RURAL DOMESTIC ABUSE
THE PARADOX OF COMMUNITY

Redesigning Safety with Rural Communities

Judith Vickress

FULL REPORT WITH RECOMMENDATIONS

the CHURCHILL fellowship

Supported by

RiTA
RURAL INITIATIVES TACKLING ABUSE

THE ROYAL COUNTRYSIDE FUND

FOREWORD

BY DAME NICOLE JACOBS, DOMESTIC ABUSE COMMISSIONER FOR ENGLAND AND WALES

Domestic abuse can happen to anyone, anywhere. Much of our national response to domestic abuse is, however, shaped by urban assumptions about service availability and accessibility, survivor visibility and their ability to preserve privacy. This fellowship challenges those assumptions head on. Drawing on international evidence and professional expertise, this report, ***Rural Domestic Abuse, The Paradox of Community***, shows how rural life compounds survivors' experience of domestic abuse, the risks they face, their social isolation, what they often must sacrifice when seeking safety, and their path to recovery. When we fail to account for these realities, we leave too many victims unseen and unsupported.

This report stands out due to its clarity of purpose. We are too often presented with descriptions of harm without a clear route to change. This work is different. It offers a practical, action-focused blueprint grounded in evidence, lived experience, and frontline insight. The new ***Rural Coordinated Community Response*** framework builds on what we know works -collaboration, survivor-centred practice, and perpetrator accountability -and adapts it thoughtfully to rural realities. Crucially, it reframes coordination not as another set of meetings, but as a way of working embedded in everyday practice.

As Domestic Abuse Commissioner, I have consistently advocated for a coordinated community response approach that holds perpetrators to account and ensures survivors can access safety wherever they live. This report aligns strongly with that ambition and with the Government's drive to focus on prevention, partnership, and shared responsibility to achieve its mission to halve violence against women and girls in a decade. The forthcoming ***Duty to Collaborate*** creates a genuine opportunity to embed rural needs into how systems are designed, commissioned, and held to account.

This report also makes clear that **rural domestic abuse cannot be tackled in isolation** from wider rural inequality. Transport poverty, housing insecurity, digital exclusion, and chronic underfunding all shape the conditions in which abuse thrives. Organisations such as the Rural Services Network, the National Rural Crime Network, and English Rural play a vital role in exposing these structural barriers. Without addressing them, our response to domestic abuse will continue to fall short.

The **call for disaggregated rural data** is also essential. We cannot rely solely on police figures when we know rural victims are less likely to report, and when invisibility itself is part of the harm. Fairer funding that reflects the true cost of rural service delivery is fundamental to safety. Rural residents pay more, earn less, and have access to fewer services. That is fundamentally unfair and unsafe.

I welcome this Churchill Fellowship report and the challenge it presents. Tackling domestic abuse requires us to confront inequality in how safety is designed and delivered, and to ensure rural victims, including children and families, are no longer overlooked.

Rural Initiatives Tackling Abuse (RiTA) provides a dedicated platform for collaboration, learning, and implementation across policy, practice, and community leadership. It will be essential for bridging the gap between the VAWG and rural sectors, and for turning national ambition into lasting change for rural survivors.

The recommendations here provide a clear and credible pathway forward. I hope they are widely read, shared, and acted upon.

Dame Nicole Jacobs,
Domestic Abuse Commissioner for England and Wales

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DEDICATION

THIS CHURCHILL FELLOWSHIP IS DEDICATED TO MY MUM

One of my abiding memories of my mum is of her sitting each evening, writing or typing letters - many of them - to her children, her sister, her brother, and to her mum back in Scotland.

I was the lucky recipient of her twice-weekly letters at my halls of residence once I, too, had (partially) flown the nest and left for uni ("poly" in those days!). Always interested in what I was up to, always proudly saying who she'd "dropped in to conversation" that week that I was studying for a degree, and always keeping me updated with what was going on back at home - mainly on the farming side, what the others were up to, but typically, rarely talking about herself. Sadly, she died less than a year later so these letters are now precious traces of her voice etched in her distinctive handwriting (she was left-handed in a day when this was "not allowed", so had taught herself to write right-handed!)

She was the most intelligent, hardworking, kind and selfless person I have known, and she continues to inspire me throughout my life.

Through this Fellowship, I had the opportunity to travel across the USA and Canada, including a visit to the E.P. Ranch in remote Alberta, where my parents lived for several years in the 1950s. My mum travelled out there alone with two young children to support my dad in his managerial job. Several +40 summers and -40 winters and two more children later, they returned home. Several moves across different farm tenancies in England, and a few more children, I eventually came along at number eight, where the family settled for the next 19 years on "Old Downton Farm".

While working on this Fellowship, I have reflected on her life and the impact she made, with overwhelming pride, respect and some sadness too. I know that she wanted to do so much more once she became "child-free". She cared deeply about people, fairness, and the local community. She loved reading, was interested in politics, and instilled in me a curiosity and compassion for others, rooted in gratitude for the privilege of freedom and the opportunities it afforded. She instilled in me the aspiration to make a difference, and she showed me the value of integrity and humility. She was the head, the heart, and the soul of our family - our anchor.

To honour her love of letter writing, "Dear RiTA, a project inviting survivors of abuse in rural areas to share their stories through letters, will launch in 2026. I am reaching the age she was when she died this year, making it even more meaningful to celebrate her life through an initiative that will give others from rural communities a voice and a platform to be heard.

Like many women married to and working so hard alongside men in farming, my mum was much more than just a "farmer's wife." She was an extraordinary woman with her own identity, she made a difference and left a lasting impact on the world and everyone so privileged to know her.

This is for her.

photos taken of the EP Ranch on my visit to High River, Alberta, Canada, June 2024

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ABOUT THE AUTHOR

Judith Vickress is a freelancer specialising in Domestic Abuse and Violence Against Women, Girls & Children (VAWG/C). Judith grew up with her seven siblings on a farm in rural Shropshire. After beginning her career in family law, Judith moved to working directly with victims and survivors of domestic and sexual violence in the rural counties of Herefordshire, Shropshire, and Worcestershire. Over the past 15 years, Judith has held national roles across the UK, guiding strategies for systemic change in the sector.

Circa 1979 with three of my 7 siblings --in the centre suitably dressed for farming!

A key focus of Judith's work has been supporting the implementation of multi-agency arrangements and the design and delivery of frameworks to improve practice across agencies within the Coordinated Community Response (CCR) model. Judith has collaborated with statutory and voluntary sector partners to strengthen inter-agency cooperation, ensuring that responses to domestic abuse are holistic, survivor-centred, and effective. This has included developing training, protocols, and evaluation tools to embed best practice and drive continuous improvement across the sector.

Inspired by a Churchill Fellowship and recognising the lack of rural inclusion in national and regional VAWG/C strategies, Judith founded **RiTA -Rural Initiatives Tackling Abuse**, a Community Interest Company (CIC) dedicated to advocating for and achieving equity for rural survivors.

RiTA works to ensure that the voices and needs of rural communities are represented in policy and practice, and that multi-agency responses are designed to reflect the unique challenges faced in rural areas.

ACKNOWLEDGEMENTS

photo credit media shot of Rhianon's appearance on ITV's GMB

Full acknowledgements can be found on page 58, but special thanks must go to **Rhianon Bragg**. Rhianon is a survivor of domestic abuse and stalking. She and I met just after I was awarded my Churchill Fellowship, and she provided the inspiration that has driven so much of what I have done since. She has become a great and trusted friend and has kept me going in this last year by reminding me just how important this work is, how marginalised rural communities have become in the VAWG/C and VAWDASV (Wales) landscape and why we must keep going, however many challenges and barriers (hills and mountains) are put in our way.

This work is for her and other survivors like her who show us what courage is by using their experiences of male violence and trauma that is too often compounded by systems that let them down so badly. Rhianon is alive today because of everything she did to protect herself and her children and not because any agency or system took responsibility for their safety or took any coordinated action to ensure that her perpetrator was held to account for the harm he caused and the risk he posed. Rhianon is the very definition of an Expert by Experience, and we all need to listen and learn from her- just as the agencies that let her down are now doing. Rhianon is an important member of the **RiTA** team, and I am excited to see what we can achieve together. **Thank you Rhianon, you are making a difference.**

Taking Care of Yourself

This report discusses domestic abuse, sexual violence, stalking and suicide. For some, the details, references and quotes may cause some distress - particularly those with lived experience. If you do choose to read my report, thank you, take care of yourself and if this raises anything for you, please contact the Refuge 24hr Helpline

The Respect helpline for male victims or for those who may recognise their own behaviour as harmful and wish to know how to seek help to change.

f you need to talk to someone about feelings of hopelessness or thoughts of suicide, please call the Samaritans

freephone, 24-hour National Domestic Abuse Helpline
Refuge 0808 2000 247

Respect
Freephone 0808 8024040

SAMARITANS
Call 116 123 for free
Other ways you can get in touch

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You are not alone.

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PART ONE

RURAL DOMESTIC ABUSE – THE PARADOX OF COMMUNITY

1. Introduction

This report examines how rural communities across the UK, USA, Canada, and Australia respond to domestic abuse, drawing on insights from my 2023 Churchill Fellowship. Over six weeks of travel, supported by extensive preparation, I visited a wide range of rural settings and schemes, including towns, villages, community-led recovery programmes, Family Justice Centres, courts, shelters, and creative projects. I spoke with survivors, practitioners, academics, community leaders, advocates, and policymakers. Despite the diversity of landscapes and cultures, the challenges and themes I encountered were strikingly consistent.

This is not an academic study. It is a practical, narrative-driven reflection rooted in survivor voice, frontline experience, and systems thinking. My aim is to highlight what works, identify what holds harm in place, and share learning that can inform better policy and practice. I believe change is possible, but only if we are willing to design for rural realities rather than assuming that "one size fits all".
Survivors' voices sit at the heart of this work. Their courage, insight, and persistence shape everything I believe about what rural safety requires. I am also mindful of those who can no longer speak for themselves - victims who have lost their lives to abuse through homicide, suicide, or the long-term effects of trauma. Their absence is a constant reminder that systems are not judged by their intentions, but by the outcomes they create.

Domestic abuse is not confined to cities, "problem" families, or deprived areas. It happens everywhere, including in the most picturesque villages, towns, and farms. But rural living can increase risk and reduce choice - long journeys, limited transport, digital exclusion, scarce specialist services, lack of anonymity, housing shortages, and community visibility intersect in ways that shape help-seeking and safety planning. In some places, support is not just difficult to reach, it is simply not available. This report builds on the National Rural Crime Network's 2019 Captive & Controlled report. That work was groundbreaking, rooted in survivor voice, and it remains foundational. Yet too many of its recommendations were never properly implemented. I hope this Fellowship report helps shift rural domestic abuse from being periodically acknowledged to being structurally addressed.

The paradox of community sits underneath everything in this report. Rural ties can be protective and life-enhancing, and they can also create silence, stigma, and isolation. If we don't understand both realities at once, we will keep designing the wrong responses.

> "..in the midst of the criminal justice system I found myself in [2019] I was continuously highlighting the additional challenges I faced because of rurality that were not being taken into account.....I can remember the immense relief I felt when I came across "Captive & Controlled", the NRCN report. At last, a group of people who got it – the problems I faced were listed and the right recommendations made to move forward. But how much has changed since then? Not enough by a long way...
>
> **Rhianon Bragg,**
> **Survivor, Expert by Experience and National Campaign**

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1.1 A rural lens on the Government's VAWG Strategy**

The Government's cross-government Violence Against Women and Girls strategy sets an important national direction. Prevention, perpetrator accountability, and improved support for victims and survivors. It also signals a welcome shift toward a "whole-of-society" approach.

But rurality is still unnamed. What is unnamed is easily unfunded, unmeasured, and ultimately unmet. If women and children in villages, farms, islands, coastal communities and market towns are not visible in national strategy and delivery plans, they risk being excluded in practice, even when the ambition is genuine.
A rural lens changes the questions we must ask:

What does "access to support" mean when the nearest specialist service is twenty, or even ten, miles away?

What does "leaving safely" mean when there is no local housing option, and you may lose animals, land, childcare, family, friendships or your livelihood?

What does "risk" mean when stalking is enabled by isolation, and firearms or rural tools of control are normalised?

What does prevention look like when youth services are thin, transport is limited, isolation is absolute and online harm travels faster than help?

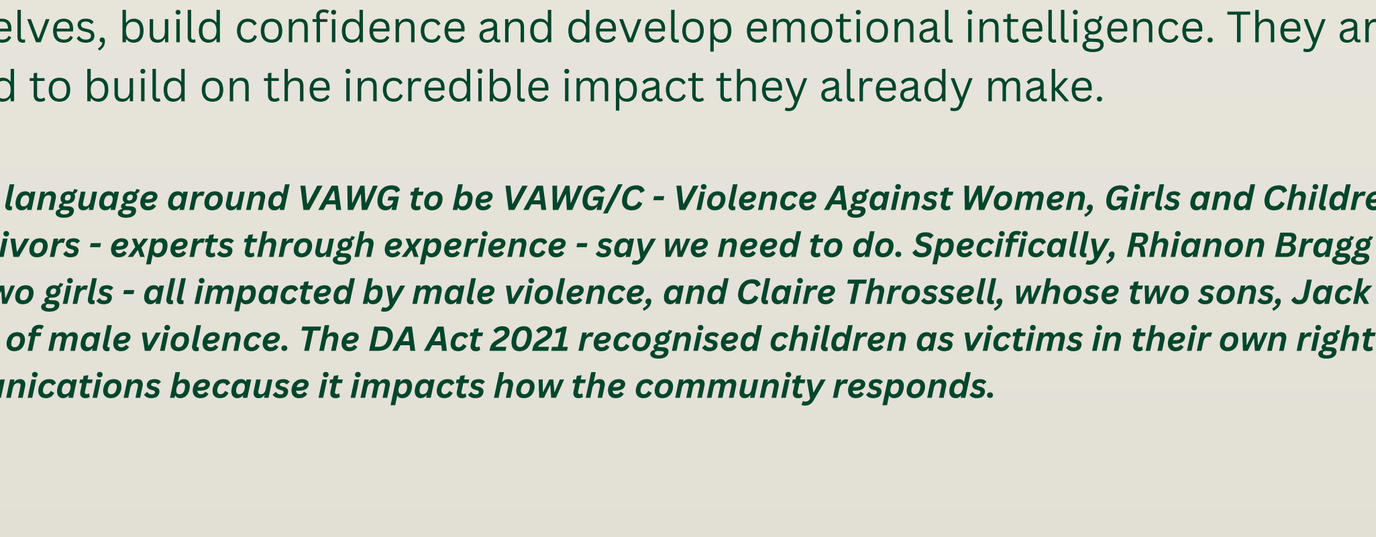
Rural areas encompass the majority of the landmass, even in regions with smaller populations. If the national mission aims to halve violence, then rural outcomes must be included in the criteria for success. The Evidence Review and Men and Boys Explanatory Note that accompany the new VAWG Strategy add important context for rural work. The evidence review draws heavily on North American evaluations, acknowledging significant gaps in our understanding of what works in rural, remote, or culturally distinct settings, including Indigenous communities overseas, which often mirror the dynamics found in rural Britain.

Meanwhile, the Men and Boys Note recognises both the gendered nature of **VAWG/C**** and the realities of male victimisation, harmful norms of masculinity, and the stigma that prevents boys and men from seeking help. These themes resonate strongly in farming communities and small rural towns, where expectations around strength, silence, work and identity can shape both victimisation and perpetration.

Rural prevention, therefore, cannot be an afterthought. It requires intentional work with boys and young men, including through creative, place-based approaches such as Rural Media's projects with young people in rural areas which are already shifting the cultural narratives that either enable or interrupt harm. (See Spotlight 5 Page 42) The team at Rural Media understand the value of empowering young people and giving them the skills and tools to express themselves, build confidence and develop emotional intelligence. They are standout in their field and must be supported to build on the incredible impact they already make.

** ***A note on language: I adapt the language around VAWG to be VAWG/C - Violence Against Women, Girls and Children. I do this because this is what survivors - experts through experience - say we need to do. Specifically, Rhianon Bragg who has four children, two boys and two girls - all impacted by male violence, and Claire Throssell, whose two sons, Jack and Paul were murdered by their father - victims of male violence. The DA Act 2021 recognised children as victims in their own right - we must reflect that in our communications because it impacts how the community responds.***

Jordan Stephens & the Breaking Out Boys – The Interview



Credit Rural Media

1.2 How I approached the Fellowship learning

I adopted a qualitative, place-based approach, prioritising people's experiences and the practical realities that shape safety. My findings are organised around recurring themes that appeared across countries - rural inequality and access, housing and economic abuse, health and wellbeing, stalking and firearms, community dynamics and social capital, workforce support, prevention, and systems design.

Throughout the report I also introduce frameworks that helped me think differently about how change actually happens - not just through policy statements, but through implementation, relationships, and learning systems. I have included these concepts because they are not abstract, they are tools for building responses that work.

1.3 How to read this report

I have written this report in three parts.

Part One sets out the case for change: what rural domestic abuse looks like, why risk and access are different in rural places, and why a Rural Coordinated Community Response (RCCR) offers a practical architecture for safety, accountability, and prevention.

Part Two shares travel reflections and "Spotlights" on specific interventions and approaches that I believe are transferable to the UK.

Part Three is where you will find the Full Recommendations, which I have named "A Rural Blueprint for Change"

Additional material (including expanded case studies and applicable theories) is available in the Appendices and on the RiTA website. That structure is deliberate as it keeps the main narrative readable while ensuring the evidence and learning remain available.

2. Rural inequalities and the paradox of community

2.1 Rural omission as structural risk

National strategies often acknowledge that domestic abuse happens everywhere but stop short of recognising that how abuse is experienced and how help can be accessed differs profoundly in rural places. When rurality is folded into generic regional categories, the structural realities of distance, low service density, high visibility, and limited housing options become invisible in planning and commissioning.

Aiming for an ambitious goal of cutting violence significantly in ten years, it's important to recognise that simply remaining silent about how rural areas will implement the plan isn't neutral, it could actually be a risk.

2.2 Rural inequality as an incubator of harm

Domestic abuse in rural areas does not occur in a vacuum. It emerges within a context shaped by chronic under-investment and long-standing structural neglect across housing, transport, health access, digital connectivity, and local service infrastructure.

