Violence, The Body and the Spaces of Intimate War

ABSTRACT
This paper explores the relationship between domestic violence and rurality through the theoretical lens of intimate war. It argues for a geopolitical perspective that foregrounds issues of space and scale and emphasises the 'entwined geographies of corporality and violence'. Drawing on recent empirical research in the UK, I explore the ways in which the body is contained and controlled both physically and emotionally through intimate war. In doing so I focus on three key aspects of domestic violence: hidden geographies, tactics of entrapment and surveillance and the wounding of the body. The context of rurality provides a set of spatial and social characteristics that need to be taken into consideration in understandings of the experience of domestic violence and the responses by agencies and professionals.
Introduction

There is now a rich body of feminist geopolitical writing asserting the links between global military action and local communities and families (Dowler and Sharp 2001; Fluri 2009; Massaro and Williams 2013; Pain and Staeheli 2014). Much of this work aims specifically to identify women as the victims of warfare both in terms of collateral damage – the destruction of homes and other civilian sites – and also the interpersonal violence perpetrated by soldiers in the home and community during and following conflict (Brickell 2012; Pain 2009; Tyner and Henkin 2015). Work criticises what it sees as the ‘artificial separation’ between the violence of global military conflict and that which takes place in the home, arguing that such separation effects and reinforces a failure, both political and social, to acknowledge the scale and severity of domestic violence (DV). In recognition of the mutual constitution of forms of violence, geographers have begun to apply the term ‘intimate war’ to violence in the home and also to adopt this term in the study of DV beyond that taking place in war zones and/or directly associated with military activity. Naming DV as ‘war’ serves, so Pain (2014) argues, to elevate its seriousness as experienced by victims/survivors and families and also its costs to individuals and society. It also exposes the comparative under-funding of state DV services and, arguably, the lack of political will to address the root causes of personal violence. Further, such an imbalance has been recognised as gendered in its focus on high profile, large scale, international armed conflict over small scale, domestic and ‘personal’ insecurity.

While progress has been made through the ‘domesticating of geopolitics’ in establishing violence as a ‘single complex’ (Pain 2015), relatively little research has sought to explore global/domestic links at the level of specific spaces and practices. Attention to geopolitical issues of space and scale has tended to remain at a broad conceptual level. There are exceptions including the work of Pain (2014, 2015) who has examined the ways in which aspects of entrapment and surveillance, as practices associated with military warfare, can also be seen in the behaviour of ‘perpetrators’ of DV. Brickell has also sought to explore the detailed practices of intimate war in a focus on the home and community in her studies of DV in Cambodia. Her work highlights the ‘everyday politics
of efforts to reduce spousal violence via reconciliation’ (Brickell 2015a, 321) and she argues that by turning the spotlight on the practices within the home we recognise how geopolitics is played out in the home and also how it ‘is influenced by and emerges from’ the home (Brickell 2012, 575, emphasis in the original).

In this paper, I seek to extend work on DV as intimate war through continuing the focus on local practices. While my research relates to spaces far removed from current military war zones, the intention is to use the notion of a single complex of violence by exploring the practices associated with physical entrapment and surveillance to create better understandings of the lived experiences of DV. Feminist critical geopolitics has challenged what Cuomo (2013, 859) calls the ‘inherent masculism’ of existing approaches that privilege the global and the disembodied. Here, in examining ‘local practices’, I engage not just with violence in the home but with violence to the individual at the level of the body. While the ‘geographies closest in’ (Rich 1986, 212) as a site of geographic research and scholarship have been seen as increasingly important in recent years, the body has been surprisingly absent from studies of geographies of DV. Here I argue that understanding DV as intimate war must incorporate close examination of the way violence is felt – as fear, shock, pain and wounding – but it must also show ways in which assumptions of how the abused body should respond are critical in locating DV within broader social and political discourses.

The focus on the local explored in this paper situates the body in the rural. My research is conducted in rural UK, and I use detailed empirical investigations of rural families, communities and agencies to place the lived experiences of victims/survivors of intimate war in a broader spatial context. In drawing on the rural in this way I recognise important conceptual and empirical work on rural remoteness and lack of services together with the socio-cultural characteristics of rural communities (see, for example, Owen and Carrington 2015; Wendt 2009) but argue that there remains a gap in understanding of rural DV in the UK (but see Little 2017a, 2017b; McCarr and Williamson 2009). It is not my intention to fetishize the rural as a space of DV, and I acknowledge the wide variations in the characteristics of rurality that exist. What is important is to stress the interweaving of the intimate and the global and the centrality of space and place in experiences of power on the body and so underline the contribution that geographers can make to the
study of violence. The particular rural area I focus on in my research may not be as remote as rural communities in other parts of the world, but it does highlight the issues of access and mobility experienced by many rural women and their role in the tactics of intimate war and brings into sharp focus the ways in which such tactics can be reinforced by both difficulties in using services and broader social attitudes towards intimate violence.

