For the women and children experiencing domestic abuse there needs to be both ameliorative provision, providing, for example, immediate and ongoing support services, helping with women's immediate emotional and practical needs, and longer term prevention strategies, which work at local, national and international levels. At the widest level strategies have to be transformational and directed to the wider social, cultural, institutional and political contexts, raising awareness, changing attitudes, and informing policies and practice. However, interventions also need to work both within the communities in which women live and the

organisations with which they come into contact as there is clearly a need for 'small-scale', community based preventative and ameliorative work. Actions needed would include, raising awareness of domestic violence in the local community, and the role played by all in contributing (e.g. by recognising policies and practices that contribute to the hiding of domestic violence or poor treatment of women experiencing it) and work on developing inter-agency strategies that tackle the causes of abuse, improve provision and indicate areas of good practice. This research supports arguments as to the complex, multi-causal character of domestic violence (see Heise, 1998). However, whereas some of these factors (e.g. attitudes towards women and violence), appeared to be present in all the women's experiences other factors gave a women's particular experience a specific quality. The social context in which women lived proved particularly important in this study as the rural environment clearly provided particular nuances to women's everyday experiences, as did the absence or presence of social support networks. In this research the geographical context impacted on the nature of women's experiences and on their searches for help. Furthermore, although rural, isolated living had a significant impact on all the women's experience it was those women who were most dependent, economically, physically and/or emotionally, on their partners, families and communities who were the most disadvantaged, excluded and marginalised.

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