Transport inequality is a simple example with enormous consequences. Where public transport is scarce, perpetrators can weaponise dependence by restricting access to work, healthcare, friends, school engagement, and discreet opportunities to seek help. Distance and cost turn "support options" into theoretical entitlements rather than practical choices.

Economic fragility compounds this further. Low wages, insecure work, service withdrawal, and sector-specific norms, particularly in farming and family businesses, can create conditions where economic abuse thrives and leaving becomes not just emotionally difficult but materially impossible.

And where rural/urban disaggregation is absent in national data, rural need becomes harder to evidence. If rural victims are not counted, rural needs are not funded and that cycle repeats. This is a fundamental and eminently achievable recommendation this report makes.

Rural inequality key takeaways

Rural infrastructure gaps shape risk, access and recovery (transport, housing, digital, health).

Perpetrators can weaponise isolation and service scarcity as part of coercive control.

Under-counting rural need leads to under-funding rural solutions and reinforces invisibility.

2.3 What do we mean by “rural”?

Definitions matter because they determine policy attention and funding. Official classifications often rely on population thresholds and settlement patterns. But rural identity is also cultural and relational. Many people living in market towns and county towns classified as cities tell us that they experience life as rural because of how they travel, work, access services, and belong.

For this report, “rural” includes villages, hamlets, farms, island and coastal communities, traveller sites, and market towns with thin services and limited transport not because they are all the same, but because they share structural barriers that shape safety and choice.

2.4 The paradox of community

Rural life is often idealised as neighbourly and safe, and for many people it is. Trusted relationships and informal networks can be the very things that get someone through difficult times.

Closeness can also create silence. In small places, everyone knows everyone. News, information – or misinformation - and reputations travel fast. Survivors often fear not being believed if the perpetrator is a respected member of the community, worry about gossip, or avoid seeking help because the consequences of disclosure feel immediate and uncontainable. Some are connected to the perpetrator through family, employment, land, or community roles. Some are connected to the community by birth too and may believe they will either have to leave – or, indeed, be forced to leave all that they have ever known.

> “You think that the community in villages like the one I lived in would be a source of support, but in reality, no one wants to get involved… because he played for the village cricket team, he had the support of everyone… He was totally manipulative of the situation.”

Conversely, we see the quiet moment of human recognition that opens a door for a survivor:

> “One of the only ways I made it through… was a chance encounter with an older lady… She told me she’d seen something in my eyes…”
>
> **Survivors, 2019 NRCN Report**

That is the paradox of community. The same social bonds that offer belonging can also shield perpetrators and isolate victims. Rural safety design has to hold both realities at once.

2.5 Social capital: bonds, bridges and linkages

Social capital offers a practical lens for understanding rural safety because relationships are part of the infrastructure. In rural areas, support often travels through trust, shared identity, and informal connection not just through formal services.

Bonding Capital

These are the strong, close ties between family members, neighbours, and local groups. Bonding capital can provide practical help and emotional support in times of crisis. However, these same close relationships can also create barriers - survivors may fear gossip, stigma, or backlash if they speak out, especially when the perpetrator is well-known or respected in the community.

Bridging Capital
Bridging capital connects people across different groups, such as between villages, sectors, or cultural identities. Strong bridging capital allows information and ideas to flow more freely, helping communities to share learning, challenge harmful norms, and collaborate on solutions. It can help shift the perception of domestic abuse from a private matter to a societal issue.

Linking Capital
Linking capital describes the relationships between rural communities and formal institutions like the police, health services, and local authorities. In many rural areas, these links are weaker, leading to feelings of disconnection and making it harder for survivors to access support. Strengthening linking capital means ensuring that rural knowledge and lived experience inform how systems operate, and that trust and accountability are built in both directions.
Where linking capital is weak, rural people experience systems as distant, inconsistent, or simply “not for us.” Strengthening linking capital is an essential safety mechanism.

2.6 Rural practitioners as “the bridge”
Across my Fellowship learning, I heard repeatedly how rural practitioners the bridge between survivors and the system and “bridges” need strong foundations.

In rural areas, staff frequently work across larger geographies, with fewer services to refer to, and they bear the emotional burden of knowing the community dynamics, reputations, and risks behind closed doors. When systems tell staff to be “resilient” without building psychologically informed workplaces that provide quality, robust supervision, reflective practice, peer learning, and consistent pathways, we increase burnout and reduce the quality and consistency of response. If we want a better system, we must invest in the people holding it up, and we must include them in the design of those systems and the services. They must feel safe to offer solutions to place-related challenges, and they must be empowered to “fail-forward” if it means they grow and develop learning and build in confidence.

2.7 Children, disclosure and rural access
Rural children living with domestic abuse face layered barriers with less specialist services, fewer discreet disclosure routes, transport constraints, and the same community visibility that shapes adult help-seeking. If we are serious about prevention and early intervention, we must embed safe pathways for children through the places they already go - schools, sports clubs, primary care, community hubs, libraries, youth provision - and ensure rural staff are equipped and supported to respond well.

3. Housing, Poverty and Economic Abuse

3.1 Rural housing, safety and recovery
Housing is one of the most decisive factors shaping safety, choice and recovery for survivors in rural areas. It sits at the intersection of geography, economy, culture and systems and in many places, it is where those systems fail most starkly.

Chronic shortages, poor infrastructure, high costs and limited alternatives characterise rural housing. These pressures exist within a broader rural economy that has experienced long-term underinvestment, limited commercial development and a reliance on low-paid, seasonal or insecure work. The result is fragility not only for individual survivors, but for whole communities.

Where immediate safety must be addressed, most rural districts have no refuge provision and emergency accommodation, where it exists, is often unsuitable, unsafe or many miles away. A vast majority of survivors, particularly those in rural areas, tell us they do not want to go to a refuge, and yet this is often the first offer. The accessibility and suitability of refuge is limited to those women on benefits, who do not have older teenage sons, and who have no other caring responsibilities, such as older relatives or animals. Survivors may face impossible choices - leaving behind animals, land or a family business; separating children from schools and support networks; or abandoning elderly relatives who rely on them. Private renting is limited and expensive, and social housing stock is scarce. For many, returning to the perpetrator is not about choice, it actually is the only option available - unless anyone sees homelessness as an option.

> “I was in a B&B, one room with the four children, including my newborn and just a microwave to cook with…40 miles away from home… After weeks with no end in sight, I withdrew my statement to the police and went back. I knew it was a mistake, but we were desperate. Everyone’s attitude towards me changed – especially the social worker who said I was putting my needs above my children’s and said they were now at risk because of my choices. When I realised it wasn’t safe to stay, I sought help. A person at the council said, “If we find you somewhere, will you stay away this time?” I was offered a B&B again. My ex offered to pay rent for a cottage not far away, and he leased a car for me. Both in my name. I thought this was a great solution at the time, but I realise now that I am completely dependent on him still. He is in control. He comes and goes, checking the car’s mileage (because he says he needs to for the lease agreement). Social services say he’s being a “great dad” and that I am “lucky”. I am trapped.”
> **“M” Survivor (UK)**

These realities help explain why rural victims experience abuse for significantly longer than those living in more urban areas. It is not that rural survivors do not seek help, it is that the help available does not reflect their lives, responsibilities or risks.

3.2 Devolution: a structural turning point?
The Government's English Devolution programme will transfer increasing powers over housing, transport, planning, economic development and health integration to Mayoral and Combined Authorities. This creates, for the first time, a governance framework capable of supporting a genuinely rural-proofed Rural Coordinated Community Response (RCCR) but only if rural needs are methodically embedded from the outset.

New research from the Countryside and Community Research Institute (CCRI) warns that devolution could either transform rural communities or deepen existing inequalities. Their report, English Devolution and Rural Affordable Housing: Opportunities and Risks (2025), highlights that Mayoral and County Combined Authorities now control powerful tools such as Spatial Development Strategies and Strategic Place Partnerships. These could meet acute rural housing needs, but there is no statutory requirement to do so. Without explicit safeguards, rural areas risk being overlooked as local leaders prioritise more populated or politically influential areas.

The evidence points to several consistent risks:

No rural guarantees: Devolution deals do not require attention to rural housing or service access; outcomes depend entirely on local political will.

Severe unmet rural housing need: Rural house prices average 8.8 times local incomes; rural homelessness has risen approximately 40% since 2018/19 and social housing waiting lists have grown 31%.

Leadership is decisive: Where mayors champion rural priorities (e.g., York & North Yorkshire), rural delivery improves. Without rural advocacy, communities are sidelined.

Partnerships matter: Rural Housing Enablers, community-led housing partnerships, and local networks directly correlate with better outcomes.

A postcode lottery risk: Some counties may deliver dozens of rural homes while neighbouring authorities deliver none, deepening rural inequalities.

The Social and Affordable Homes Programme (2026–2036) acknowledges higher rural delivery costs but sets no rural targets, leaving outcomes to regional prioritisation. National leadership is still required. The sector has therefore called for amendments to devolution legislation to include a duty to consider rural needs, mechanisms for rural representation, and dedicated rural leadership roles.

Devolution provides the architecture to address the inequalities that hold harm in place, but architecture alone does not guarantee inclusion. Rural advocacy will be decisive.

3.3 What this means for domestic abuse, VAWG/C and the RCCR
For rural survivors, the stakes could not be higher. Domestic abuse and VAWG/C responses rely on functioning ecosystems - housing, transport, health, community infrastructure, employment and local leadership. Devolution will reshape all of these.

If rural needs are not made explicit in devolution agreements and Duty to Collaborate strategies, existing inequalities - housing shortages, transport deserts, workforce constraints and digital exclusion - will widen.

If they are embedded from the beginning, devolution could enable:

- Alignment of housing, transport and VAWG/C commissioning for the first time
- Outreach models and Community Resource Navigators funded as core infrastructure
- Integrated health responses across large rural geographies
- Economic recovery is built into safety and recovery pathways
- Locally designed RCCR models rooted in rural identity and strength

A small number of affordable homes can sustain a village school, a GP practice or a local shop or community hall/meeting place - each one a protective factor for survivors. Likewise, an RCCR embedded into devolved governance can transform coordination, accountability and prevention across entire rural areas.

This is a pivotal moment. Devolution offers freedom to design systems that work for rural realities, while the Duty to Collaborate anchors those changes in law. Without rural safeguards, reform risks entrenching a new postcode lottery.

Devolution could either transform rural safety or deepen inequality

Rural priorities must be written into deals and not assumed

The Duty to Collaborate and RCCR provide the framework for alignment

3.4 Economic abuse in farming and family businesses

Economic abuse in rural areas often looks different and is frequently invisible to outsiders. Survivors may be tied to family farms, smallholdings or rural businesses, not because they are financially or legally linked to the farm or business, but because they aren't. They may be employed by the perpetrator's family or social network, or living in accommodation linked directly to work or land. Traditional views on the ownership of farming businesses and land can often deny women property ownership, financial independence, or even access to income. The presumption of male inheritance remains - even the concept of primogeniture is still considered the norm in some families. This underlines the patriarchal foundation of an industry struggling to move forward in time to embrace equality. Where, in previous centuries, farming was an industry that relied on physical strength, this is no longer the case, and it is heartening to see so many women in farming and to celebrate their success. The pressure of the presumption of inheritance and continuation of intergenerational farming business, as tradition dictates, can be a considerable burden for some men. The link between this, poor succession planning, poor mental health and domestic abuse is known but requires more research.

To briefly summarise, control may be exercised not only as a partner but also as an employer, landowner, or gatekeeper to vehicles, machinery, animals, credit, and housing. Traditional gender roles, lack of legal ownership, tied accommodation, and stigma intensify dependency and constrain choices.
Agricultural lawyers, accountants and land agents are often well placed to spot warning signs such as unexplained debt, sudden changes to wills or business structures, financial secrecy - yet they are rarely integrated into domestic abuse systems. A Rural CCR reframes them as part of the safety net.

Where rural economies are already fragile, the penalties for leaving are acute. Loss of income, home, status, belonging and sometimes the ability to remain in the community at all.

3.5 Flexible funding, innovative models and "Roots to Grow"

In the face of structural barriers, flexible, timely responses are essential. Evidence from the UK, USA and Canada consistently shows that small amounts of flexible funding can be transformational, covering fuel, rent arrears, food, phones or animal care at the moment decisions are being made.

Rural contexts also require adapted "models" or programmes:

- Housing First approaches that account for distance, anonymity and safety
- "Roots to Grow" pathways that allow survivors to rebuild near their communities where safe
- Dispersed refuge and supported tenancies rather than centralised provision
- Perpetrator housing options that support accountability without destabilising families or livelihoods

The Whole Housing Approach offers a strong toolkit but remains under-implemented in rural areas. These interventions are not only housing solutions, they are economic ones. Stabilising housing supports income, prevents homelessness and enables recovery.
Rural survivors fall through gaps not because they are invisible, but because systems were not designed with them in mind.

This quote from a community consultation following the murders of three women in Renfrew County, Canada, sums up everything we need to consider in respect of the work we must do to meet the needs of those who choose to abuse:

> You can have the best or the worst safety plan in the world, and it isn't going to matter a great deal in the end. What is going to help keep you alive is someone keeping an eye on your abuser. And I don't mean police, probation and counselling services, although all of them have a role. I mean the community – friends, neighbours, employers. . . It was the guys who had no one that always concerned me the most. The guys whose family had turned their back on them, who were unemployed and living in poverty. Add in mental health, addictions and you've got a powder keg, sitting and festering and feeling angry and hard done by. . . Bystander intervention has to be taken to a whole new level.
>
> **Justice System Worker**

4. Health, wellbeing and access to help

Health services are often the most consistent, and sometimes the only professional contact rural survivors have. Yet rural health inequalities remain persistently under-recognised.
A joint report by public health leaders acknowledged that we still know far too little about the health of people living in remote farming areas, market towns and coastal villages. That gap reflects long-standing urban bias in data, funding and policy design.

4.1 What rural health inequality looks like

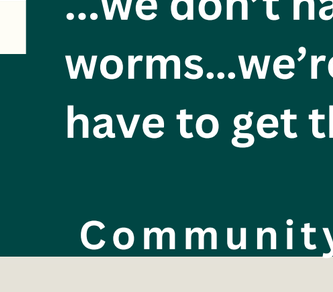
Rural deprivation is real but dispersed. Older populations, long travel times, digital exclusion, sparse services and higher living costs converge to restrict access to care. Even where services technically exist, they may be practically unreachable.
Public health funding often fails to reflect these realities. Authorities serving older, more dispersed populations frequently receive far less per head than urban counterparts, despite higher delivery costs and greater need.

4.2 Why this matters for domestic abuse and VAWG/C

In rural settings, health professionals are often the first and safest point of contact. People will attend GP appointments, antenatal care, immunisations, health screenings (e.g breast) or collect repeat prescriptions long before contacting the police or calling a helpline.
This creates a critical opportunity. When practitioners are supported to ask safely, validate disclosures and make warm referrals, health becomes a gateway to safety.
The IRISi programme demonstrates what is possible - embedding specialist training, prompts and referral pathways into general practice leads to dramatic increases in disclosure and referral, without adverse outcomes. Yet rural coverage remains patchy and inconsistent.
Every interaction matters. Without system design, the learning and experience that creates confidence - and time, those windows close.

> **...we don't have time to ask about abuse, we also don't really want to open that can of worms...we're always aware of the next patient waiting....the pressures are huge and we just have to get through each day – you can't expect us to do everything...**
>
> **Community nurse, UK**

I include this quote because it's the rural reality that we need to hear and that we need to overcome bringing this community nurse along with us. The system has to be designed around this reality – this may mean building in more time, embedding better learning and development that helps this nurse understand why identification of abuse is an essential part of their role and how being the "bridge" to support will actually help make their job easier as well as improve, or even save the life of this patient. The system needs to work for everyone and, crucially, work in a way that makes professionals WANT to be curious and to open the lid on that can.



Health professionals are often the only routine contact for rural survivors.

IRISi works, but despite its strong evidence base, rural coverage is poor.

Domestic abuse- informed health systems are central to any RCCR.

4.3 Older people in rural communities

Older age does not protect against domestic abuse - it often compounds it. Long histories of control, reduced mobility, fixed incomes and entrenched social roles increase vulnerability, particularly in rural settings where services are distant, and abuse may be minimised as “family matters”. Older rural survivors are less likely to be asked about abuse, less likely to identify it as such, and more likely to absorb the costs of silence. If national ambitions for early identification and survivor-centred systems are to be realised, rural and age-specific adaptations are essential.

4.4 Prevention, ageing and everyday pathways

Routine health and social care contact offers one of the most consistent opportunities for safe enquiry, yet it is rarely used. Programmes like IRISi, adapted for later life and rural contexts, show promise but require deliberate implementation.

Social prescribing, community nursing, link workers and health navigators can all function as early-warning systems when properly equipped, resourced (including with time) and supported. Community spaces, churches, libraries, lunch clubs, and transport hubs are part of the protective fabric when they understand how to notice and respond.