The remainder of the paper starts with a discussion of the theoretical ideas that have shaped its geopolitical and rural framings and then moves on to discuss the findings of recent research on rural DV. This research provides new understandings of the everyday embodied experience of violence in the home and in particular the practices of concealment, entrapment, and surveillance.

**Geopolitics, Domestic Violence and Intimate War**

In this section, I discuss how a geopolitical lens, and a framing of intimate war, can contribute to research on DV in a variety of interrelated ways. Firstly it recognizes the existence and severity of DV, contesting the dismissal of everyday violence in the home as routine, mundane and unremarkable and stressing the complexity of what we consider to be violence. Secondly, a geopolitical perspective illuminates the tactics of DV and, in conceptualizing them as intimate war, draws attention to their ability to control through fear. Thirdly, the geopolitics of DV emphasizes how the power relations of intimacy are entangled with, and cannot be separated from, those that shape the public, global world and so offers a challenge to the spatial and political hierarchies traditionally employed in conceptualizing different scales of violence (Fluri and Piedalue 2017).

As Tyner (2016, 193) notes, central to the recognition of the importance and severity of intimate war has been feminist and queer geographies of the home. Such work has contested the false dichotomy of public and private that has underpinned work on violence and in doing so has highlighted the ‘contradictions and ambiguities’ inherent in ‘common sense understandings of home as a refuge against violence’. In advocating a geopolitical perspective that recognizes intimate war as part of a continuum of violence, Brickell’s research (2015a) notes the claims by Amnesty International that the long term effects of battering in the home closely align to traditional definitions of torture in the ways in which they speak of a climate of dread and of the use of punishment by the
perpetrator to demonstrate power and break the will of the victim/survivor. Brickell’s own work (2017, 2015b) focuses on issues of peace and reconciliation, again in relation to the mutual constitution of the geopolitical and the domestic. She contests that the dualism between international conflict and violence in the home is mirrored in that between war and peace and that there is a need to ‘unsettle peace’ in recognizing that reconciliation does not always work to the betterment of victims’ lives. Acknowledging the connections between military and intimate violence in understandings of peace again helps to unpick and challenge some of the taken for granted assumptions about the experiences of domestic violence and the safety of the home.

Work on the detail of intimate war and violence in the home has also focused on who it affects. In particular, there has been a long history of debate on gender symmetry which has asked questions about the relative likelihood of men and women using or being victims/survivors of domestic violence (Dobash and Dobash 1992; Allen-Collinson 2009; Hester 2013). Feminist work initially sought to draw attention to the high numbers of women experiencing domestic violence and fought to see the recognition of violence as part of the reproduction of gendered power relations in the home. More recently, in the face of growing attention being given to the complicated patterns of violence in both heterosexual and same-sex relationships, there has been recognition of the need to develop a more nuanced picture of gender and violence in the home. For example, Hester (2013) has adopted a longitudinal approach to show how DV may involve different forms of behaviour and response, particularly in the use of power over time. Following research using police data, she argues that such differences are important, particularly in terms of gender differentiation.

Building on a recognition of complexity, others have argued that a geopolitical lens extends the notion of DV to place greater emphasis on fear and control. Here Pain’s (2014, 2015) work is particularly important in making the connections with military conflict that underpin the conceptualization of domestic violence as intimate war. Interweaving the domestic and the military, she explores some of the key terms used in descriptions of contemporary warfare – terms such as ‘shock and awe’, ‘hearts and minds’ and ‘just war’ – as ways of identifying and understanding violence within the home, showing, for example, how power is used to create an atmosphere of chronic fear and also how
violence comes as a shock to the victim/survivor. Pain argues that, in these tactics, there is ‘no spatial hierarchy’ between the geopolitical and the intimate but there are continuities across different arenas. Understanding how fear is used to control victims/survivors of DV has been developed by, amongst others, Stark (2013) who has argued that the emotional and psychological violence that often accompanies physical attack, is frequently more damaging and just as controlling since it is ever-present and yet hidden. Bettison and Bishop (2015, 196) discuss the application of new legislation in the UK which identifies coercive control as an offence. While welcoming the legislation as important in better reflecting ‘the reality of the central harm of DV’, Bettison and Bishop discuss what they see as a number of difficulties in relation to its interpretation and application that may reduce its effectiveness into the future.