4.5 Learning from rural health systems abroad

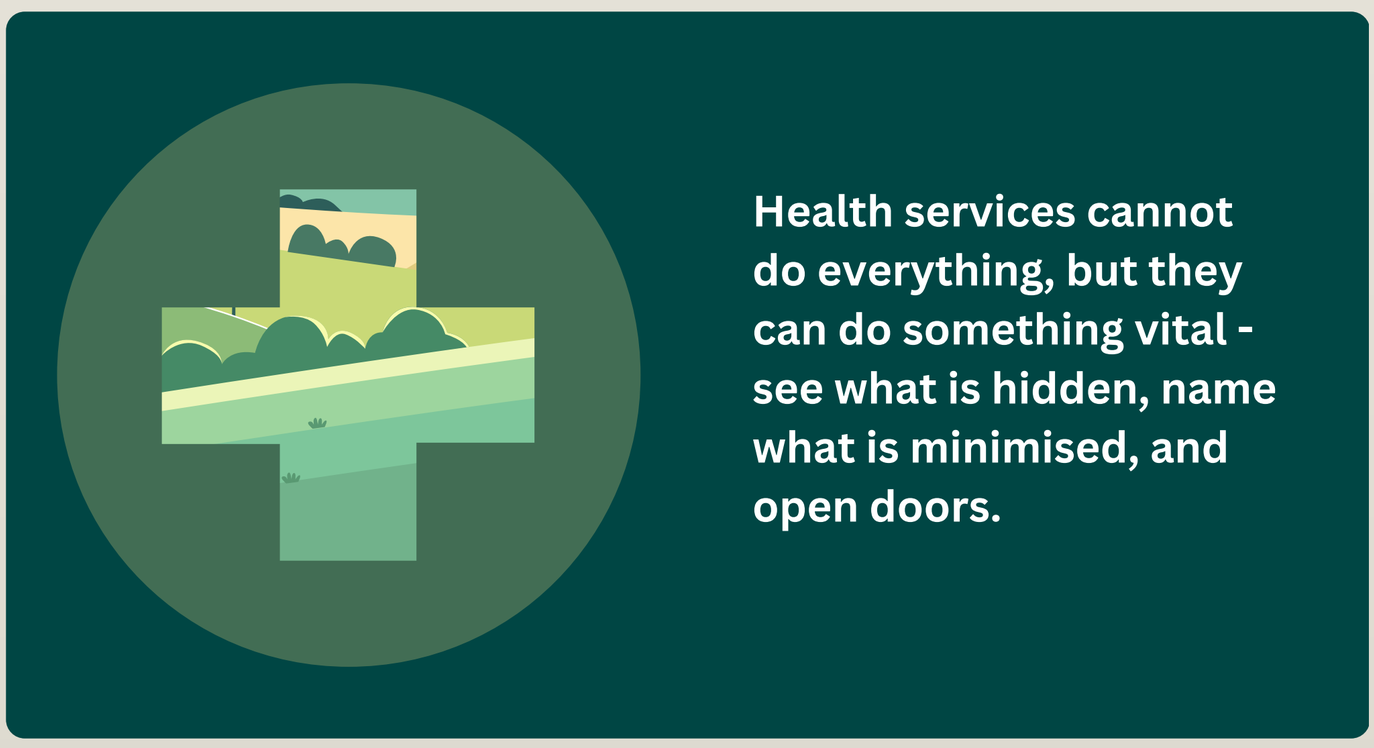
Across North America and Australia, I saw rural health systems that treated domestic abuse as a core public health issue. Routine enquiry, clear protocols and on-site advocacy were embedded into everyday practice.

Indigenous-led models emphasised cultural safety, connection and trauma-informed care. Where health saw itself as part of the Coordinated Community Response, survivors had more routes into help, and practitioners felt less isolated and more confident to exercise curiosity to explore the signs that are all too visible – if we look.

4.6 Towards a rural domestic abuse-informed health system

A rural-proofed health response requires explicit recognition of rural domestic abuse in strategies and Joint Strategic Needs Assessments (JSNAs). Investment is needed in creative solutions that can and reach victims where they are – often at home with their abusers in a caring role. Beyond community nurses other roles like Health Navigators and Social Prescribers can become system “bridges” with the right knowledge, skills and tools that help them see their role within the coordinated community response to domestic abuse and VAWG/C. Any practitioner who sees inside a home must be utilised within the system. We need co-designed clinical pathways with safe enquiry and referral – the practitioners and their services know what they can and cannot achieve so the system must respect and reflect that in design.

Scaling and rolling out of IRISi / IRIS+ across rural primary care is essential – the evidence based programme works. It has been designed with patients/survivors and, crucially, with GPs too. A local domestic abuse service recently told me that prior to IRISi being introduced they had no referrals from GPs across the rural county, after just one year they received over 100 – none of whom had accessed any specialist services previously and many did not know that service existed. We also need to see more investment in trauma and violence-informed practice, including safe telehealth. This is something widely used in the US and Australia and has the opportunity to reach those who cannot get to surgeries.



Health services cannot do everything, but they can do something vital - see what is hidden, name what is minimised, and open doors.

5. Stalking, coercive control and firearms

> When you hand someone a gun, you hand them the ability to decide life or death. But when you hand that gun to someone known to be violent, you're choosing who gets to live.
>
> **Dr Mick North, Gun Control Network**

Stalking is a crime of persistence and obsession. It can escalate quickly, leaving survivors terrified, socially isolated and at heightened risk of serious harm or homicide. In rural areas, the risk landscape is amplified by distance, lack of anonymity, slower response times, and cultural attitudes that downplay domestic abuse and stalking, creating the conditions in which perpetrators continue patterns of coercive control unconstrained.

Firearms are a fact of life in many rural communities used for farming, pest control, sport and leisure. But in the context of domestic abuse and stalking, guns can become something else - a threat, a signal of power, an instrument of intimidation, and in the worst cases, a means of killing.

In the UK, we often reassure ourselves that gun deaths are rare compared with, for example, the USA. Yet emerging evidence suggests a worrying pattern, though- in domestic homicides involving firearms, licensed weapons appear heavily over-represented, and many perpetrators have known histories of abuse or mental ill health. In rural communities, where firearms ownership may be normalised as part of identity, status, tradition or livelihood, that normalisation can mask a lethal reality for women living with abuse or stalking.

My learning across Canada, the USA and Australia reinforced the knowledge that firearm access transforms risk. It changes the meaning of threats, accelerates escalation, and increases the likelihood of homicide, in rural settings where isolation slows emergency response and reduces routes to safety, danger multiplies.

Gun licensing, therefore, cannot sit outside domestic abuse and stalking risk assessment or be treated as an administrative process. It is a safeguarding issue, a public protection issue, and in rural areas, a community safety issue.

Stalking and coercive control are magnified by geography, isolation and local culture.

Firearm access increases lethality and turns coercive control into terror.

Licensing decisions must be embedded in a wider multi-agency safeguarding system.

5.1 The rural weaponisation of stalking

In rural communities, perpetrators can use the geography, culture and tools of rural life to extend their reach. Surveillance is easier when survivors live in isolated homes on unlit lanes. Harassment can be disguised as “coincidental” encounters. Community networks can enable perpetrators to gather information, recruit allies or control reputations. Where local services lack specialist stalking expertise, patterns can be minimised or misunderstood.

Where perpetrators hold a gun licence, the risk escalates further. The presence of firearms is a known indicator of heightened lethality in domestic abuse and stalking, yet policing responses have not always acted with the urgency this demands.

Rhianon Bragg’s case brought this into sharp focus. Her ex-partner retained legal access to firearms despite a clear and escalating pattern of stalking, harassment and psychological abuse. Police removed his guns briefly and returned them. He later held her hostage at gunpoint on her remote Welsh smallholding. Rhianon has chosen to share her experience, including distressing images of a gun pointed at her, because she wants the system to listen, and to change.

5.2 Project Titanium: shifting firearms licensing into safeguarding

Project Titanium is the first UK initiative focused explicitly on firearms access in domestic abuse and stalking cases. It brings together policing, advocacy, survivor voice and policy to strengthen decisions that can be life-or-death.

At its core, it:

- introduces multi-agency review of gun licence holders where risk is indicated
- ensures partners and family members are part of the risk picture
- cross-checks firearms data against domestic abuse and mental health records
- emphasises early, precautionary removal of licences where risk is identified

Project Titanium reframes firearms not simply rural tools of trade, but in the wrong hands, tools of coercion, homicide and suicide. National roll-out was confirmed following a successful pilot, during which licence applications were declined or rescinded. Unsurprisingly, some countryside commentators have framed Titanium as “a step too far”. Survivors and advocates argue the opposite:

> Common sense safety should never be a step too far.
>
> Rhianon Bragg
> **Survivor, Expert by Experience and National Campaign**

Alongside this, the Gun Control Network has consistently documented the role of licensed firearms in domestic homicides and serious incidents, calling for stronger vetting, better data sharing and a culture shift in firearms licensing units.

5.3 MASIP and rural stalking responses

The Multi-Agency Stalking Interventions Programme (MASIP), piloted in Cheshire, London and Hampshire, offers a coordinated, trauma-informed model that recognises stalking as an obsessional pattern often driven by entitlement and control.

MASIP combines:

- survivor support
- perpetrator interventions
- joint risk management across agencies

For rural areas, MASIP’s principles are highly transferable because stalking thrives in fragmented systems. Cheshire’s Integrated Anti-Stalking Unit (IASU), led by Dave Thomason, has shown what is possible when there is specialism, clarity and consistent pathways, including in rural contexts where firearms access may be more common.

The question that remains, and which I keep returning to, is why this level of specialist coordination is not available everywhere.

5.4 Learning from Canada: firearms, femicide and rural disadvantage

> One day he told me I was going to be a hunting accident. We were up in the bush, 40 miles away, with the two children, the gun and all those bullets.
>
> **Survivor, “Going the Distance” (Ontario, Canada)**

In Canada, I found evidence that mirrored UK rural realities but had been examined more directly. Canadian research suggests that firearm access is one of the strongest predictors that intimate partner violence will become fatal.

The findings are stark:

- A significant proportion of intimate partner homicides involve shotguns or rifles, often legally owned
- Women are far more likely to be killed where an abusive partner has access to a gun
- Risk is even higher for rural and racialised women
- The presence of a gun turns coercive control into an ongoing pattern of terror

5.4.1 Bill C-21

Canada's 2023 firearms legislation (Bill C-21) introduced measures intended to strengthen protection in domestic abuse contexts, including:

- "red flag" emergency prohibition orders enabling rapid removal of firearms
- temporary licence suspensions issued by firearms authorities in domestic abuse cases
- broader restrictions on ownership and transfer

Canadian colleagues were clear that these reforms are necessary but not sufficient. Under-reporting remains profound, and legal levers only work when systems can hear the alarm. Firearms reform must therefore sit inside a coordinated, trauma- and violence-informed, rural-proofed response.

5.4.2 Renfrew County - a rural femicide (see also Spotlight section)

My visit to Renfrew County with feminist lawyer Pamela Cross was one of the most sobering parts of my Fellowship. In 2015, three women - Nathalie Warmerdam, Carol Culleton and Anastasia Kuzyk - were murdered in one day by a man with a long history of violence who retained access to firearms.

The inquest concluded in 2022 and produced 86 recommendations. Many reflect work already underway in the UK and many also echo what we still need to strengthen, particularly in rural contexts:

- recognising intimate partner violence as an epidemic requiring a whole-system response
- improving rural risk assessment
- tightening firearms licensing and monitoring
- strengthening community-based support
- investing in stable housing for women leaving abuse
- embedding trauma and violence-informed practice across systems
- ensuring meaningful survivor voice

The inquest captured what rural advocates everywhere already know - that geography magnifies risk, and social isolation, so often misunderstood by urban policymakers, shapes every decision a survivor makes.

5.5 What needs to change in the UK

Our existing systems, from rural frontline policing to national firearms units, remain insufficient. Identification of domestic abuse, coercive control and stalking within firearms licensing still has a long way to go. Project Titanium is essential, but implementation must be consistent, monitored, coordinated and well-resourced.

There are also persistent gaps in information sharing between police, health, mental health, substance use services and social care - gaps that are particularly dangerous where victims cannot safely disclose the whole reality of abuse. Rural offences that are treated separately from VAWG/C, such as wildlife crime, animal cruelty and other land-based harms, are also too often missed as potential indicators of wider family risk.

So we need to see:

- **Mandated Project Titanium**, with strict monitoring: no licence issued until partner/family checks and risk assessment steps are complete
- **Stronger connections between stalking risk and firearms licensing**, with shared protocols and tools
- Routine recognition of **animal abuse and wildlife offences as** potential **indicators of wider harm,** not "side issues"
- **Specialist training** for firearms licensing staff and rural officers on domestic abuse, coercive control, stalking and mental health
- **A UK rapid firearm removal mechanism** equivalent to "red flag" capability where coercive control, stalking, threats or separation are present
- **Rural risk indicators embedded in licensing, including isolation, access to land, use of vehicles/dogs for intimidation, and patterns of coercive control**

Multi-agency licensing decisions, not siloed decisions: information sought from DA services, mental health and substance use

A minimum 24-month post-separation safety window built into ongoing risk management

A specialist rural stalking response model, drawing on Titanium, MASIP and Canadian learning, to create consistent pathways for disruption and survivor safety

> People who want to kill can weaponise anything.
>
> **Renfrew County community consultation**

> Our job is not just about tackling wildlife crime. It's about making our streets safer... harm to animals perpetuates to humans.
>
> **Kevin Lacks-Kelly, Chair, NWCU**

This section has focused on the high-risk end of the rural landscape - stalking, coercive control and access to lethal weapons. But safety is not built only through enforcement and restriction, it is also built through culture, connection and prevention. In rural places, where relationships are infrastructure, creative work that shifts norms and strengthens community response is an essential part of the safety system. The following sections explore how art, storytelling and community innovation can help make that possible.

6. Creative prevention through art, storytelling and community innovation

If rural domestic abuse is held in place by distance, scarcity and silence, then prevention has to do more than “raise awareness”. It has to shift what people notice, what they name, what they tolerate and what they do when something feels wrong. In rural communities, where relationships are often the most reliable infrastructure, the cultural work matters.

I saw repeatedly that the most effective prevention wasn’t a glossy campaign dropped into a village for a few weeks. It was work that started with local identity and local assets and then created permission for new conversations about power, gender, fear and safety. It didn’t replace formal services. It made those services easier to reach and easier to trust.

6.1 Art, storytelling and cultural work

At Sagesse in Calgary, Alberta, I saw intentional use of storytelling, community dialogue and asset-based approaches. Their “Blueprint for Change” emphasises values-driven implementation, and a fundamental culture shift happens through relationships, not resources alone. Sagesse teaches informal supporters, mobilises neighbourhoods and encourages communities to talk differently about power and gender, building the kind of everyday confidence that helps people step in, rather than step back.

In the UK, I see a parallel through Rural Media. As a Trustee, I’ve witnessed what happens when young people are given the tools to tell stories that feel true to rural life rather than caricatures of it. Projects like Breaking Out Boys support rural boys and young men to explore masculinity, relationships and mental health, and they do so in a way that feels locally and personally owned. This is prevention and empowerment at once - it reduces stigma, strengthens emotional literacy, and creates a language for help-seeking that doesn’t feel “imported”.

In Lanark County, Canada, digital storytelling and community forums sparked local conversations about domestic abuse and femicide. A small project based on survivor video diaries led to policy changes, better funding and stronger community leadership. It was not “a programme”; it was a spark. And that is an important lesson for rural areas: small, well-placed interventions can travel farther than expected when they connect to existing networks of trust.

6.2 Engaging young people

Young people are often at the frontline of cultural change, particularly in rural communities where formal services are limited and where gender expectations can feel both powerful and policed. I saw encouraging examples where prevention was not parachuted in, but co-designed with schools, youth workers and communities, built on trust and deep knowledge of place.

In Kansas, the Willow Domestic Violence Center worked with peer leaders and arts-based approaches alongside school partnerships. In Tennessee, HomeSafe embedded healthy relationships education across multiple rural school districts. What stood out was not a single “model”, but a consistent principle - rural prevention works best when it respects rural identity, connects with existing institutions (schools, clubs, faith spaces, workplaces) and offers young people a role in shaping the message, not just receiving it.

6.3 Community champions and navigators - the bridge between everyday life and formal systems

One of the most transferable innovations I encountered was the use of Community Resource Navigators, trusted local people embedded in rural towns who:

- connect survivors to support (crucially, not only domestic abuse services) and to each other
- raise awareness and shift norms through relationships
- act as cultural bridges between formal systems and local life

In Eudora, Kansas, the Navigator programme created a web of support beyond what any single agency could provide. Survivors were connected not only to specialist advocacy but to the practical building blocks of safety: transport, housing advice, food support, debt help, childcare and healthcare. In rural contexts, these “non-domestic abuse” elements are often what make leaving possible. Laura – the CR Navigator – told me how essential it was NOT to be someone identified only with domestic abuse or a feminist organisation. She and the Willow Center Rural Outreach Worker agreed that this was a barrier for many women to engage with specialist support.

Having someone independent of any of the services (domestic abuse, mental health, debt, health, drugs etc) but who knows enough about them to help someone navigate the system – signpost, refer, explain in “layman’s terms”, make them believe they could access services – that they were worthy of help, explain the problem (“that is abuse, he is controlling you”), and be “the bridge” that they need to seek and access the help that they want and need. Laura is local, well known, visible, trusted, respected, has built relationships with service providers, local leaders, communities- children, young people, older people, LGBTQ+, minoritised groups, people of different faiths and across the vast political divide. She was “The Tallest Tree”.

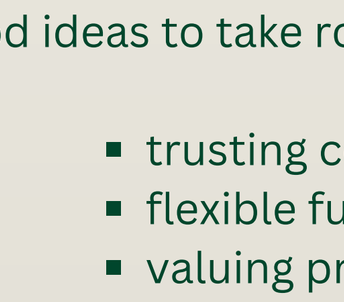
I also see how community work and cultural safety function as prevention. In rural Finland, Nikupeteri’s work highlights how small, locally led acts of solidarity can shift norms and how making domestic violence an everyday issue that concerns everyone (victims, perpetrators, bystanders and professionals) builds collective empowerment for change. In Indigenous-led projects in Canada and Australia, cultural safety and relational accountability are central.

6.4 Conditions for innovation

Creativity in rural prevention is not about funding a few “interesting projects”. It requires conditions that allow good ideas to take root and adapt:

- trusting communities to know what will work locally
- flexible funding that supports co-design and iteration (not just delivery targets)
- valuing process as much as outcome because relationships are the mechanism
- cross-sector partnerships with youth clubs, arts organisations, churches, businesses and farmers
- reflective spaces for practitioners to experiment, learn and share what’s working

When funders back local leadership with unrestricted, multi-year support, change ripples outward. Creative, community-based rural prevention is not optional because without investing in culture change, even the best-designed systems will struggle to reach the people they are meant to serve.



Storytelling and arts-based work can shift hidden norms and strengthen help-seeking.

Young people are powerful partners in culture change when work is co-designed.

Community Resource Navigators provide practical bridges between informal life and formal systems.

Innovation needs trust, flexible funding and space to learn.

Storytelling and arts-based work can shift hidden norms and

> So you have a few people sitting around a table doing a good job for a few people. Then they go back to their desks and carry on working in their silos, sometimes doing a [not-so-good] job, for the majority of victims, until the next meeting for the chosen few…? So to get all agencies working together to make someone safe, you have to wait for them to get to the highest risk to deserve that intervention…?
> Duluth Leading Expert - observations of UK "high-risk meeting focused models"
>
> **Duluth CCR Expert's observations of UK high-risk meeting focused models (following visit)**

Innovation needs trust, flexible funding and space to learn.

This section 6 has been about shifting culture and strengthening informal safety. But informal support cannot carry the full weight of risk, harm and accountability. For that, rural areas need a system that works as a system coordinated, consistent, and designed around rural realities. That is the purpose of a Rural Coordinated Community Response.

7. A Rural Coordinated Community Response (RCCR)

The preceding sections have shown how rural inequalities, fragmented systems and under-recognised patterns of coercive control shape risk for victims and survivors. A Rural Coordinated Community Response (RCCR) offers a structured, relational and community-rooted model for redesigning safety.

The Coordinated Community Response (CCR) model, originating in Duluth, Minnesota, is often cited as the gold standard. Its core idea is to align the practice of multiple agencies so victim safety is prioritised and perpetrators are held accountable through shared responsibility, information sharing and consistent enforcement. In its original form it was heavily justice-focused, reflecting the wider US context.

In the UK, Standing Together Against Domestic Abuse has evolved CCR and recognised the essential roles of housing, health, social care, education, and specialist services within a whole-system response. Some adaptations have narrowed over time to a focus on risk-management meetings such as MARAC and MATAC. Those processes matter, but if coordination becomes a meeting rather than a daily function, we risk losing the broader structural change CCR was designed to create.

A Rural CCR is an opportunity to return to first principles, while building on the best of UK practice, through a rural lens.

Rural communities operate differently where services are more scarce and constrained, partly because funding allocation is often fundamentally unfair to rural authorities; relationships are more personal and multi-layered, and the community can be both protective and harmful.
A RCCR must therefore be grounded in place, culture and lived reality, including social capital and informal networks that can see and support victims, but can also silence and hide them or enable perpetrators through reputation, stigma and control.

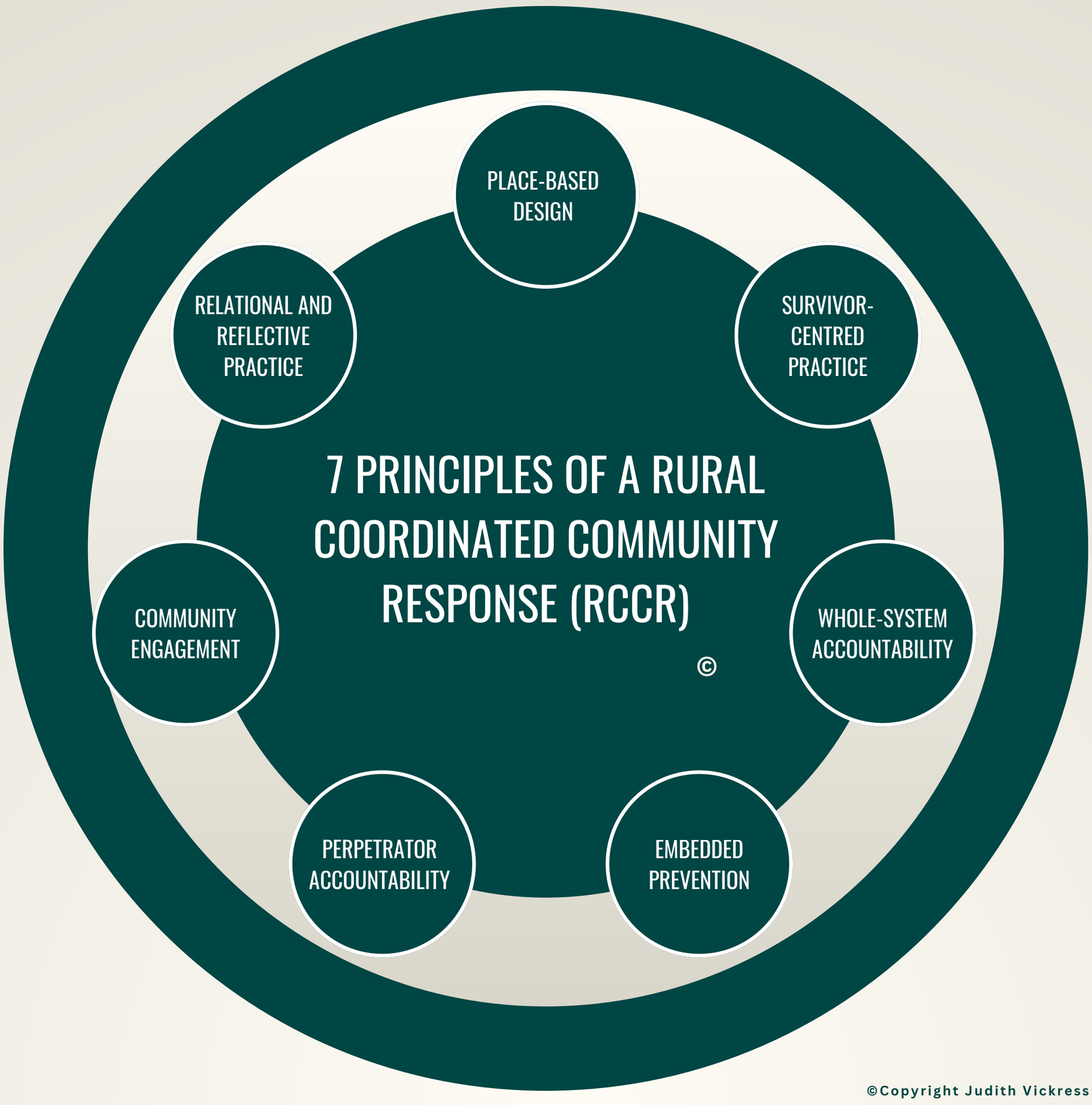
7.1 Building blocks: what rural CCR experts taught me

To develop a working picture of a RCCR, I draw heavily on conversations with experts in the USA and Canada, including Rose Thelen and Chuck Derry from the Gender Violence Institute (GVI) in Minnesota, who were present at the start of the Duluth "revolution" with Ellen Pence and others. I also spent time with the Praxis International team and joined a cohort of practitioners engaged in a rural CCR training session as they moved through a Blueprint implementation journey.
Two lessons, for me, stood out.

Firstly, relationships are the foundation. You meet leaders one-to-one before you convene a planning group. Leadership buy-in isn't a box to tick - it is the condition that makes consistent practice possible. I know this works from introducing the requirement to meet with CEO's of housing providers one-to-one at the earliest stage of building a working relationship to support implementation of the Domestic Abuse Housing Alliance (DAHA) framework. Engagement starts from the top and ripples through teams, organisations and systems.

Secondly, creativity and flexibility are essential. A Rural CCR must reflect the area it serves. Systems must be relevant to survivors and practitioners and co-designed with them. Prescriptive, inflexible models do not work in rural contexts. Models that centre coordination on a single meeting inevitably limit the system's capacity to respond in real time and risk single-agency dominance, ultimately denying collaboration and causing system failure.

Research on rural shelters (refuges) in Canada supports this. The CENTRAL Hub Model (Mantler and colleagues) describes rural shelters shifting from isolated emergency responses toward integrated, coordinated approaches that strengthen links between safety planning, health, social, and community supports. The thread is consistent - integration, relationship-building, flexibility, survivor-centred design and whole-system accountability.



A Rural CCR is (so far) underpinned by seven principles:

1. **Place-based design** - acknowledging distance, transport barriers, digital exclusion, small populations and hyperlocal relationships, while evidencing rural inequities and advocating for fair funding.
2. **Survivor-centred practice** - lived experience shaping system design, delivery and evaluation, not as an afterthought.
3. **Whole-system accountability** - safety and change shared across policing, health, housing, education, church communities, social care, the voluntary sector and local business.
4. **Embedded prevention** - education, early intervention and cultural change woven into early years settings, schools, clubs, churches, workplaces and local media.
5. **Perpetrator accountability**- consistent disruption and behaviour change pathways that keep those causing harm in view, while addressing housing, mental health and addiction needs that can intensify risk.
6. ***Community engagement** - farmers, vets, pubs, Young Farmers, WI, sports clubs, employers and community leaders understood as part of the safety net, not just “viewers”.
7. **Relational and reflective practice** - small rural teams supported through reflective spaces and psychologically informed practice; learning is embedded into everyday work, and not confined to training days. Learning from and celebrating good practice – however small “the win” is essential and this comes from embedded feedback loops from those who have been engaged in service and gained from the service in some ways. A simple example is found on the next page:

***Community engagement**—it's crucial to emphasise that community involvement must be well-managed, structured, and safe. Simply providing basic awareness “training” to anyone we think should recognise domestic abuse (for instance, to professionals in the hair/ beauty/retail industries) does not constitute effective engagement. This is not a trauma-informed approach. What expectations do we set for those trained but unfamiliar with local systems and pathways? What ongoing support do we offer?

My boss wanted me to attend training, but I didn’t want to because my dad was abusive, and it’s personal. I love hairdressing; my clients matter a lot. I don’t want to become a “confessional,” as it changes things. It’s important for me to look after myself, even if it sounds selfish. I’m not qualified or strong enough to handle others’ experiences. I worry some think they can “rescue” victims, which could be dangerous if they aren’t taught boundaries.

(direct consultation 2024)

Reflective Practice in L&D - celebrating and learning from what works
“Teaching Forward”
Learning that Lasts (a snapshot)

Client Feedback: “Jo helped me find a way to reconnect with my son, giving me communication tips…she walked alongside me, she saw me, she always called me by my name, which sounds silly, but my previous social worker used to say things like “what do you think, “mum”?” and always insisted on seeing me with [son], never alone. This made me defensive and angry, so I was sometimes a little rude and abrupt with her. Jo gave me confidence to set boundaries… his school attendance is up from 30% to over 85%, and he comes home for his tea every night. We chat. He smiles more. We’ve turned a corner quite quickly. Oh, and he is loving his art – he didn’t realise how good he was I don’t think. Jo saw a “scribble” of his, saw something & didn’t let it go! Her chat with the art teacher & [son] did wonders…”

This is success. Celebrate success (however small). Success provides the richest learning. Celebrating success builds confidence, teams and embeds good practice.

Reflecting on this feedback, Jo shares with her colleagues what she saw, what she thought, what she did, what she said, and how she said it. They listen, ask questions, learn, and reflect on their own practice. The team celebrate Jo’s skills and the family’s success – morale is high, and the team is motivated to do a great job, just as Jo has done. Newer members of the team seek guidance from Jo (and others) as they navigate the complexities and sometimes darkness of their human relational work. The team strengthen, confidence flourishes, foundations deepen, and bridges are built.

7.3 A working picture of the RCCR

At the heart of the RCCR is a dual focus:

- victims/survivors (including children)
- persons causing harm

Around this sit three interconnected systems:

1) The relational safety net: family, friends, neighbours, schools, shops, libraries, community leaders, church groups, sports clubs, vets, farm suppliers, banks, family accountants, lawyers, the everyday networks that shape whether a survivor is believed, supported, and able to act.

2) Core agencies: police, specialist advocacy, health, housing, children’s and adults’ social care, education, mental health and substance use services, GPs and others, the formal system where safety, evidence, safeguarding and disruption must function reliably.

3) Wider system enablers: national policy, (disaggregated) data, funders, rural-proofed strategies, commissioning frameworks, evaluation, public health and inspectorates, the infrastructure that determines whether rural areas can deliver equitable responses or remain stuck with rigid urban-designed models.

Across all systems, the RCCR is held together by equity, accountability, relationships, trauma and abuse-informed relational practice, system leadership, and feedback loops for learning and adaptation.

RCCR principles are:

Grounded in place, powered by relationships

Survivor and community voice central

Rooted in collective impact, creating a whole system as everyday practice.

A Rural Coordinated Community Response is not built in a meeting room. It is grounded in relationships, daily practice, and systems that persistently confront reality.

7.4 The Rural Coordinated Community Response (RCCR): An Implementation Roadmap©

A conceptual framework for redesigning safety, accountability and prevention in rural places.
The RCCR is not a single programme or meeting structure. It is a whole of the system shift in how safety is designed, delivered, and sustained across rural communities. While local implementation will vary by place, geography and capacity, the core building blocks are consistent and this enables us to get started.
The roadmap below sets out the key system domains, the required shifts, and the intended impact for rural victims, children, and communities.

System Domain	What Needs to Shift	What This Enables in Rural Contexts
Risk & Safety Management	Move from siloed, meeting-based risk management to shared, continuous responsibility across agencies (drawing on MARAM and Advocacy-Initiated Response principles).	Earlier identification, proactive outreach, fewer gaps between meetings, and perpetrators kept in view even when victims disengage or live remotely.
Policing & Community Safety	Embed rural-specific risk indicators (isolation, firearms access, stalking, animal abuse, land-based coercion) into everyday policing and licensing practice.	Improved primary aggressor identification, consistent use of Project Titanium, safer responses in isolated settings, and reduced escalation risk.
Health as a Safety Net	Position health services as a central pillar of the RCCR, not an add-on, with routine enquiry, clear referral pathways and specialist advocacy links.	Survivors can disclose safely in trusted settings; missed opportunities are reduced; health becomes a gateway to wider protection and support.
Housing, Stability & Recovery	Treat housing as a core safety intervention, not a downstream problem, with rural-proofed pathways, flexible funding and perpetrator accountability options.	Survivors can leave earlier, stay closer to home where safe, avoid homelessness, and stabilise without being forced back to perpetrators.
Community Infrastructure & Social Capital	Work intentionally with rural social capital, strengthening bridges and links while challenging norms that enable silence or protection of perpetrators.	Communities become part of the safety net, not a barrier; bystander action increases; informal supporters know how to respond safely.
Perpetrator Accountability	Keep those causing harm visible across the system, with coordinated disruption, behaviour-change pathways and housing options where appropriate.	Risk is managed beyond separation; responsibility sits with perpetrators, not victims; community safety is strengthened.
Learning, Workforce & Culture	Replace one-off training with embedded learning, reflective practice and psychologically safe environments for rural practitioners.	More confident, supported professionals; reduced burnout; better judgement in complex rural cases.
Governance & Leadership	Align local leadership, commissioning and accountability structures around rural-proofed VAWG/C priorities and the Duty to Collaborate.	Joined-up decision-making, reduced postcode lotteries, and sustained system change rather than short-term projects.

Implementation Roadmap (early draft) ©Copyright Judith Vickress 2026

How to Read This Roadmap
This roadmap is not sequential. All elements interact. Weakness in one domain undermines the whole system. Strength in one area, such as housing or health, can create protective “ripples” across others.

Local RCCRs should be co-designed with survivors, practitioners, and communities, using this roadmap as a shared reference point rather than a rigid model. A detailed, practice-focused implementation toolkit will sit with RiTA, supporting places to adapt these principles to their own geography, culture and capacity.

Local implementation will vary across rural areas, but the core building blocks remain consistent. The roadmap below is conceptual, setting out the shifts required across sectors to create the conditions for safety, accountability and prevention. A more detailed implementation toolkit sits with RiTA to support local authorities, police forces, health systems, and communities in co-designing rural-proofed approaches.

Some additional detail:

7.4.1 Rural-informed policing and community safety
Rural policing is shaped by unique social, cultural and organisational pressures: close-knit communities, reputational dynamics, distance, reduced visibility and resource constraints. Even when officers act correctly, victims can be failed by delays elsewhere. court backlogs, centralised CPS decision-making, and limited probation and rehabilitation capacity. Policing is therefore one element of a broader ecosystem of safety.

Effective RCCR demands that rural policing:

- integrates rural-specific risk expertise (including coercive control, stalking and firearms access)
- improves primary aggressor identification and trauma-informed practice
- embeds Project Titanium principles
- adopts “Think Family” approaches across all rural crime that reflect rural household realities

It also means recognising connections too often missed - wildlife crime, animal cruelty and other rural offences can be indicators of wider family harm. Each visit to remote locations becomes an opportunity to observe dynamics, cross-reference information and make safe referrals.

7.4.2 Housing, safety and stability
Housing in rural areas is more than just a backdrop to abuse; it actively contributes to ongoing harm and is often used as a means of control. These regions struggle with limited housing availability, high prices, insecure tenancies, lack of supported accommodations, and long distances to essential services. Temporary placements away from home can jeopardise safety, recovery, and justice.

A rural-proofed domestic abuse housing pathway should include:

- genuinely local emergency options
- refuge plus semi-supported transitional units
- embedded (genuine) flexible funding
- enhanced Sanctuary schemes that consider rural-specific risks
- move-on accommodation with variable support
- perpetrator accommodation and behaviour pathways where appropriate
- floating support for isolation and transport challenges
- integrated governance across police, housing, specialist DA, health and social care
- commissioning that rural-proofs the Part 4 safe accommodation duty

7.4.3 Culture change and community resilience
Prevention is not separate from the RCCR, it is one of its core functions. Arts-based storytelling, youth engagement, workplace partnerships and community-led dialogue strengthen bridging social capital and create new routes to support. These strategies reduce stigma, increase the visibility of harm, and build community leadership as a protective factor.

7.4.4 Masculinity and help seeking
Emerging rural criminology research highlights the relationship between victimisation, help-seeking behaviour, and the social expectations placed upon men in rural communities. Smith and Byrne’s work on second and third-order impacts of rural crime suggests that the trauma of victimisation does not end with the initial incident. Where help-seeking is low particularly among men, the psychological impact of crime can become internalised. Loss of control following theft, violence or intimidation may manifest not only as anxiety, depression or risk-taking behaviour, but as attempts to reassert control elsewhere in life. In some cases, this displacement of control may contribute to coercive behaviour, increased substance use, hostility, or other harmful expressions of distress. This is not inevitable, nor universal, but it underscores the need to understand rural harm through a trauma-informed lens.

For rural VAWG/C policy, this insight is significant. If men experiencing trauma or victimisation are culturally discouraged from seeking support, and if services remain urban-facing and inaccessible, unaddressed distress may ripple outward into families and communities. Prevention, therefore, cannot be limited to responding to violence after it occurs. It must also include normalising help-seeking among rural men and boys, embedding mental health conversations into everyday rural spaces livestock markets, sports clubs, agricultural colleges, community hubs and ensuring that support pathways are relational, local and stigma-sensitive.
A Rural Coordinated Community Response must account not only for survivors’ safety, but for how untreated trauma and social isolation can escalate risk over time. Addressing this dynamic early is an essential component of reducing domestic abuse, stalking and related harms in rural communities.

7.5 Governance of the RCCR

Rural domestic abuse is more than about gaps in services it is fundamentally a system design issue. A meaningful RCCR requires joined-up governance across policing, health, housing, transport, specialist services, community networks and local leadership because failure in any single component undermines the whole.