Attempts to understand more about the everyday experiences of intimate war – the tactics of fear, injury and wounding – foregrounds, as noted above, the intimate geopolitics of the body. The physical scars of domestic violence have been relatively neglected by previous research (but see DeVerteuil 2015). As with military conflict, however, there are compelling arguments for examining the wounds inflicted on the body and, importantly, how they are understood and responded to by victims/survivors, perpetrators and professionals. Work by Sweet (2014) explores how medical models of DV injury have changed. She considers biomedical constructions of the abused body, noting the shift from a medical focus on specific physical injuries to a broader recognition of the affects of violence on psychological and emotional as well as physical health. Sweet argues that while positive in some ways, this broader association between abuse and the healthy body implies a shift in the responsibility for maintaining an appropriate body. According to Sweet (2014, 49), the logic of health sees the body abused by DV not as a set of definable injuries but as a more fuzzy, loose and boundless entity. Thus:

‘the abused body is not a definable thing but the abused body is a set of potentialities constantly realized through the victim’s future in the form of disordered health’ (emphasis in the original).

In this way, the boundaries of the abused body are extended into the future and to victims’/survivors’ ability to take control over their lives and bodies. It also reflects a particular construction of health and responsibility in which the individual is seen as
responsible for their own well-being and for ensuring that they manage their own body to conform to accepted models of health. This can also be seen, I suggest, in the construction (by medical and other professionals) of the abused body as ‘chaotic’ and as likely to repeat decisions which lead to poor outcomes. Such behaviour reflects an inability to care for the self – to manage the body to create healthy outcomes – and ensures that the victim/survivor remains defined by the abuse they have suffered.

Feminist geographers (eg. Fluri and Piedalue 2017; Pain and Staheli 2014) have argued that greater attention to the intersecting geographies of corporality and violence allows connections to be made between different forms of social, political and economic violence. Through these connections, a focus on the body can highlight the relationship ‘between interpersonal violence and systematic, institutionalized forms of violence and inequality’ (Fluri and Piedalue 2017, 536). Critical geopolitics has looked directly at the ways in which the state works to shape how intimate violence is understood and responded to. For example, Cuomo (2013) uses feminist geopolitics and a focus on individual fear to explore the masculinist discourses of protection that shape policing of DV. Her research into victims’/survivors’ experience of policing interventions showed how by ignoring victims’/survivors’ own knowledge of risk and security, such policing could create different fears and insecurities for women. She argues that her research clearly demonstrates the importance of making visible the ‘connections between geopolitical systems of violence and the embodied practices of local and state based policing’ (Cuomo 2013, 870). It is these connections between the broad geopolitics of power and the embodied experience of violence to which this paper seeks to contribute.

**Intimate War, Space and Rurality**

Attempts to situate DV in a geopolitical framework and to develop the notion of intimate war have, as noted above, foregrounded issues of space in a variety of ways not only to make the connection between the global and the domestic scales but also to challenge conventional beliefs about the restriction of violence to sites of warfare and conflict and to refigure ideas of ‘safe space’. These geopolitical perspectives have helped to locate the practices of DV in relation to more conceptual understandings of power and control. Bowstead (2011), for example, has explored the ways in which fear is spatialized through
surveillance and how DV is used to restrict the victim’s/survivor’s freedom of movement. Drawing on Foucauldian notions of the panopticon and of self-surveillance, Bowstead (2013) adds to understandings of the wider spatial relations of power and control through which violence is perpetuated. Her work also looks critically at the association between mobility and freedom from violence, noting both the restrictions placed on the mobility of victims/survivors of DV but also the ways in which mobility and distance can act to empower victims/survivors and enable them to escape fear and live in safety. Through an exploration of women’s journeys to escape DV she shows how the socio-spatial theorisation of such journeys using concepts of force, agency and movement can lead to a much more detailed and nuanced appreciation of women’s choices, actions and experiences as well as the responses of support services (Bowstead 2017).

Discussion of the relationship between space, mobility and intimate war brings into focus the differences between urban and rural areas and asks questions about the specificity of the rural in terms of the experiences, practices and politics of DV. Mapping exercises (see Coy et al. 2011; Kelly, Sharp, and Klein 2014) have revealed the uneven provision of support services and their relative scarcity in more rural localities in the UK and beyond. The absence of services together with the difficulties in accessing existing support (due to long distances and poor transport) have been identified in research as very directly shaping the experience of domestic violence and the recovery of victims/survivors living in rural areas (Wendt 2009). While this work has been helpful in identifying the disparity in a whole range of DV support services, it is important to look beyond issues of distance and to understand access to services as part of the wider geopolitical questions surrounding resourcing and power. Such a recognition must also pay attention to the unequal situation of rural women (and men), their highly variable access to transport, for example, and their knowledge of support services. More interesting ‘mapping’ work has begun to emerge linking the body scared by DV to the land – such work has the potential to situate violence within communities at the local level and provides evidence to further break down the public-private divide in discussions of violence (Sweet and Escalante 2017).

Debates about the funding of and access to DV and related services in rural areas also need to be placed in a broader socio-cultural context in which the importance of
constructions of rurality is understood. While there has been some interest in this area, work here is much less developed. This is perhaps surprising since geographers have long argued that the social and cultural construction of rural communities helps shape rural identities and the power relations. Writing about the specificities of social services provision in the UK, Pugh (2003, 69) makes the link between the dominant imagery of ‘British’ rural life – in which the ‘ethnically cleansed picture in some forms of social difference are minimized, denied, derogated and excluded’ and the need for a distinctive response to rural issues and context in the practices of rural social workers. Feminist research has identified particular concerns in terms of the relationship between the more conservative and traditional cultures of rurality that frequently exist in the west and the gendered power relations and in expectations of gendered behaviour (see, for example, Bryant and Graham 2015; Little 2006; Pini, Mayes, and Boyer 2013). More traditional expectations about gender roles and enduring ideas about the family, labour and privacy in many rural areas have been linked to a greater tolerance of DV and a reluctance to ‘call’ unacceptable abusive practices.

This more critical work has the potential to contribute to conceptualisations and understandings of the rural body as impacted by violence, both in terms of the paucity of specialist support services and its interaction with the social construction of rurality. Important themes emerge from existing research that is relevant to thinking about how the body experiences DV. Work on the care of the body has begun to look more closely at mental health and well-being noting the role of rurality as a space for nurturing and protecting the body (eg. Gorman and Cacciatore 2017). More specifically concerning trauma, research has considered the ways in which traumatic wounds permeate the body in a deep and lasting way which may be not only deeply felt but with may be retriggered at a future time (Adams-Hutcheson 2017). Such work also talks about the mobility of trauma and its ‘paradoxical’ and unruly relationship with space in which, as Coddington (2017) explains, trauma is in place, out of place and placeless. Considering how trauma is experienced and responded to in the rural has led so far to the recognition of the hidden and private nature of the rural body and to implications of the idea of rural stoicism. Clearly, however, this is a developing field with much potential for work on DV.
Like many of these researchers writing about constructions of rurality and their implications for both practical concerns such as access to resources as well as values, attitudes and behaviours, I am conscious of the wide variation in places labelled as ‘rural’. Of course, there are dangers of assuming a consistency between such places that may be just as meaningless and inaccurate as assuming they share the characteristics of urban areas. By arguing for a rural perspective on intimate war, I am asserting above all a need for attention to be given to the local experiences of DV – to expand our understanding of the practices and issues that shape the everyday lives of those living in ‘rural’ areas. Examining how the tactics of intimate war play out in rural homes and communities, for example, may further illuminate how control is executed and how it shapes the lives of victims/survivors on a daily basis. I now turn to a discussion of the methodology employed in this research before presenting some of the key findings of the research that illuminate the experience of DV as intimate war in a rural context.

Methodology

The framing of DV as intimate war has shaped the approach taken to data collection and as part of, and in addition to, this framing, the study is informed by a feminist methodology in which DV is seen as existing as more than physical abuse to include coercion and the creation of fear. This broader methodology shapes the practical methods of data collection in terms of who was targeted for the research and what questions were asked. It also shaped the way the interviews were conducted, the treatment of respondents and the valorization of research material.

The evidence that informs this paper is drawn from a series of face to face interviews completed as part of an ongoing research project on rural DV. I personally carried out all the interviews in 2014/5. This includes 10 interviews with professionals working in domestic violence support agencies, local authority policymakers and the police and eight with DV victims/survivors. The interviews, which lasted for around an hour on average, were recorded and fully transcribed. Those undertaken with support services and professionals took place in their offices while in the case of the victims/survivors, interviews were in homes and cafes, as agreed. The interviews with professionals were more structured than those with victims/survivors – the latter were encouraged to talk about issues of concern to them and also issues that they were comfortable discussing.
Approaching the professionals for interview was straightforward and those selected were generally working in the County-wide DV support agencies and relevant parts of the police service. The survivors were all women and were identified through a gatekeeper who worked for a survivors’ support group.

In terms of the characteristics of interviewees, it is helpful to note that all the women I spoke to as victims of DV has been living with children at the time they experienced, and ultimately fled from, violence. As this DV had taken place over a number of years for some, the children’s ages varied, but for all women protecting children from the perpetrator of abuse was a key topic of the interview. Women ranged in age from late 20s to early 50s and all were living in rural areas – small settlements outside the main towns of the area. One had lived in co-operative accommodation shared with other families and individuals. The professionals represented a range of organisations including specialist DV agencies (five interviewees in different agencies/roles), local authority public health, children’s services and housing departments and the police. Clearly, neither survivors nor professionals were intended to be ‘representative’ of either those experiencing DV or those working to support victims/survivors. What they do, however, is provide detail of how DV is felt on a personal level and understood by those working in the sector.