Effective governance for complex, multi-layered harm must be collaborative, community-centred and oriented to long-term change. It must align strategic leadership with local insights, sustain relationships, and build feedback mechanisms to support continuous learning and adaptation. The focus shifts from case management in isolation to system-wide effectiveness for each person and place.

Governance must also recognise the social context of rural practice. Practitioners are often embedded community members balancing, for instance, the enforcement of the law with informal relationships and local norms. Without deliberate attention to rural capability, culture and reflective practice, governance risks perpetuating the invisibility that rural victims already experience.

8. Looking Ahead – The Paradox of Community Revisited

Rural communities are often described as quiet, close-knit and supportive. Much of that is true. But this report has shown how the very ties that sustain rural life can also hold harm in place. In small communities, where everyone knows everyone, where family reputation carries weight, and where privacy is hard to protect, victims and survivors can face a painful dual dilemma. The people most likely to notice something is wrong may also be the people least able, or willing, to name it.

Informal networks can be a lifeline, but they can also become a barrier. Rumour spreads quickly. Loyalties are complex. Help-seeking can feel like social risk. And formal services, already stretched and often designed for urban density, may feel distant in miles, in culture, and in accessibility. The result is not simply a lack of services, but a system that too often expects rural survivors to adapt to it, rather than designing support around the realities of rural life.

Rural communities must be part of the solution going forward. The key question is whether national and local systems will finally prioritise rural domestic abuse, stalking, and broader VAWG/C issues by designing, funding, and leading efforts to address them.

There are clear priorities if we want rural survivors and children to be safer. We have to bring rural domestic abuse into the national story and initiate a sustained national dialogue that challenges assumptions about rural safety without stigmatising rural life. We must rural-proof the whole agenda to ensure that domestic abuse and VAWG/C strategies and accompanying action plans are adapted for rural contexts, and that rural policy decisions across housing, transport, digital inclusion, policing and health are informed by VAWG/C risk.

We need to design and build a coordinated rural system that works as everyday practice. This means developing an adaptable Rural Coordinated Community Response (RCCR) that makes coordination a daily function, keeping perpetrators in view while strengthening survivor pathways.

To achieve any success in this, rural inequalities must be eradicated, and funding from central government must finally be fairly distributed to reflect the higher “running” costs in rural areas. With this fairer funding, we need to see investment in the foundations of safety, including secure, sustained investment in rural housing, transport, healthcare access, digital infrastructure and community support, the practical conditions that make leaving possible and recovery sustainable.

When discussing prevention, it should be regarded as cultural work rather than a campaign. This requires investing in innovative, locally driven prevention efforts rooted in rural identity, relationships, and active engagement with young people, aiming to bring about lasting change.
System and service design should be guided by lived experiences, creating survivor-informed systems where survivors' voices influence the design, delivery, and evaluation processes from the start, rather than as an afterthought.

Finally, we need to measure what really matters. We must adopt success metrics that capture meaningful change, safety, autonomy, recovery, perpetrator disruption, and community readiness to respond, not only narrow, often numerical, performance outputs. In rural areas, success cannot be measured in numbers, and this is the fundamental shift we need to urgently see from commissioners.

Meaningful change for victims and survivors often begins with small, incremental steps or “ripples”. A single act of belief. One conversation that names harm. One professional who acts with care and clarity. One neighbour who notices. One service that follows through. Ripples are not “small” when they shift the direction of a life. If someone who has been coercively controlled and economically abused for 30 years recognises, for the first time, through a shared story in a Parish Magazine, what they are experiencing and starts to research, plan or talk to someone – that is success.

*ALEX'S STORY

Several years ago, I met a woman who didn't want to be called a victim or a survivor. She said, "Use my name, because 'Alex*' is who I am." She lived in a rural area, and she had survived years of abuse. She wanted to share her story so we could learn. She had been let down by many agencies, and so by a system not designed to protect her. We worked together for months to understand what had helped and what had harmed.

Despite everything, she remained gracious and hopeful, showing empathy for professionals who had not given her what she needed or deserved. She recognised they were often busy, stressed, and afraid of him too. But she spoke about one interaction with a police officer she believes saved her life:

> **He could clearly see that I was a victim of domestic violence when I felt that others thought I was just as bad as [P].**
> **He once said to me, quietly, "you don't have to live like this… when you're ready, call & ask for me, I will make sure we help and get you safe" He reminded me that I had a life before this relationship. He treated me as an equal and wasn't pushy. His voice was warm, kind and genuine… not judgmental, which is what I was used to. For the first time, I had hope.**
> **When I was finally ready to leave, it was him I contacted. He arranged a refuge for me. I would never have approached any other officer because of bad experiences. I felt I could approach him without being looked down on or judged, or risking winding [P] up, which had happened a lot.**
> **There was no one else, no one at all at that time that I could trust. I was completely isolated.**

Her words remind us that systems change starts with human interaction. One relationship. One person who sees, listens, hears and believes. And then, crucially, a system that has somewhere safe to take you, and people who stay alongside you long enough for safety to hold.

This report is not the end. It is a beginning for RiTA, and for the wider work needed to ensure rural survivors are no longer an afterthought in national reform. The following section turns these insights into practical recommendations for government, commissioners, policing, health, housing, funders, communities and practitioners so that ripples become a wave of sustained change.

*Not her real name

the CHURCHILL fellowship

PART TWO

MY CHURCHILL FELLOWSHIP TRAVELS, MEETINGS AND PRACTICE INSIGHTS

1. Introduction

Part Two brings together selected insights from my Churchill Fellowship travels across the United States, Canada, and Australia. Rather than providing a full travelogue, this section distils the learning that most directly shaped the arguments and recommendations in this report.

My understanding developed through conversations, site visits, observations of practice, and extended reflective discussions with survivors, practitioners, academics, advocates, and system leaders working in rural contexts. Each place revealed different dimensions of rural life: survivor autonomy, community-led advocacy, workforce culture, system alignment, masculinity, risk, and cultural change. Taken together, these experiences illuminate what must shift if rural survivors are to be safe, seen, and supported.

Across all locations, several consistent themes emerged:

- Safety is relational before it is procedural. Survivors seek help from people they trust, not from systems, meetings, or referral pathways.
- Workforces thrive when psychologically safe. Learning, supervision, reflective space, and permission to be human are essential in small, visible rural teams.
- Rural communities hold both harm and solution. Informal networks, everyday helpers, and local champions are central to prevention and early intervention.
- System change means collaboration to align responses, not more meetings. Coordination is a mindset.
- Prevention must start early, particularly with boys and young men. Masculinity, belonging, and identity shape risk long before abuse escalates.
- Flexibility saves lives and approaches that trust people and communities consistently outperform rigid service pathways.

The summaries that follow highlight projects and conversations that were pivotal to my learning. My full notes are far too extensive for this report and are therefore shared separately via the RiTA website. This reflects both the practical need to keep this report readable and my desire to honour properly the generosity of those who shared their time, expertise and lived experience. Their insights have not only informed this work; they have changed how I think.

Together, these reflections form the foundation of RiTA's developing Rural Coordinated Community Response (RCCR) and Ripple Mapping approach, grounding future UK work in practical, real-world insight rather than abstract models.

2. United States

2.1 Texas

Survivor Autonomy, Flexible Funding and Transitional Housing

Texas offered a powerful demonstration of the importance of survivor autonomy, dignity, and choice. I met the team at TCFV to better understand transitional housing, a popular model of move-on accommodation in the US, and the discussion quickly centred on flexible funding. What struck me was that flexible funds were treated as foundational to safety and recovery rather than an optional add-on.

Survivors were trusted to decide what they needed most: furniture, children's essentials, car repairs, work clothing, food. The emphasis was not compliance; it was restoring control after coercive control. Since returning, I have explored this further with UK colleagues. The psychology of autonomy after abuse is powerful. It supports trauma recovery precisely because it reverses the loss of agency that defines abuse.

In contrast, in the UK, where flexible funds exist, they are often only “flexible” in name. Expenditure decisions typically sit with professionals rather than survivors. This is not trauma-informed design.

I attended workshops and spoke with multiple teams across the US about transitional housing. While the underlying principle- bridging the gap between emergency accommodation and long-term independent housing - is highly relevant to the UK, much of the US model would not translate directly. Funding structures differ, and in practice, some schemes closely resemble refuge models that remain rule-bound and restrictive (therefore, not trauma-informed).

That said, the gap transitional housing seeks to address is one we urgently need to fill in the UK: safe, supported accommodation that offers stability and recovery in places survivors want to be, not where systems place them.

Key insights from Texas (for rural UK design):

- Flexible funding is transformative, particularly in rural contexts shaped by distance, hidden costs and economic abuse.
- Choice restores dignity. Survivors are best placed to identify what will help them rebuild.
- Relational advocacy matters. Practitioners described this work as “walking alongside”, not “delivering to”.

This learning is directly relevant to rural UK communities, where costs are higher, transport limited, and economic dependence more entrenched.

2.2 Dallas

2.2.1 Blueprint for Safety and System Alignment

In Dallas, I observed training on the Blueprint for Safety, rooted in Praxis International’s work. What stood out was the discipline of alignment - practice was organised around the survivor’s experience rather than agency convenience.

Three lessons resonated strongly:

- Meetings do not equal coordination. True coordination happens in everyday practice, not in conferences or training rooms.
- Policy must be tested against real cases. Examining how policies actually function reveals invisible gaps and decision points.
- Culture matters. Dallas invests heavily in prevention, including work with boys and men through A Call to Men.

This emphasis on alignment rather than structure echoed throughout my Fellowship and directly informed my thinking on rural RCCRs.

2.2.2 Conference on Crimes Against Women (CCAW): Practice, Culture and Community

The opening session of CCAW was a collective call to action. It reaffirmed that ending domestic abuse is not solely procedural work; it is cultural, relational and shared.

One decisive moment came when a car dealership received an award for providing vehicles to survivors. In rural contexts, transport is not a luxury - it is safety. Survivors remain trapped not because they choose to stay, but because they cannot get to work, take children to school, attend appointments, or leave safely.

Examples shared included garages that loaned vehicles, offered free maintenance classes for women, and supported survivors into skilled employment. These practical interventions restored autonomy, dignity and hope.

This theme reappeared later in Lanark County, Ontario, where a business donated a building that became a survivor-run charity shop, with interview clothing, mentoring and informal support upstairs. A single act of community generosity became a source of pride and long-term impact.

UK relevance:
Rural domestic abuse responses must actively engage businesses, trades and commerce. These partnerships offer not only funding but also skills, employment pathways, mentoring, and confidence-building, all critical to long-term recovery.

Healthy Masculinity and Men as Allies

> Most men do not perpetrate violence, but too many are silent. That silence is permission.
> **Tony Porter's Keynote Speech**

His challenge to the "Man Box" - rigid expectations of dominance, stoicism and control, felt especially urgent in rural contexts, where traditional norms and social isolation can intensify risk and reduce help-seeking.

Key insight:

Cultural change requires visible, vocal male allies. Non-violence is not enough, men must actively challenge harmful norms and model alternative ways of being.

Risk, Culture and Workforce Learning
Across workshops, several themes consistently emerged:

- Safety is built on communication and trust, not protocols alone.
- Childhood trauma shapes both victimisation and perpetration.
- Faith communities require careful, safe engagement in rural CCRs.
- Victim-blaming narratives remain embedded in systems.
- Perpetrators frequently "pre-emptively strike" by contacting police first, a pattern mirrored in UK DHRs.
- Practitioners are a system's greatest asset, yet rarely considered in system design.

Speakers from Black, Latinx, and migrant-led organisations reinforced that mainstream risk tools often miss contextual danger. Risk scores alone are insufficient; assessment needs to be developed collaboratively with survivors.

This sharpened my concerns about DASH in the UK. DASH identifies indicators of risk; it does not assess risk. Over time, it has become a scoring exercise, relied upon as an endpoint rather than one component of a wider, contextual assessment process. This is particularly dangerous in rural settings.

Key lessons from Dallas (co-adaptation, not copying):

- Prevention must be gender-transformative, engaging men and boys in identity, respect and emotional literacy.
- Transport, autonomy and dignity are safety issues.
- Workforce wellbeing is a safeguarding requirement, not a "nice to have".
- Community engagement must be creative, ongoing and equitable.
- System change is slow and relational - but entirely possible.
- Any evolution of risk assessment must clarify risk identification is only one part of risk assessment, requiring trained professional judgement and coordinated multi-agency action. Information-sharing under GDPR is too often misunderstood as a barrier rather than the facilitator it is.

> We process 0.0000000005% of what our brains receive. Stereotypes are shortcuts, but they can harm.
>
> **Quote from Workshop**

This made me consider the challenges ahead in changing cultural norms, beliefs, and values that are traditionally held in rural communities, especially those related to gender roles, which may maintain harm.

Describing intersectionality:

> In a melting pot, everything ends up tasting like chicken. What we need is a salad where every part retains its flavour, and we value the difference.

Rural practitioners work under immense pressure and visibility. They must have spaces that are brave enough to learn, reflect, and “fail forward.” This is a psychologically informed environment in a nutshell:

> You cannot do phenomenal work if you’re not psychologically safe.

One speaker described community engagement as: “building bridges that don’t collapse”.

2.3 Tennessee

Family Justice Centre and Trauma-Informed Rural Practice

My visit to a Family Justice Centre (FJC) in a rural town in Tennessee demonstrated how a national model can be meaningfully adapted to local rural realities. The team were clear that expecting survivors to travel was neither realistic nor safe. Instead, they prioritised outreach, relationship-based practice, and flexibility in how and where support was delivered.

Although funded under the FJC model, the centre was not led by law enforcement. Staff were intentional about maintaining parity between agencies and avoiding hierarchy, recognising that power imbalances undermine trust and collaboration. Outreach was central: even though the centre was based in a small town (Gallatin), large parts of the surrounding rural population still could not easily access it.

What struck me most was their willingness to evolve. While FJCs received significant early investment in the US, many have struggled where funding diminished or politics shifted. This team demonstrated the courage to adapt continuously, reshaping the model to fit local need rather than remaining wedded to its original design.

Do not be loyal to a model where it does not serve the community.

Rural workforce culture matters: visibility, fatigue and stigma require psychologically safe teams.

Multi-agency hubs can work in rural areas when grounded in trust and equality.

Children and young people must be central to prevention and long-term cultural change.

Hierarchy damages collaboration within a Coordinated Community Response.

2.4 Kansas

Willow Domestic Violence Center and Rural Advocacy

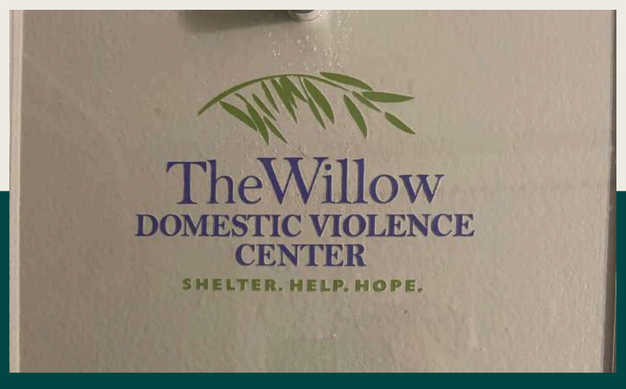
The Willow Domestic Violence Center exemplified advocacy deeply rooted in place. Rural advocates travelled vast distances, meeting survivors in community halls, pharmacies, rehabilitation centres and schools. Their guiding principle was simple and powerful - **meet people where they already feel safe.** Advocates described relying on relationships rather than buildings, and on trust rather than visibility. Outreach to rehabilitation services was particularly effective engaging survivors who were often excluded from traditional domestic abuse pathways. Digital storytelling was also used intentionally to build empathy and shift community attitudes.

Outreach is essential in rural contexts; buildings alone are insufficient.

Relationship-based advocacy reaches survivors invisible to formal systems.

Storytelling can change perceptions where statistics cannot.

The Eudora Community Resource Centre, run through United Way of Kaw Valley, is a practical and emotional anchor: emergency food, clothing, hygiene products, rental and utility assistance, and a place to drop in. It is intentionally inclusive, welcoming LGBTQ+ young people, new mothers, those struggling with substance use and anyone needing connection.



Just some photos capturing my week in Lawrence, Kansas - the best team of passionate individuals, the most creative community engaging projects and the richest learning of my whole experience - thank you The Willow Domestic Violence Center! And to Laura from Eudora too!

SPOTLIGHT ONE

“THE TALLEST TREE” - COMMUNITY RESOURCE NAVIGATOR

“The Tallest Tree” – Community Resource Navigator

In the rural town of Eudora, Kansas (population just over 6,000), the Community Resource Navigator model offers a powerful response to isolation and hidden harm. Led by Community Navigator Laura Smith at the Eudora Community Resource Centre, the role “fills the puzzle piece between people and services”.

The approach embeds a trusted individual at the heart of community life. Laura is visible at school events, community meals and resource fairs. In a small town, this visibility builds trust and reduces stigma. Survivors often speak to her when they would never approach a formal service.

“Our approach isn’t about parachuting in professionals,” Laura explained, “it’s about being someone your community knows and trusts.”
Laura provides trauma-informed, non-judgmental support and works closely with rural advocates from the Willow Domestic Violence Center to deliver safety planning, court support, housing referrals and school-based prevention.

The Community Resource Centre itself offers emergency food, clothing, hygiene products, utility support and a place to drop in, intentionally inclusive of LGBTQ+ young people, new mothers, people using substances and anyone seeking connection.

The local public library plays a vital role. As a non-stigmatising, trusted space, it provides domestic abuse information, private rooms, free menstrual products and mental health resources. Hosting or linking Navigators to libraries creates discreet pathways to help.

For rural communities here in the UK, the lessons feel clear. Community Resource Navigators could be embedded in libraries, village halls, parish councils or community hubs - places that already hold trust.

The core insight is to invest in people and relationships, not just programmes. When the right person is rooted in the right place, they become the tallest tree in the landscape - visible, steady, and safe.

2.5 Minnesota
Accountability, Alignment and Keeping Perpetrators in View

Minnesota, home to the Duluth Model, the Praxis Blueprint, and the Gender Violence Institute, offered some of the clearest insights into system alignment, perpetrator accountability, and community-based risk management.

A recurring theme was Advocacy-Initiated Response (AIR), ensuring that every survivor receives rapid, specialist follow-up after police contact. This reframes victim-centred practice as proactive, relational and timely rather than reactive.