The sensitivity of the topic made the interviews challenging and often upsetting (for all). The research was subject to guidelines applied as part of gaining approval from the department and University ethics committee. Copies of the interview schedule were made available to the departmental ethics committee as were guidelines on the project itself (as supplied to all interviewees). At the start of each interview, the interviewees were talked through the project and, in particular, advised as to how the data gathered were going to be used. Issues such as the storage of data and the use of interview material in papers and journal articles were discussed with participants and their consent recorded. For survivors, in particular, I took care to ensure that they understood that they could withdraw from the interview at any time, turn off the voice recorder or take a break. Importantly, all victims/survivors selected for interview were living apart from the partner who had abused them. All felt they had achieved some distance from the original abuse and were comfortable talking about it to me. That’s not to say that it was easy and for all respondents, the interview stirred up emotions that required a break or a change.
of direction. I have kept in contact with all the victims/survivors interviewed to inform them about progress on the project. The analysis of interview data was undertaken without the use of software packages and involved the identification and distillation of the key themes to emerge. My use of interview quotes and longer passages was obviously selective but done carefully and in a way that accurately, I believe, represents the wider tone and direction of the interview.

Referencing the interview material provides its own challenges. As noted, in each interview I discussed the ways I would use material and how anonymity of respondent would be protected. For the professionals, I have recorded whether the interviewee worked in a DV agency, the police or County/District council. This level of detail helps to position the comments of the professionals and distinguish between those working on the ground with victims/survivors of DV and those working at a broader policy level. The victims/survivors are all women were living in rural communities when they were the victims/survivors of DV. While they all lived in different villages or hamlets in the SW of the UK, they all noted a lack of public transport in their areas, an absence of local support services (the offices of which were in the major towns and cities. Although the distances to these towns were not huge (generally under 20 miles) all the women I talked to spoke of their feelings of isolation and remoteness (even the one woman who had her own car). Problems with access were exacerbated by a notable absence of ‘safe spaces’ in which DV victims/survivors felt able to meet support workers.

In the paper, I avoid assumptions or generalisations about the relationship between the survivors’ experiences and the nature of rurality. I argue that the characteristics that I identify about the nature of intimate violence may not be unique but are compounded by the physical and social characteristics of rurality and of rural service provision that I outline above. Of course, these vary from place to place but revealing more detail of the specifics of either places or interviewees would, in my view, potentially compromise the anonymity promised in the interviews.

**Embodied Experiences of Rural Domestic Violence**
In the next section of the paper, I explore three key areas in understanding how DV is experienced by the body as intimate war. These are, first, the recognition of DV, second
the tactics of surveillance and entrapment, and third the embodied effects of DV and the wounding of the abused body. While these three directions do not constitute a comprehensive picture of the experience of DV, they do, I argue, provide an insight into what can be offered by an embodied approach to intimate war. The details are clearly particular to the specific cases, but they do help to illustrate aspects of the experience of DV in rural areas.

Hidden Bodies of Violence

Discussion of DV in academic writing, policy and practice frequently talks about the problems of under-reporting. Less attention, however, has been given to the, in some ways more problematic, confusion about what counts as DV. Professionals working directly with victims/survivors expressed frustration about what they saw as a widespread failure to ‘call’ DV and to recognize abusive relationships where they existed. So, as one told me:

“I spoke to a survivor of domestic abuse just this morning and she actually said “the reason why I didn’t do anything about it for so long was ‘cause I didn’t actually know it was wrong”... Now, if you’re in ... a very traditional upbringing who is to tell you that that’s not right?” (DV agency)

While they acknowledged that this confusion was not an uncommon response amongst victims/survivors of DV generally, the professionals I spoke to argued that it was, in their view, more extreme in rural communities due to the traditional attitudes to the family and gender roles within it.

“There are some things that are accepted in the rural deep dark west, that have been accepted for generations, and without some kind of outside influence pointing out, actually that’s not really terribly healthy and actually you don’t have to live with it” (DV agency).

Both DV victims/survivors and professionals noted the continuing and often unquestioned acceptance of traditional gender identities in rural families and, in particular, highly conventional masculinities which served to obscure violence and abuse. As one survivor described her ex-husband “he was the sort of country person that
believed men didn’t do anything with child rearing”. Another interviewee, from a DV agency, observed that these attitudes had endured and were not a ‘thing of the past’. As she put it:

“Young farmers, they all have that attitude of ... that you get a wife and the wife looks after you. They work and the wife stays at home and has the children. They are still very much that old idea, if you like, that that’s the way”.

Another survivor suggested that such traditional gender identities (and the association of men with physical labour and women with the home) also incorporated an acceptance of male violence. She recounted a conversation with a friend who had previously supported her and who lived on a remote farm several miles from neighbours:

“I’ve got a friend up there on the moor and she said ‘Oh well men, they always resort to fists’. She was like condoning (violence). oh well. that’s how it is. Because their relationship is very much that she deals with the children and the cooking and whatever, and her husband’s on the farm. So I think farming families are still stuck in this role system.” (victim/survivor, 40s).

The valorization of traditional masculinity is seen as a particular problem in the remoter rural communities and was reinforced, it was argued, by isolation and by inward-looking communities and families in which men tended to remain in the area. One professional working with children noted how traditional models of masculinity were encouraged in boys by fathers who had little experience of parenting and a poor relationship with their children; “they want their little boys especially to be tough”.

The survivors themselves acknowledged the difficulties of recognising DV at the time, noting how abuse and even physical violence might become normalised and accepted over a period. For the respondents in my research, it left them uncertain as to the legitimacy of ‘naming’ their violence. For all, the sense of confusion was so all pervasive that only after survivors had left abusive relationships did they feel able to refer to what they were experiencing as abuse. As one summed up:

“So for me what happened was... um. there came a point when I realized that living like that... I mean that the whole episode is so confusing, because I don’t
even know what happened in my own mind because of the sort of methods that he used to confuse me. ... Um in retrospect now I would say it was constant, but it took so many different forms, that (only) now can I look back and see what was abusive” (victim/survivor, 50s)

Key to the conceptualisation of DV as intimate war is its hidden nature and its lack of public and political recognition. As other research has argued, certain practices and tactics serve to further illuminate that link. It is also in these various tactics that the particular relationship between rurality and DV can be further articulated.

Tactics of Intimate War – Surveillance, Entrapment and the Body

Using a framework of intimate war, the tactics of DV can be likened to those of military warfare. Specific injury and battering is encompassed within a broader, and often long term, assault on the body in the creation of fear and dread. As work on coercive control (Stark 2013) has illustrated, the power of the perpetrator is enforced by maintaining a permanent sense of fear. Here I explore how this sense of fear is reproduced through continuous surveillance and also entrapment on an individual scale, tactics that are both physical and psychological but which have a very real and embodied effect on the lives of victims/survivors. For many victims/survivors of DV, knowing that they are being watched (often to an extraordinary degree) by the perpetrator is as terrifying as physical attack (Stark 2013). Moreover, surveillance can often take place over many years, becoming routine within abusive relationships. It can be made to appear quite reasonable and can be disguised by the perpetrator as caring, even loving, behaviour or simply a demonstration of concern and interest. Surveillance not only limits the victim's/survivor's freedom and denies them agency (to, for example, leave the relationship or simply go out independently) but also acts to reinforce a sense of confusion and doubt. One of the victims/survivors spoke of the shock she felt when she realized how extensively her partner (who continued to live in the same shared house) was monitoring her behaviour:

“ I knew he could hear (me)... and actually, you know, he was tapping... he bugged
my phone, he monitored my mobile he hacked all my accounts... Every time I made a discovery it was a shock. I mean if I’d realized what was going on, but I didn’t” (victim/survivor, 50s).

Rurality was seen by some of the respondents to offer greater opportunities for surveillance by the perpetrator since the size of the community denied DV victims/survivors anonymity. Moreover, the close-knit nature of some of the rural communities in the area of my study meant that victims/survivors felt that their behaviour was often monitored not only by the perpetrator but by his family. One victim/survivor also talked about surveillance as a feature of the broader rural community and about the feelings of being judged following the disclosure of DV, that she associated with being one of the few single mothers in the village.

“Well when (son) started school I was the only single mother in the whole primary school ... and they obviously knew we were having problems.... And it shouldn’t be an embarrassing thing but I have bad memories now and so I don’t have much to do with the people... ’cause they knew too much and I think... well, you are judged”. (victim/survivor, 40s)

As Bowstead (2011) has observed, the surveillance of DV victims/survivors can operate in different ways. The feelings of being watched, disciplined and judged are powerful indications of the controlling effects of surveillance. Surveillance can, however, be seen in a more positive light as a way of developing resistance to DV and promoting safety. For example, two service providers spoke about the ways in which signals between neighbours may be used by those being abused to cry for help. The knowledge that the violence is witnessed by others and that people are aware that it is going on is a source of comfort and strength for some and may also help to reduce the occurrence of attacks. Discussions of DV in my research, however, revealed an absence of this kind of constructive surveillance by neighbours. Some survivors and professionals attributed this to the physical characteristics of rural communities and the absence, for some, of near neighbours. One survivor said simply “if you scream in the countryside nobody would hear you anyway”.