Several insights stayed with me:

- Survivors are the experts on what works. Asking them what helped and what did not, is the most reliable source of system learning.
- Perpetrators must remain visible. Systems often lose sight of those causing harm while focusing narrowly on victims.
- Men change most effectively through peer accountability, not compliance-based programmes.
- Documentation matters. Recording both good and poor responses builds accountability and learning across all risk levels.

This learning exposed a critical weakness in current UK approaches, in which systems tend to intervene late, focus narrowly on “high-risk” thresholds, and accept minimal outcomes from perpetrator programmes. Too often, success is defined as “no further violence reported” rather than the complete cessation of abuse and evidence of long-term behaviour change in relationships and in life.

Minnesota reinforced the need for a whole-system response that centres survivor voice, intervenes earlier, and holds perpetrators in view at every stage.

3. Canada

3.1 Calgary
Sagesse: Implementation Science, Informal Networks and Organisational Courage

My time with Sagesse in Calgary was one of the most formative elements of my Fellowship. Sagesse is not organised around programmes or manuals, but around learning, adaptation and implementation. Their Blueprint for Change is not a set of instructions but a mindset grounded in the belief that change is messy, relational, iterative and deeply human.

Sagesse argue that domestic abuse responses fail not because people do not care, but because systems are poorly designed to translate good ideas into everyday practice. Implementation, not intention, is where safety and accountability are either created or lost. This is particularly relevant to rural UK contexts, where fragmented systems rely heavily on goodwill and short-term interventions that rarely embed.

A defining feature of Sagesse’s approach is their recognition of informal support networks. They start from the reality that many survivors - particularly LGBTQ+ people, racialised communities, rural residents and those with generational mistrust of services - turn first to friends, neighbours, colleagues, faith leaders or community figures. These informal supporters often hold enormous influence but little support.

Rather than professionalising them, Sagesse equips them with confidence, clarity and simple tools that help in the moment.

This mirrors rural UK dynamics, where the people who “pick up the phone in a crisis” are rarely professionals. Sagesse taught me that a Rural CCR must be designed around the social architecture of rural life, not just formal agencies.

Workforce culture was another powerful theme. Sagesse invests deliberately in psychologically safe environments where creativity, autonomy and reflection are normalised. Staff spoke openly about burnout, emotional labour, information-sharing anxieties and the strain of domestic abuse work pressures magnified in rural areas where practitioners may work alone across vast geographies.

Perhaps most striking was Sagesse's organisational courage. They openly name the barriers to innovation within the non-profit sector - territorialism, funding competition, fear of failure, and ego. They centre anti-racism as foundational practice and challenge organisations to interrogate power, privilege and leadership behaviours. Their message is uncompromising: systems that do not confront their own biases cannot embed meaningful change.

For RiTA, Sagesse crystallised a principle I now hold firmly – "**trust in the messiness**". Rural systems will not transform through neat plans alone. They must be allowed to experiment, adapt and learn alongside the communities they serve.

SPOTLIGHT TWO

BLUEPRINT FOR CHANGE – SAGESSE

CREDIT: SAGESSEE:

BLUEPRINT FOR CHANGE

WHEN processes of deconstruction and reconstruction are curated and facilitated, THEN people, organizations, communities and systems are empowered to heal, learn and grow in order to disrupt the structures of abuse.

RATIONALE (WHY?)	OUR KEY STRATEGIES	OUTCOMES
• Our own continuous learning and deepening of knowledge is critical to the success of our efforts to end abuse. • Status quo and normative approaches to abuse prevention are not effective. Domestic abuse, sexual abuse and sexual exploitation rates are still high and practice has changed little. • We want communities to come together to build relationships and a strong collective front in order to disrupt structures of abuse. • We want a province-wide conversation about domestic and sexual abuse and sexual exploitation that shifts these issues from a private problem to a societal issue/concern. • Domestic and sexual abuse and sexual exploitation exist at the intersections of structures of abuse (i.e., sexism, racism, and classism).	• To gather and mobilize knowledge from all sources, in Canada and abroad, to address and eradicate the structures of abuse. • To challenge and shift normative narratives of domestic and sexual abuse and sexual exploitation. • To ensure programs that are shared with organizations and stakeholders are evidence-informed. • To analyze and respond to domestic abuse and sexual exploitation from the perspective of a maverick. • To curate strong and reciprocal connections with organizations, communities and system stakeholders.	• A movement-building approach to address domestic and sexual abuse is established across Alberta. • Organizations and communities approach domestic abuse in effective and innovative ways. • People impacted by domestic abuse and sexual exploitation have improved self-efficacy. • Inspire innovation to tackle complex and pervasive social issues.

COURAGE, VULNERABILITY, CURIOUSITY & TRUST IN THE MESSINESS

Sagesse's Blueprint for Change connects domestic abuse to wider structures of harm, including sexism, racism and classism. It challenges static, status-quo responses and asks a radical question: what if we intentionally dismantled and rebuilt the systems that enable abuse?

Key insights:

- **Values drive behaviour and outcomes**
- **Asset-based community development turns informal networks into allies**
- **Learning systems outperform training-heavy models**
- **Prescriptive models fail; adaptation to place is essential**
- **Systems can and do work when there is a will for them to do so, communication, and equality**
- **Change is needed, which requires humility. Be humble, say "this doesn't work here", be brave and design a system with those for whom it intends tp support AND with those whp know the mechanics of delivery.**
- **It's messy. Trust in the messiness!**

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3.2 Ontario

Governance, Risk and Community Leadership

My time in Ontario offered some of the most grounded examples of rural systems working effectively with limited resources but strong shared purpose. In Lanark County, a large rural region of dispersed towns, domestic abuse responses were organised around women's safety rather than institutional convenience.

What challenged assumptions most was the rejection of "rural as less possible". Instead, collaboration, creativity and leadership were used to redesign the system from within.

Luke's Place: Holistic, Survivor-Centred Practice

Luke's Place stood out not for scale or complexity, but for its radical practicality. Support was calm, relational and intentionally free of bureaucracy. Survivors accessed legal advice, safety planning, emotional support and system navigation in an environment that communicated dignity and belief.

One detail that stayed with me was a carefully curated clothing boutique donated by a local businessman. Women could choose interview clothes, court-appropriate outfits or workwear. This was not charity; it was agency-building. Staff described how clothing often became the doorway to deeper conversations about identity, safety and hope.

A clear lesson was that Rural CCRs must be designed around the everyday realities of women's lives, not solely statutory processes.

Rural Housing Innovation: Community-Rooted Solutions

Lanark County also demonstrated what effective rural housing responses can look like when rooted in relationships rather than rigid pathways. Their approach blended transitional accommodation, flexible funding, trusted landlord partnerships and deep local knowledge.
Staff described negotiating directly with landlords, securing housing for women with pets, and designing safety plans that accounted for geography, anonymity and community politics. This relational approach is often absent from UK rural housing systems, which remain urbanised and inflexible.Lanark's success reinforced a recurring Fellowship theme: housing solutions work best when grounded in social capital, local trust and shared responsibility.

Governance as Leadership, Not Hierarchy

Governance in Ontario felt markedly different from many UK models. Rather than compliance-heavy boards, I observed leadership grounded in relationships, shared purpose and collective accountability. Meetings were practical and honest. Leaders acknowledged mistakes, uncertainty and system limits.

This affirmed a core principle of the RCCR: governance is not about authority, but about who holds the relationships. Rural safety depends on relational leadership that connects police, housing, health, child protection, Indigenous communities and local advocates without hierarchy dominating collaboration.

Risk, Context and Rural Life

Ontario practitioners repeatedly highlighted the limitations of standardised risk tools. Coercive control, firearms access, land-based economies, intergenerational reputation and isolation shaped risk in ways that actuarial tools cannot capture.

They emphasised the need to:

- blend structured tools with contextual judgement
- privilege local knowledge
- view risk as an ecosystem, not a score

This closely aligns with learning from Minnesota and reinforces the need for relational intelligence in rural risk assessment.

Indigenous-Led Approaches and Learning with Humility

Indigenous-led models foregrounded culture, community, healing and connection to land. Violence was understood as inseparable from history and identity. While contexts differ, the lesson is universal: cultural safety, trust and community leadership must be foundational.

SPOTLIGHT THREE

THE RENFREW COUNTY INQUEST & RURAL FEMICIDE PREVENTION

Thisinquest deserves a Spotlight because it has driven more change than any other such event in this area of work in Canada. It was driven by some of the most passionate and inspiring women, with feminist Lawyer, Pamela Cross at the helm. The inquest identified failures in enforcement, information sharing, firearms licensing and survivor voice. It highlighted the lethal convergence of isolation, weak legal enforcement, firearm access and cultural norms of privacy and male entitlement. The inquest called for intimate partner violence to be declared an epidemic. Ten years later, over 106 municipalities from Kapuskasing to Toronto have done just this

Many recommendations mirror findings from UK Domestic Homicide Reviews:

- Whole-system responsibility for violence prevention
- Survivor voice and accountability at all levels
- Firearms licensing reform with domestic abuse risk integrated
- Perpetrator-focused, multi-agency management
- Long-term public education and prevention

Renfrew stands as both a warning and a blueprint. Rural femicide is preventable when systems act early, share information, and centre women's safety.

REMEMBERING...

NATHALIE WARMERDAM

CAROL CULLETON

ANASTASIA KUZYK

A personal note from me:

This work is for Nathalie, Carol and Anastasia - their homicides caused such outrage, horror and a call to action like I have not seen or heard the likes of here before or since. With the most bitter irony, on 9 July 2024, just less than two weeks after I returned, we saw the triple murder of Carol, Louise, and Hannah Hunt. We saw publicity, yes (they are the family of a public personality), we saw horror & outrage at the time & their family are so courageously talking of their grief & experience publicly to raise awareness, but we have not, I believe, reacted with the call to action that Ontario saw.

Equally, the quadruple domestic related homicide of three children in Bradford, Denisty, Aubree, and Oscar with their mother, Bryonie, just a few weeks later in August 2024. The lack of outrage or national call to action in their names should worry us all. If male violence against women, girls and children really is a national emergency, it must be named in the National Risk Register, which has shifted to a dynamic assessment process, meaning risks can be updated frequently.

4. Australia (Virtual)

4.1 Masculinity, Belonging and Violence in Rural Contexts

Dean Cooper

My conversations with Dean Cooper offered one of the most transparent lenses on how masculinity, identity and belonging shape violence in rural communities. Dean's experience as a practitioner, facilitator and educator working with rural men in Australia reinforced a critical insight: violence is not only an individual behaviour, but a product of identity formation within cultural systems.
In rural contexts, masculinity is often tightly bound to self-reliance, stoicism, physical labour, breadwinning, reputation, and control.

These norms can be protective, but they can also conceal abuse and normalise entitlement. Dean was clear that conflating mental health support with gender-transformative prevention risks excusing coercive behaviour rather than challenging it.

Peer accountability and online group work

Because geography makes in-person programmes inaccessible, Dean delivers perpetrator work through online peer groups. Men often enter these spaces framing themselves as victims of circumstance: drought, financial pressure, family expectations, and mental ill health. But when guided through Duluth-informed dialogue and peer accountability, powerful shifts occur:
"The story changes when they hear their own language coming out of another man's mouth."

This echoed what I heard consistently across the US and Canada. Men change most effectively through relational, peer-led challenge rather than compliance-driven interventions.

Boys, identity and early prevention

Dean's work with boys through the You Can Ask That programme revealed a hunger for open, shame-free conversations about relationships, pornography, consent and online influence. He highlighted rural boys' heightened vulnerability to manosphere narratives, isolation from diverse perspectives, inherited "legacy masculinity" and pressure to uphold family or farming reputations.

Housing and "keeping men in view"

Dean is a strong advocate for housing-based perpetrator models such as Breathing Space. In rural settings, removing men from the family home without viable housing options often results in continued proximity, informal return, or hidden homelessness on land, in sheds or within the victim's daily orbit.

These insights challenge UK systems to:

- embed gender-transformative work with boys and men in rural prevention
- separate wellbeing narratives from accountability
- strengthen peer-led perpetrator interventions
- develop rural perpetrator housing options
- understand masculinity as a cultural system, not only an individual trait

4.2 Social Isolation, Culture and Rural Safety

Professor Sarah Wendt

Professor Sarah Wendt's work reframed my understanding of rural isolation. She draws a crucial distinction: "Geographical isolation is distance; social isolation is design."Her research demonstrates that rural isolation is constructed through gender norms, expectations of privacy and self-reliance, reputational economies, intergenerational networks, economic precarity and community surveillance. Survivors are navigating not only miles of road, but complex social geographies where silence can be a survival strategy.

Her evidence for hub-and-spoke models is especially relevant: a specialist hub providing expertise, governance and supervision, with spokes embedded through outreach and navigation roles. It mirrors what I saw in Eudora and reinforces the need to value community-based roles as highly as specialist services.

She also emphasises that intersectionality in rural settings is not an analytical lens; it is the lived fabric of risk. particularly for older women, disabled survivors, LGBTQ+ people, migrants and those living with poverty or precarious work.

5. MARAM
Rethinking Coordination Beyond the Meeting
Multi-Agency Risk Assessment and Management Framework (MARAM)
I was first introduced to MARAM by academic Margaret McPherson, who described how Ontario is exploring the implementation of this Victorian (Australia) framework as a whole-system approach to family violence. MARAM is not a risk tool and it is not a meeting model. It is a statutory operating system for alignment and accountability across services — and it offers a counterbalance to the UK's increasingly fragmented, high-risk-threshold approach.

Beyond the meeting: what the UK experience has taught us
The IDVA–MARAC model was designed with the right intentions: to bring agencies together, coordinate response, and reduce risk for high-risk victims. Over time, however, MARAC has become over-identified with the meeting itself.

Volumes have grown. "Daily MARACs" emerged in some places, partly because police felt they were "holding the risk" until the meeting. IDVAs became overwhelmed. The survivor's voice, the person who knows the perpetrator best, and understands their own safety best, has too often grown fainter. We still hear that vital information is not shared until the meeting, driven by a persistent misunderstanding of GDPR and information-sharing legislation.

Alongside this, parallel multi-agency forums have proliferated (MATAC, MASH, MAPPA and other offender management arrangements), sometimes discussing the same families without joined-up action. In particular, MATAC can address perpetrators who are also being discussed in MARAC, but without a coherent, shared operating picture.

MARAC is not statutory, so its spread across the UK has been remarkable and, in many places, transformative. But participation and quality now vary widely. We increasingly see dominance of a single agency (often police) in shaping and leading MARACs, alongside inconsistent funding. IDVA roles designed initially as short-term interventions and system coordinators are too often constrained to casework posts. Funding has been funnelled into IDVA (and its multiple iterations) away from outreach and long-term recovery roles, which means we now, effectively, wait for risk to escalate before victims can access support.

Risk has become a label that triggers a meeting, rather than a shared, ongoing responsibility. During COVID, MARACs moved online, which was helpful for geography and travel in large rural areas but at the cost of reducing the relational connections that make coordination work - informal problem-solving, shared understanding, trust, and team learning.

What MARAM offers: an operating system for shared responsibility
MARAM reimagines coordinated risk management as the everyday infrastructure of family violence response. It is built on a simple premise: consistent safety depends on services sharing a common understanding of family violence, and of their respective responsibilities to identify, assess, manage and monitor risk.

Key features include:

Statutory mandate: Prescribed organisations (including police, health, housing, education, and social care) are legally required to align to MARAM principles and tools.

Universal scope: It applies across all risk levels, enabling earlier identification and intervention — not just crisis response.

Shared responsibility: Professionals across the system, from GPs to teachers, are supported to assess and manage risk proportionate to their role, rather than referring "upwards" and waiting.

Workforce tiers: Clear tiers of professional responsibility define expectations, tools and learning requirements, building confidence and consistency.

Perpetrator focus: Perpetrators remain in view; agencies are accountable not only for supporting victims, but for disrupting abuse and monitoring those who cause harm.

Inclusive practice: Intersectionality is embedded, with the needs of older adults, children and marginalised groups designed in not bolted on.

Crucially, MARAM makes explicit that professionals should work collaboratively to provide coordinated and effective responses, including early intervention when family violence first occurs, to avoid escalation into crisis and additional harm.

Why this matters for rural areas

Rural survivors are particularly at risk of slipping through gaps between thresholds, agencies and meetings. In dispersed communities with limited specialist provision, a system that waits for “high risk” or waits for the next meeting is a system that will miss people.

MARAM, by contrast, enables rural schools, GPs, pharmacists, health visitors, social prescribers, and community workers to become active parts of the safety net because they are trained, mandated and supported to act. It strengthens what rural areas already rely on: trusted everyday contact points while ensuring those contact points are connected to specialist expertise and multi-agency oversight.

This aligns closely with the Rural Coordinated Community Response (RCCR) framework I am developing through RiTA - a comprehensive, community-wide approach that centres survivors, strengthens community capacity, keeps perpetrators in sight, and treats coordination as daily business rather than an occasional event.

SPOTLIGHT FOUR

MARAM - RETHINKING COORDINATION BEYOND THE MEETING

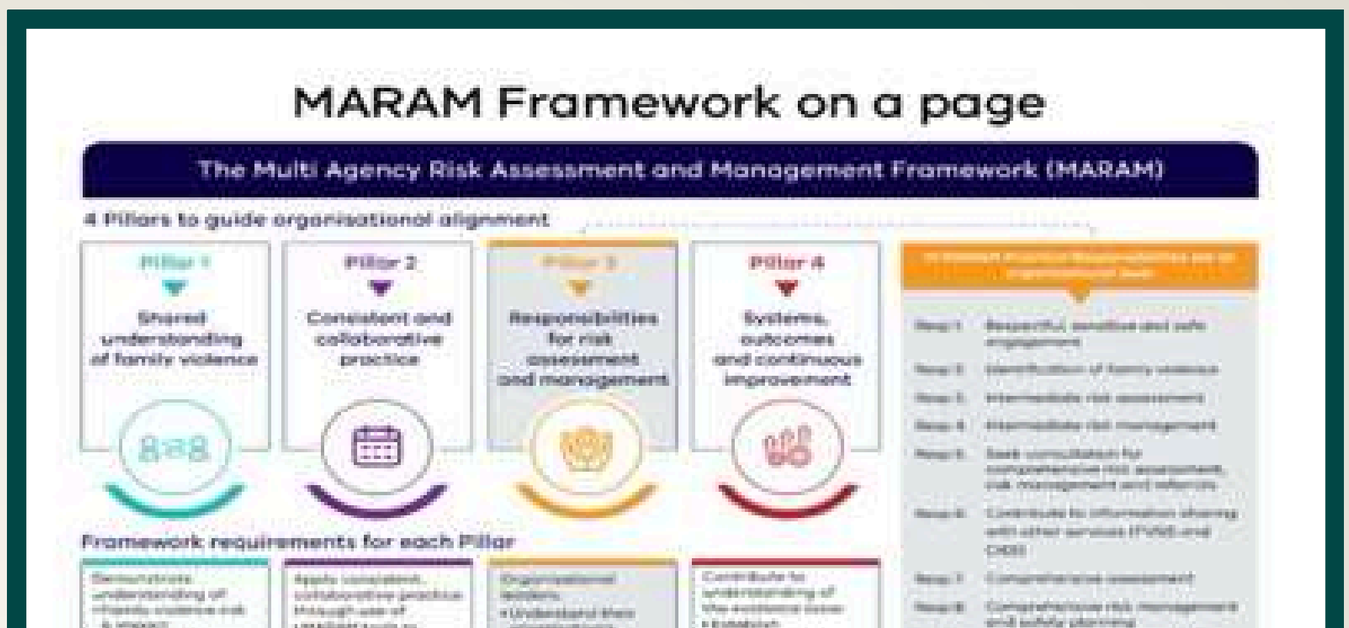
MARAM is not a meeting model or a risk tool. It is a statutory operating system for family violence responses.