Another expanded on this saying:
“If you’re in a terrace or housing estate and the arguments are going on and there are bangs and screams, people are going to hear... so they can raise the alarm... or at least (if they want to be involved) can ask what’s happened. Whereas here no one’s going to know what’s going on” (victim/survivor, 30s)

This recognition that surveillance by neighbours depended on a willingness to get involved was something that was echoed by others in talking about the ways in which neighbours and other community members frequently turned blind eye. This seemed in many ways very distanced from the constructions of the rural community as helpful, friendly and mutually supportive. Rather, it was, for victims/survivors of DV, absent or judgmental. There is significant literature around the idea of the ‘bystander’ that has been developed in relation to violence in various environments (see, for example, Fenton et al. 2016; McMahon and Banyard 2012). This is relevant to issues of witnessing and not acting as discussed here but further discussion is beyond the scope of this particular paper.

Closely related to (and in some cases inseparable from) the tactic of surveillance is that of entrapment. As Pain and Scottish Women’s Aid (2012) have acknowledged, the experience of intimate violence frequently involves the containment of the victim/survivor in some way. Respondents in their research described being unable to escape, physically or emotionally, from the perpetrator, often for lengthy periods of time. Similarly, in my research, one DV agency interviewee recounted the tale of a woman living on a remote farm who had been subject to years of abuse from her husband:

“this elderly lady told me about the fact that she had known the local carpenter make her a wardrobe that she could lock and... was big enough for her to put her duvet in, so that when she knew she was going to be at risk she could just lock herself inside this wardrobe. And she’d lived like that all her married life, and unbelievably had accepted it”.

Even where survivors are able to leave a violent relationship, they may not be able to maintain separation (for various reasons) and may ultimately feel that the only option is to return. Like surveillance, entrapment may take a range of forms (from physical...
containment to emotional coercion) and may be maintained by surveillance, financial control and force.

My research revealed particular issues around entrapment for the victims/survivors of DV living in rural areas. The survivors and professionals I spoke to all commented on the ways in which distance from help and services was a major factor in the experience of and response to DV. Even for those women who could drive and had a car the distances involved made it too risky to attempt to leave. For victims/survivors leaving home was often seen as more dangerous than staying:

“There’s a sense of isolation because you can’t access anything immediately, like within twenty minutes even... So I would say one of the problems when you live rurally is if you needed to leave quickly, that would be dangerous, because once you have left the place you are living ... it could be twenty or thirty minutes... before you got to where there’s people” (victim/survivor, 50s).

For another survivor entrapment was inevitable once she had moved to a rural area to live with a man she had met (and then married). She described having no money or transport, no knowledge of what services or support existed or where information could be found and no friends to help her escape her relationship once it became abusive. She also revealed that she had attempted to leave on more than one occasion. However, as she concluded:

“So again, I just ended up getting back with him, ‘cause where else can you go, what can you do, you know? You live in the middle of fucking nowhere, you’ve got no money, well he just had it all, didn’t he? He had it made. How could I stand up against that?” (victim/survivor, 40s).

These experiences of entrapment are exacerbated in remote communities due to the lack of alternatives. For some survivors I spoke to there was a clear sense that they could not change the cultures of rurality and so had to simply ‘put up with’ the violence they experienced. This is a familiar echoing of the stoicism associated with rurality noted above.
The Embodied Experience of Domestic Violence

This final section focuses on the body as a site of violence, emphasising both the ways in which the practices of intimate war are felt by the body but also how the survivors of DV become defined by abuse. The framing of DV as intimate war importantly draws attention to the wounding and pain experienced by the body which are generally less frequently discussed in accounts of DV. In foregrounding such visceral aspects of DV, discussions of intimate war can highlight the role of trauma and of the enduring effects of violence. It is also important, in understanding the embodied experience of DV that the physical pain of fear itself is acknowledged, as demonstrated by the following extract:

“Yeh, I was petrified. It sounds extreme, really extreme, but I could only sleep if I locked myself in with my children. So I slept on the sofa for six months ... I almost dreaded going to sleep because I knew I would wake up in absolute panic, and the only thing I can liken it to is what it must be like if you are at war and you’re living in immediate danger... you know, like in the trenches almost” (victim/survivor, 50s)

As she went on:

“...I felt like I was on the verge of annihilation... I could. I was so distressed I could have died at any moment, and it sounds like such an exaggeration, but I thought I would have a heart attack sometimes, ‘cause my, you know, my heart rate was so high, I couldn't breathe”.

These quotes illustrate the ways in which this survivor was unable to identify the boundaries of violence. Other respondents talked of the ways in which their bodies responded to fear and violence beyond the actual scars and injury inflicted by being physically attacked – here this brings us back to Sweet’s (2014) observations that violence pervades the well-being of the body for an unending period.

“I’d basically got this huge rash... like my whole body was screaming my issue” (victims/survivor, 30s).

Another victim/survivor talked more broadly of the ‘panic attacks’ she felt every time she anticipated seeing her ex-partner, responses that went on for ‘months and even years’ after they had separated:
“I have a fear even now of bumping into him. I still have panic attacks and things when I go into town” (victim/survivor, 30s).

As Sweet has observed, the ‘fuzzy boundaries’ around the abused body are seen by many health professionals (and, I suggest, other service providers) as problematic. The body of the victim/survivor is constructed as disordered and chaotic, unable to make the ‘right’ choices and responsible for making poor choices that ultimately repeat themselves. According to one victim/survivor:

“ I was told I was chaotic. I’m not chaotic but I became chaotic in my mind and probably my presentation (to doctors) because I didn’t know what the hell was happening to me” (victim/survivor, 20s).

She went on to describe the heightened sense of anxiety which left her confused and exhausted. A common theme amongst professionals I interviewed remarked on the failure of women to distance themselves from their abuser and saw the tendency for victims/survivors to return to perpetrators as an indication of chaotic thinking and poor judgement. As one police officer told me:

“ They (the victims) need to have somebody there. Without them they can’t function on their own. … So if the best they can get is this (the violent relationship), that’s what they’re happy with. And then it gets unbearable, and then they get help, and they back off and then they go, ‘you know what, I’m going back to the same pub I met him in’ and they’re perpetuating a cycle” (Police).

This kind of victim blaming represents a particular construction of the body of victims/survivors of DV and is important to understand in the context of intimate violence, broader geopolitics of violence and control at the scale of the state.

Discussions of the embodied experiences of DV, the wounds inflicted on the body, and the responses of service providers are not uniquely rural. Specific reference to the wounding of the rural body was made in interviews, however, in discussion of the availability of weapons, especially guns, but also the increased vulnerability of the body in rural spaces
due to the distance to health services. One woman also spoke about what she saw as the poor quality of health care available in rural areas and the lack of experience of practitioners in addressing patients reporting DV and associated trauma.

There is insufficient space here to develop these ideas but it is important to recognize the embodied effects of violence beyond physical injury and wounds and the extent to which they may shape the victims'/survivors' choices and influence the support available to them. Returning to the comparisons with military warfare, the continued embodied effects of DV have been compared by some to the post-traumatic stress associated with experiences of modern day warfare as recorded by soldiers serving in global military conflicts.

**Conclusion**

Using the conceptual framework of intimate war, this paper has brought new arguments and observations to the study of DV. It has started from the claim that we need to address the ‘miss-placed absenteeism’ (Brickell, 2015a) of the domestic from geopolitical studies of violence and break down the binary between the global and the intimate. It has argued that a focus on the tactics of intimate war enables us to draw out the detail of the practices of DV in ways that have often been previously overlooked, contributing to an understanding of the complex ways in which victims'/survivors' lives are shaped by the experiences of violence. Uncovering the tactics of intimate war also recognises the co-construction of violence and space – here a focus on the rural has demonstrated how practices at all scales cannot be separated from the practical and social characteristics of place and its local histories and cultures.

Recognising the importance of space in the examination of intimate war (in rural areas) has also highlighted different scales at which DV is experienced. Here I have shown how a focus on the scale of the body reveals more about the broader injuries and effects of DV – particularly the debilitating effects of fear not only of physical violence but also of surveillance and coercion. While these effects may not be uniquely rural, the importance of including them in the analysis of rural DV is significant. Moreover, as the paper has discussed, an embodied perspective reveals certain characteristics and trends in the response to DV. Here attention was directed to the importance of a 'logic of health' in
medical responses to violence in which a focus on the wider implications of abuse for the well-being of the body can result in victim blaming as the body appears stuck in a spiral of unhealthy behaviour.

The paper has brought much-needed empirical evidence to the study of DV as intimate war. In doing so it has concentrated largely on the experiences of DV and while insights from professionals have added to the understanding, the discussion has not focused specifically on the responses from policymakers and service providers. Clearly, the findings of the research open up questions about the access to and efficacy of support for survivors (and perpetrators) of DV, particularly in the context of declining resources for conventional services, but also a broader geopolitical concerns about of power and about the direction of policy.

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End Notes
1. Throughout the paper, I have used the term victim/survivor. This recognizes the issues surrounding the politics of ‘naming’ and the, specifically, the labelling of those experiencing DV as ‘victims’ when they frequently prefer to be identified with moving on
from a state of victimization through recovery (see Donovan and Hester 2010; Kelly, Burton and Regan 1996).

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