Where MARAC in the UK has become over-identified with the meeting itself, MARAM embeds shared responsibility across the system. It applies across all risk levels, mandates collaboration, keeps perpetrators in view, and provides clarity on professional roles and expectations.

Key features include:

- **statutory alignment across prescribed organisations**
- **early intervention, not crisis-only response**
- **tiered workforce responsibilities**
- **embedded intersectionality**
- **explicit perpetrator accountability.**

MARAM enables rural professionals - GPs, teachers, pharmacists, and community workers to be active parts of the safety net because they are given the skills, tools and knowledge they need, are mandated and supported to act.



Credit: Victoria Gov Website

6. Final Reflections

“At a time of growing pressure on available resources, time and money should be focused on front line service delivery and not diverted to bureaucracy and meetings” Alan Wood said in his review of LSCBs in 2016.

Since 2016, we have continued to multiply meetings, often discussing the same families - each family member in isolation under the banner of collaboration. We need to align rural systems, coordinate them, collaborate within them and make them more efficient and effective for everyone involved.

This Fellowship taught me that rural communities do not need fixing - they just need to be heard, given resources, and partnered with. From Eudora’s Community Resource Navigator to Lanark County’s housing innovations, the most successful approaches I observed were based on local collaboration rather than top-down imposition.

Where systems were rigid, siloed and compliance-driven, rural survivors slipped through gaps, particularly older women, Indigenous women, LGBTQ+ people, migrants and those living with poverty, disability or mental ill health. Where systems behaved more like living networks, centring autonomy, trusting informal supporters, sharing information proportionate to risk and coordinating around perpetrators' safety improved even under severe constraint.

These travels reshaped my understanding of what a Rural Coordinated Community Response must be. It cannot be an urban model transposed onto a rural postcode. It must work through libraries, fire stations, farm suppliers, schools, churches, village halls, youth clubs and informal networks as well as through police, courts, health and housing. It must engage with land, firearms, masculinity, stigma and local power. And it must make room for experimentation, learning and “failing forward”.

Most of all, this Fellowship reminded me that rural places are not only where harm is hidden, they are also where resistance, creativity and strength live. The people I met are already building a future where survivors are believed, perpetrators are held to account and safety is understood as a shared responsibility.

Part Two has traced some of those journeys. Part Three now turns from insight to action, setting out a Rural Blueprint for Change, the recommendations, frameworks and commitments that will shape RiTA’s mission and, I hope, support a safer rural future across the UK.

Conclusion

From Insight to Action - Reimagining Rural Safety

This report began with a fundamental question- ***what will it take for rural victims and survivors of domestic abuse and violence against women, girls and children (VAWG/C) to be safe, seen and supported?***

The Government’s Freedom from Violence and Abuse Strategy (December 2025) sets out a ten-year ambition to halve violence against women and girls and to create a society in which women and girls can live free from harm. It speaks powerfully about prevention, partnership and whole-system responsibility. Despite this ambition, the strategy does not yet fully grapple with how rurality shapes risk, access to help and long-term recovery.

As the strategy itself acknowledges:

> “Violence against women and girls happens everywhere, but its effects are not felt **equally.**”

This report argues that rural survivors disproportionately shoulder that unequal burden, not because rural life is inherently unsafe, but because systems too often assume urban realities as the default. This conclusion does not restate the recommendations set out above. Instead, it reflects on what their delivery requires if national ambitions are to be realised equitably for rural communities.

Isolation, Transport and Economic Exclusion
From Recognition to Remedy
The strategy recognises barriers linked to safety, economic independence and access to services. However, it stops short of articulating what those barriers mean in practice for someone living thirty miles from specialist support, without public transport, digital connectivity or independent access to income.

In rural contexts, transport deficits and economic dependence are not peripheral issues; they are central to safety. Survivors consistently described how the absence of transport or financial autonomy made leaving not simply difficult, but impossible. Where accessing a GP, advocate, solicitor or refuge requires use of the abuser's vehicle, "access to services" becomes a theoretical promise rather than a practical safety strategy.

The strategy commits to addressing the structural inequalities that drive violence. Without a rural lens, one that recognises distance, transport deserts, digital exclusion and economic fragility, these commitments risk remaining abstract.

Policy imperative:
Halving violence requires services that are reachable, affordable and designed for the places where survivors actually live.

Health and Early Identification
From Positioning to Practice
The strategy rightly positions health and social care settings as critical entry points for early identification, stating that partners will work to improve responses across these systems. This aligns strongly with international evidence and rural practice.

In rural areas, health professionals are often the first, and sometimes only, professionals survivors encounter. Routine GP appointments, antenatal care, medication reviews and community nursing visits become pivotal opportunities for disclosure when practitioners have the tools, confidence and referral pathways to act.

Rural clinicians, however, rarely receive specialist domestic abuse training, and evidence-based interventions such as IRISi are inconsistently commissioned across rural geographies.

As the strategy notes:

> "Every part of the public service system has a role to play in identifying and responding to VAWG."

For rural systems, this must translate into:

i. **routine, safe enquiry embedded in primary care**
ii. **VAWG/C-informed practice across health pathways**
iii. **investment in health navigators and link workers as bridges into support**
iv. **safe use of telehealth that accounts for perpetrator monitoring**

Without rural adaptation, the early identification that the strategy champions will continue to miss those most isolated.

Workforce and Practitioner Wellbeing - Central to safety
The strategy emphasises cross-government action, workforce development and multi-agency collaboration. However, it does not yet sufficiently foreground the psychological safety of the workforce itself, a gap this report identifies as fundamental.

Rural practitioners operate under distinct pressures including a heightened visibility that blurs personal and professional boundaries. They tell us that they are often isolated from peers and supervision, have higher caseloads with fewer resources resulting in a sustained emotional labour without consistent reflective support. Burn out levels are high in rural services.

Additional considerations - where rural inequalities further intersect. Attracting staff to work for services in rural areas - across health, social care, specialist services etc is a continuous challenge. Salaries do not reflect the additional cost of living - higher housing costs, travel (cars often only option) and so services either have to fill gabs in service with agency staff (at significant additional cost) or share staff with city/urban areas on a rota basis or stretch workloads across the workforces they do have - that or turn those who need the services away. The additional workload seen by dedicated rural workers can and does impact health and so they are more likely to access teh services of their health services.
The ripple effect of rural inequalities has a real human cost. Without addressing rural inequalities nothing will change.

As one advocate told us:

> You cannot do phenomenal work if you're not psychologically safe.

The strategy's commitment to building workforce capability must therefore be operationalised through reflective supervision and learning spaces where collaborative learning, not solely compliance-driven training, is provided, where time for shared reflection beyond incident response is inbuilt and explicit recognition is given of rural stressors as distinct from urban contexts.

Workforce wellbeing is foundational to service quality and systems simply will not work to see and save survivors if we do not invest in our greatest assets - our frontline practitioners - the real experts.

Early Prevention and Masculinity - From Message to Movement

The strategy commits to engaging boys and men in prevention, recognising the need to challenge harmful norms and behaviours. In rural contexts, where masculinity is often tightly bound to stoicism, control, self-reliance and reputation, this work is especially urgent.

For prevention to be meaningful in rural places, it must be: culturally grounded and locally owned. It should be delivered in community-relevant spaces and peer-led rather than externally imposed.

> Men change most effectively when they hear their own language reflected back from peers.
>
> **Dean Cooper (Australia)**

Early work with boys and young men, in schools, agricultural and youth settings, sports clubs and online spaces, must be as central to rural VAWG/C responses as crisis intervention. Equally, girls must be supported from the earliest years to understand kindness, equality, emotional expression and self-worth. Introducing these concepts in early childhood supports emotional intelligence, confidence and wellbeing, laying foundations for healthier relationships through adolescence and beyond.

Meeting children and young people where they are at and where they enjoy being – where they feel safe – is essential. Allowing children and young people to be part of the design and delivery ensures engagement, aids learning, fosters growth, and empowers them. Being creative, flexible, iterative and open to new innovations in design and delivery methods is key. Prescriptive models with scripts in our language do not work for children and young people – this is about them, not us. Let them lead.

SPOTLIGHT FIVE

RURAL MEDIA, HEREFORDSHIRE

Rural violence begins early, shaped by isolation, gender roles, limited resources, online echo chambers, and community pressure, increasing risks for boys to perform masculinity silently.

Rural Media's initiatives, like The Willows and Point of View storytelling, intervene early by promoting awareness and dialogue, especially in rural communities where abuse is often dismissed as private.

These programmes, including Breaking Out Boys, give boys a safe space and permission to explore emotions, masculinity, and identity without judgment, making prevention more effective than compliance or lectures.

Credit: Rural media with Rural Action Derbyshire

Rural young people face additional barriers such as fewer services, limited access to what is there, loneliness and isolation, poverty, societal and family/cultural pressures, and online exposure that may be embedding harmful ideas before intervention.

Arts-based, youth-led stories improve emotional literacy, challenge masculinity myths, make abuse visible, empower safe peer cultures, build confidence, and equip young people with language to prevent abuse.

Rural Media shows that engaging young people in storytelling can change perceptions and stop abuse before it becomes normalised.

Credit: Rural Media

Information Sharing and Multi-Agency Response - Looking Beyond Meetings to Alignment
The strategy calls for effective information sharing to strengthen safety responses. Rural contexts show why this matters so much.

Survivors may interact with health, social care, police and community workers in unpredictable sequences. Formal thresholds often miss cumulative, relational risk. Over time, meetings such as MARAC have become conflated with coordination, when in reality, safety is created through everyday practice.

- International frameworks like MARAM show how aligning statutory obligations and fostering shared responsibility across different sectors can revolutionise how risks are identified and managed at every level, rather than only during crises. Effective coordination should become a regular, relational, and ongoing process, rather than an episodic or bureaucratic task.
- For rural regions, this entails:
  - a shared understanding of risk across systems
  - joint training and well-defined roles across sectors
  - enforced collaboration
  - explicit pathways for escalation and accountability

A Rural Vision - Strategy in Action
The Freedom from Violence and Abuse strategy sets a bold national goal. To achieve its objectives for rural areas, rural adaptation must be integrated into all aspects, including in access and infrastructure, health and early detection, workforce learning and development, early prevention, information seeking and sharing and coordination, community engagement and cultural change.

The Rural Coordinated Community Response (RCCR) framework I outline in this report provides one approach to this adaptation. It offers a comprehensive system that centres survivors and communities, aligns services with a common purpose, keeps perpetrators visible, and transforms rural characteristics into a strategic focus.

From Policy to Practice - A Call to Action
This is both a challenge and an invitation. Put simply:

i. **Policy must be informed by rural realities, not urban by default**
ii. **Implementation must be evaluated using rural-relevant metrics**
iii. **Funding formulas must reflect the true cost of rural delivery**
iv. **Strategy commitments must translate into rural design**

Rural communities hold the power. They are characterised by strong networks, great relationships, and capacities that, when properly resourced and engaged, can create safety for all.

As the strategy affirms:

> “Ending violence against women and girls is a whole-of-society endeavour.”

For this endeavour to succeed, it must actively recognise rural women, children, and families, ensuring they are not overlooked. Ultimately, no one is invisible if we take the effort to seek them out, see them, ask questions, and listen and respond.

PART THREE

FULL RECOMMENDATIONS - A RURAL BLUEPRINT FOR CHANGE

1. Introduction

Systems were not designed to reflect rural living. Across Australia, Canada and the USA, I saw that the most effective responses shared three principles:

- Design with rural people, not for them
- Embed relationships, trust and shared accountability
- Make prevention and safety everyone's business

The following recommendations translate those insights into a practical framework for government, local authorities, and communities. They should be read alongside Captive & Controlled (2019). They add new international learning, updated evidence, and a clear, positive and achievable pathway for reform.

1.1 VISIBILITY & STRATEGY - THE POLICY DIRECTIVE

National Leadership

Rural domestic abuse will remain invisible until the government and national leads name it, prioritises it, and structures their responses around rural reality. National leadership matters because it sets the tone, unlocks funding, and signals that rural victims including all children deserve the same safety as those in urban areas.

Recommended Actions:

1. **Establish a Parliamentary Commission on Rural Domestic Abuse, Stalking and VAWG/C,** tasked with investigating rural inequalities, firearms, economic abuse, housing, transport, digital exclusion and the justice journey.
2. **Develop a National Rural Domestic Abuse & Stalking Action Plan**, co-designed with rural experts (RSN, NRCN, RiTA, English Rural), people with lived experience and frontline practitioners.
3. **Embed the RCCR** (Rural Coordinated Community Response) as the national framework.

1.2 "Proofing" Policy & Funding

Rural communities are routinely overlooked because policy and funding models assume density, access, and economies of scale. A system that is designed around fairness must centre rural proofing as a core requirement.

Recommended Actions:

1. **Mandate **rural-proofing** and VAWG/C-proofing across all national strategies** for health, policing, criminal justice, education, planning, transport, digital and housing.
2. **Reform Fair Funding and commissioning formulas** so they reflect the true cost of outreach, travel, dispersed settlements, recruitment challenges, and coordination in rural areas.
3. **Use devolution and the Duty to Collaborate (2026)** to embed rural needs into accountability frameworks and local strategies.

1.3 Sustainable Investment

Rural organisations cannot deliver safety on goodwill alone, although many do at considerable human cost. Long-term investment is needed to embed learning systems, support workforce development, and create the conditions for innovation. This funding is for ALL agencies that work within the RCCR, including specialist service providers, policing, social care, housing, drug and alcohol services, and health and mental health services. Commissioners must “think system”.

Recommended Actions:

1. **Provide multi-year cross-government** funding for national rural organisations (RiTA, RSN, NRCN, and by-and-for services).
2. **Provide multi-year cross-government funding for local rural services** across the whole remit of a rural coordinated community response, including but not exclusively specialist VAWG services to meet the needs of the whole family, and the individuals within the family.
3. **Invest in rural-specific research and evaluation,** with mandatory rural/urban disaggregation.
4. **Require national VAWG/C bodies** (DAC, Victims’ Commissioner, NPCC VAWG leads) to include rural priorities and rural experts in all key forums.

2.PRACTICE & RISK - THE SYSTEMIC SHIFT

2.1 Transforming Risk & Data

Current risk systems underestimate rural threat. Isolation, firearms access, transport barriers, and entrenched social networks all compound coercive control. Reforming risk means reforming data, tools, and the assumptions behind them. This should include evaluation and scale-up of emerging UK solutions such as Viviplu’s (“Ask Joan”) discreet safety and professional-support technologies, designed to operate in homes and communities where traditional access routes are limited.

Recommended Actions

1. **Mandate rural/urban data disaggregation** in all VAWG/C datasets to drive commissioning and accountability.
2. **Update risk tools with rural and intersectional adaptations,** recognising firearms, economic dependency, land-based power, and small-community dynamics.
3. **Scale MASIP-style perpetrator and stalking panels** across all rural forces, designed locally to reflect place, geography, and community insight.
4. **Fund early intervention work,** including rapid responses, risk-led home visits, and informal community insight pathways.
5. **Invest in survivor-centred digital safety and risk-support tools for rural areas,** including discreet technologies that enable survivors to seek help, share information safely, and support professionals with timely, evidence-guided risk assessment and safety planning across distance and service gaps.

2.2 Build a Rural Coordinated Community Response (RCCR)

Every system I visited that improved safety had one thing in common - coordination was not an event, but a way of working. The RCCR shifts responsibility from a meeting to the whole system, where each agency understands its role in prevention, documentation, early identification and accountability.

Recommended Actions:

1. **Co-design RCCR frameworks locally,** with policing, health, social care, schools, housing, specialist services and the community.
2. **Use Collective Impact principles** to build shared goals, shared measurement, mutually reinforcing activities, and continuous learning.
3. **Move beyond reliance on MARAC/MAPPA-style meetings,** drawing instead on learning from Blueprint for Safety, AIR, Family Justice Centres and MARAM.
4. **Embed survivor voice at the heart of coordination,** ensuring systems are shaped by lived experience not bureaucracy.
5. **Embed ethical, trauma-informed digital safety tools into local RCCRs** as a fourth pillar alongside advocacy, health and community navigation enabling survivors to stay connected to support even when physically isolated.

2.3 Invest in People & Practice

The most transformative change I witnessed overseas came from people. Skilled practitioners who were trusted, supported, and confident in their roles changed outcomes more than any single programme or policy.

Recommended Actions:

1. **Develop a Rural Learning & Development Strategy,** co-designed and delivered locally.
2. **Shift from one-off training to a system learning culture, including:**
   - mentoring and shadowing
   - reflective practice and supervision
   - peer learning
   - “teaching forward” (practitioners sharing expertise)
   - role-specific training
3. **Create psychologically informed workplaces,** where staff can “fail forward”, think creatively, and feel proud of their contribution.
4. **Embed rural knowledge and community insight into all workforce development activities**

3. EQUITY & PREVENTION - THE CULTURAL DIRECTIVE

3.1 Prioritise Marginalised Voices

Rural marginalisation is layered and shaped by poverty, disability, migration status, ethnicity, sexuality, age, occupation, and digital exclusion. An equitable rural VAWG/C system must centre those voices from the beginning, not as an add on or tick box.

Recommended Actions:

1. **Embed anti-racist, culturally competent practice** across all agencies, supported by reflective supervision and psychologically safe teams.
2. **Co-design pathways with communities often left invisible:** GR andT families, disabled survivors, LGBTQ+ people, older women, migrant workers, agricultural labourers.
3. **Map and fund informal networks,** recognising the power of neighbours, faith/church groups, vets, barbers, parish councils and other “connectors”.
4. **Publish outcomes by protected characteristics and rurality** to expose and close equity gaps.

3.2 Prevention, Children & Young People

Rural children face unique risks. They have fewer disclosure points, small community visibility, transport barriers, limited youth provision, and cultural norms that sometimes uphold harmful ideas about gender.

Recommended Actions:

1. **Invest in rural-specific early help and prevention work,** including safe digital and anonymous routes for children, young people and survivors to seek support.
2. **Ensure rural-relevant content in RSE and PSHE,** including gender, masculinity, consent, and online safety.
3. **Expand safe disclosure routes through youth clubs, GPs, schools, sports, arts programmes and trusted adults.**
4. **Protect continuity of education and housing, preventing unnecessary disruption for non-abusive parents.**
5. **Build positive masculinity programmes for boys,** especially in farming and land-based communities.

4. INFRASTRUCTURE & ALLYSHIP - THE PLACE-BASED SOLUTION

4.1 Connect Health & Community

Health is often the only universal service left in rural areas. GP surgeries, district nurses, paramedics and health visitors are uniquely placed to identify abuse, especially where stigma or visibility prevents disclosure. Emerging UK technology also offers new possibilities for rural safety when designed with survivors, not systems, in mind. Platforms such as Viviplu are developing discreet digital tools that allow survivors to signal for help from within their own homes, while supporting professionals with structured, evidence-informed risk assessment and safety planning. In rural areas where distance, visibility, and transport create unique barriers, such technologies can act as a vital bridge between people and the wider RCCR when integrated ethically and securely, alongside human support.

Recommended Actions:

1. **Commission IRISi/IRIS+ as the evidence-based model** across rural PCNs.
2. **Commission discreet digital safety platforms (**e.g. survivor-designed tools that support safe signalling, documentation and remote support) through ICBs and PCNs to overcome distance, transport and privacy barriers in rural healthcare access.
3. **Equip community-facing health workers** with skills to identify coercive control, economic abuse, elder abuse and stalking.
4. **Fund Community Navigators, Link Workers and Social Prescribers,** embedding them within hubs and new rural health models.
5. **Integrate domestic abuse into rural health inequality strategies,** including Core20PLUS5.
6. **Integrate survivor-centred digital safety tools** (e.g. discreet apps, smart-home alerts and professional dashboards) into rural health, social prescribing and Community Navigator pathways.

4.2 Connect Health & Community

Housing is one of the biggest structural inequalities facing survivors in rural areas. Safety often depends on whether a woman can leave without losing her roots, her children's schooling, or her entire support network.

Recommended Actions:

1. **Introduce rural housing exemptions and targeted capital funding** for safe homes, dispersed refuge, and perpetrator accommodation.
2. **Embed Whole Housing Approach principles with rural adaptations,** including move-on accommodation similar to the transitional housing programme in the US.
3. **Use planning levers (Section 106, rural exception sites)** to secure domestic abuse-informed rural housing.
4. **Remove local connection barriers** that trap survivors with perpetrators' extended networks.

4.3 Build Rural Allyship

Ending domestic abuse in rural areas depends on community culture as much as services. Rural allyship is about harnessing pride of place, social capital, and local leadership, not as gatekeepers, but as champions of safety.

Recommended Actions:

1. **Engage men and leaders as active allies,** especially in farming, land-based and traditional sectors.
2. **Use storytelling and creative practice to challenge stigma and shift norms.**
3. **Support community-anchored technology** that enables neighbours, Community Navigators and informal allies to safely connect survivors to help without exposing them to further risk.
4. **Support the development of RiTA's Rural Ally Network (RRAN)** to build a national voice for cultural change.
5. **Invest in opportunities for boys and young men** to build resilience, emotional literacy and healthy peer cultures.

4.4 Research for Evidence

Rural domestic abuse has been under-researched and misrepresented. Meaningful progress requires evidence rooted in the varied lived experiences of rural people, not assumptions.

Recommended Actions:

1. **Fund targeted rural research,** avoiding the homogenisation of rural life.
2. **Ensure diversity in research design, including agricultural workers, GRT communities, LGBTQ+ people, older adults, disabled people, migrant workers, and rural youth.**
3. **Publish accessible findings that can inform commissioning and practice.**
4. **Embed lived experience and rural practitioner insight** into all studies from the outset.

***** Rural Proofing (of all policy/strategy) involves all governments and regional leads partnering with rural subject matter experts including but not limited to - RiTA, Rural Services Network, English Rural, Scottish Rural Network, Wales Rural Network, Local Rural Support Network Ireland***

Be clear that including the word "rural" in a document or quoting rural research does not equate to rural "proofing".

APPENDICES

APPENDIX A
THEORIES THAT INFORM THE RURAL COORDINATED COMMUNITY RESPONSE (RCCR)

The Rural Coordinated Community Response (RCCR) proposed in this report is not a new “model” in isolation. It is rooted in a set of theories and frameworks that help explain how change happens in complex systems and how small, relational actions can accumulate into wider transformation. This appendix briefly introduces some key theories that have shaped my thinking and how they apply to rural domestic abuse and VAWG/C.

1. Ripple Effect and Ripple Mapping
The idea of ripples is simple but powerful: a single action can generate effects far beyond its starting point, spreading through people, organisations and communities. In evaluation practice, **Ripple Effects Mapping (REM)** is a participatory method that visually maps those chains of effects over time - for example, how a small community project leads to changes in confidence, local networks, service uptake or policy shifts. REM has been widely used in community development and public health to understand complex, non-linear change.

For rural domestic abuse:

- A GP asking one safe question,
- a parish council hosting one community conversation,
- a PCC making a single funding decision that rural proofs a service

...can all send ripples outward. Survivors talk to others; practitioners feel more confident; local leaders see what’s possible. In rural areas, where everyone and everything is more interconnected, ripples travel quickly - for good or for harm.

Ripple Mapping offers a way to:

- capture the impact of a RCCR beyond simple outputs (number of cases, arrests, referrals),
- make visible the “soft” but vital changes (trust, relationships, confidence),
- and demonstrate to funders and leaders that small, relational investments in rural communities matter.

2. The Butterfly Effect and Sensitive Dependence on Initial Conditions

The Butterfly Effect comes from chaos theory, often summarised as the idea that a butterfly flapping its wings in one part of the world can contribute to a storm elsewhere. In more technical terms, it describes sensitive dependence on initial conditions - in complex systems, tiny differences at the starting point can lead to very different outcomes over time.

Applied to rural domestic abuse systems, this reminds us that:

- Small early decisions, e.g. how we treat a first disclosure, whether we believe someone, whether a MARAC referral is made, how a stalking report is coded, can dramatically change the trajectory of a case;
- The “initial conditions” of rural inequality – underfunded services, transport deserts, digital exclusion – shape the pathways that follow.
- Early, relational, hopeful interventions can alter the whole pattern of risk and recovery.

This is why early intervention, relational practice, and psychologically informed environments matter so much. A seemingly minor decision - a housing officer choosing to advocate for a rural survivor, a firearms licensing officer taking coercive control seriously, a health visitor deciding to ask about home life – can be the “butterfly wing” that prevents escalation to homicide.

3. Murmuration and Collective Behaviour
Watching **starlings in murmuration** offers another useful metaphor. A murmuration appears chaotic and beautiful, but research shows that each bird follows a small set of simple rules – aligning with its neighbours, maintaining distance, and responding rapidly to changes – which creates a coherent, adaptive whole.

For rural systems:

- no single agency “controls” the pattern;
- safety and risk emerge from how people and organisations move in relation to one another;
- small changes in one part of the system can shift the whole pattern.

A RCCR informed by murmuration thinking focuses on:

- simple, shared principles, e.g. “we prioritise survivor safety”, “we share information proportionately”, “we consider rural context in every decision”
- local decision-making, trusting practitioners closer to the ground
- continuous communication, so agencies can adjust together when patterns shift (for example, escalating stalking, suicide risk, or a spike in firearms concerns).

This image is useful for rural leaders: the aim is not a rigid machine; it is a living, responsive flock.

4. Collective Impact

Collective Impact, developed by Kania and Kramer, describes how multiple organisations can work together to solve complex social problems. It identifies five core conditions:

1. Common agenda - a shared understanding of the problem and joint vision for change.
2. Shared measurement systems - agreed ways of tracking progress.
3. Mutually reinforcing activities - different actors doing different but aligned things.
4. Continuous communication - building trust and learning across sectors.
5. Backbone support organisation - a dedicated entity that holds the process, data, and coordination.

For a RCCR, these conditions translate directly:

- a common agenda around rural safety, survivor voice and perpetrator accountability.
- shared measures that include rural residency, safety, wellbeing and lived experience, not just police outcomes.
- mutually reinforcing activities, e.g. police, health, housing, schools, churches, businesses and community groups taking different but coordinated roles;
- continuous communication across geography (online and offline) to overcome isolation;
- a backbone organisation - this is where RiTA as a national rural hub, and local coordinating bodies, come in.

Collective Impact provides the discipline to stop “everyone doing a bit of everything” and instead align efforts so that rural survivors experience a coherent system, not a lottery.

5. Implementation Science

Implementation Science asks a simple question: not “what works?” but “what works, for whom, where, and under what conditions?” It focuses on how to move evidence into practice in real-world settings, recognising that context, relationships and adaptation are critical.

Key insights from Implementation Science that are relevant to rural domestic abuse include:

- Fidelity vs. adaptation - sticking rigidly to a model designed for an urban context can make it fail in rural areas. The task is to uphold the core principles (e.g., safety, trauma-informed practice, survivor voice) while adapting delivery (e.g., outreach, use of community hubs, telehealth).
- Readiness and leadership - change sticks when organisations are ready, leaders are engaged, and there is support for practitioners to try, learn, and refine.
- Co-design- programmes work better when designed with the people who will use and deliver them.

Organisations like Sagesse in Calgary use an explicit implementation science lens to roll out their “Blueprint for Change”, supporting communities to test, adapt and sustain new practice rather than just “parachuting in” programmes. That approach is vital for UK rural areas. A RCCR will only succeed if it is implemented with attention to local context, not just written as guidance.

6. Social Capital: Bonds, Bridges and Linkages

As discussed in Part One, Social Capital Theory distinguishes between:

- Bonding capital - strong ties within close groups (family, neighbours, farming networks, church congregations);
- Bridging capital - connections across groups and social divides;
- Linking capital - relationships between communities and institutions with formal power (police, health, local authorities, courts).

For rural domestic abuse:

- bonding capital can support survivors – or protect perpetrators.
- bridging capital helps challenge harmful norms and reduce isolation.
- linking capital ensures that rural communities can actually access justice, health and housing systems.

A RCCR built on social capital recognises that relationships are infrastructure. It works deliberately to:

- harness positive bonding capital (trusted neighbours, churches, farmers, peer groups)
- strengthen bridging capital (between villages, between agencies, between survivors and allies)
- repair and grow linking capital (between rural communities and wider communities and the gov.)

7. Human Learning Systems and Psychologically Informed Environments (PIE)
While not always explicitly named, the principles of Human Learning Systems and Psychologically Informed Environments (PIE) run through this report.

Human Learning Systems challenges traditional, target-driven public service models and instead focuses on:

- working with people in their context.
- relationships, not transactions.
- learning and adaptation rather than rigid performance management.

PIE approaches emphasise understanding the psychological and trauma histories of both people using services and those delivering them, designing environments (physical, relational, organisational) that feel safe, reflective and humane.

For rural domestic abuse systems, these approaches mean:

- services that see survivors as people in complex rural lives, not cases to be processed.
- workplaces where rural practitioners -“the bridges” - are supported and not sacrificed.
- systems that treat mistakes and near-misses as learning opportunities, not solely as grounds for blame.

Bringing the Theories Together
These theories, Ripple, Butterfly Effect, murmuration, Collective Impact, Implementation Science, Social Capital, Human Learning Systems and PIE, are not abstract academic interests. They help explain why some rural initiatives flourish and others fade, and why some systems become stuck while others evolve.

Together, they underline some core principles for a RCCR:

- **Small things matter**. Individual interactions, decisions and actions can ripple through rural communities.
- **Context matters** - rural systems cannot import urban models uncritically; adaptation is essential.
- **Relationships are the vehicle of change** - between people, agencies, communities and systems.
- **Shared purpose and coordination are crucial** - without a common agenda and backbone support, efforts fragment.
- **Learning is continuous** - rural systems must be allowed to “trust in the messiness,” test, adapt and grow.

In the end, these theories point back to something very human. Systems change is not only about structures and strategies it is also about how we relate to one another, what we pay attention to, and whether we are willing to think and act differently for the sake of those whose safety depends on us.

APPENDIX B

APPLYING SOCIAL CAPITAL THEORY
CASE STUDY ILLUSTRATIONS OF THEORY FORMING PRACTICE

I have reflected on the projects I observed and the people I met to consider how social capital theories apply. Here are some case studies to illustrate how powerful and successful it can be.

Case Study One
The Eudora Community Resource Navigator – Social Capital in Action
Location: Eudora, Kansas (population approx. 6,500)
Programme/Approach: Community Resource Navigator embedded within the town's fabric
Relevance: Demonstrates bonding, bridging, and linking social capital working together to create safety in a rural context.

During my visit to Eudora, I was struck by how the Community Navigator model exemplifies what social capital looks like when it is intentionally activated for safety. The Navigator, Laura Smith, is not a traditional service provider. She is a trusted local presence with deep bonding capital: she knows people by name, understands local family dynamics, and is seen as "one of us." This trust allows survivors to disclose concerns earlier and more openly than they might to formal agencies.

What makes the approach particularly powerful is its use of bridging capital. Laura works across community groups, churches, schools, the library, and volunteer organisations, joining up conversations that usually happen in silos. She helps people access information they would otherwise not have known existed and normalises reaching out for help. These bridging ties widen the safety net far beyond what a single service could create.

Finally, the model succeeds because it strengthens linking capital. Although based in the community, the Navigator has formal relationships with county services, police, health providers, and the Willow Domestic Violence Center. She acts as a conduit between survivors and distant organisations that can feel intimidating or inaccessible. Her involvement often determines whether someone engages with statutory services at all.

The Eudora model demonstrates how rural safety work flourishes when bonding, bridging, and linking capital are aligned. It shows that in rural areas, the most effective responses often sit at the intersection of local trust and system access, leveraging community strengths to open doors rather than allowing them to close.

Case Study Two
Sagesse (Calgary, Alberta) - Building Bridges Through Community Capacity
Approach: Community-based organisation using implementation science, peer models, and values-driven practice.
Relevance: Demonstrates how bridging social capital can be deliberately cultivated to shift community norms at scale.

During my visit to Sagesse, I was struck by how intentionally they build bridging capital as a mechanism for prevention. Rather than relying solely on specialist services, Sagesse trains community members - from rural volunteers to workplace teams - to recognise abuse, hold conversations safely, and support one another. This expands the "circle of capable responders" far beyond formal systems.

Their Peer Support and Real Talk programmes rely on bonding capital within affinity groups (e.g., LGBTQ+ communities, rural women, rural men, older adults) to create emotionally safe spaces for learning and disclosure. But Sagesse pairs this with structured linking capital: strong partnerships with government funders, Indigenous organisations, shelters, and health services. This balance ensures that community empowerment never substitutes for statutory responsibility.

In rural UK contexts, Sagesse shows how community-led projects can shift culture when grounded in sympathetic connection, evidence-based implementation, and reciprocal relationships between communities and systems.

Case Study Three
The Willow Domestic Violence Center (Kansas) – Linking Rural Communities to Specialist Support
Approach: Regional domestic violence centre offering outreach, court advocacy, transitional housing, and rural community engagement.
Relevance: Demonstrates how linking capital can overcome the distance and isolation of rural areas.

The Willow Center serves a vast rural catchment across two counties in Kansas, where isolation, firearms access, and long distances compound risk. Their rural outreach team exemplifies linking capital in action. Advocates travel to remote communities, partner with libraries, rehab centres, schools, and local volunteers, and act as the connective tissue between survivors and the formal support system.

What stood out most is how Willow approaches rural work relationally rather than transactionally. They build bridging capital through deep partnerships with community groups and bonding capital by becoming trusted, familiar faces in rural towns. Survivors repeatedly told Willow staff, “You’re the first person I’ve spoken to who believed me.”

For our rural areas, the Willow approach reinforces that specialist support must reach into communities, not the other way around and that relationships, not buildings, form the backbone of rural safety.

Case Study Four
HomeSafe, Gallatin (Tennessee) – Community Shelter Embedded in Rural Culture
Approach: Shelter (refuge) and outreach programme serving multiple rural counties.
Relevance: Shows how rural service providers use bonding capital to create culturally congruent support.

HomeSafe in Gallatin operates in a context where rural tradition, faith, and community identity strongly shape help-seeking. Staff spoke of the importance of building bonding capital through personal warmth, repeated informal contact, and a deep understanding of local culture. Many survivors arrive at HomeSafe not because of advertising, but because “someone in the community said they trusted you.”

Their approach emphasises practical, relationship-centred support, safety planning on farms, meeting survivors discreetly in parking lots or grocery stores, and navigating small-town visibility with care. HomeSafe also works hard to build linking capital with police, schools, and probation services, who were previously disconnected or inconsistent in their responses.
The lesson for the UK is the centrality of cultural fluency. Rural services must speak the language of the community, understand local power dynamics, and affirm rural identities rather than treating them as barriers.

Case Study Five
Community Hubs (USA/Canada) – Social Infrastructure for Safety and Belonging
Approach: Multi-purpose community hubs (libraries, village halls, resource centres) acting as access points for rural support.
Relevance: Shows how shared spaces strengthen bridging capital and reduce isolation.

Across the USA and Canada, community hubs were repeatedly presented as vital rural infrastructure, sometimes the only neutral, accessible space within miles. These hubs strengthen bridging capital by creating places where different groups naturally interact - parents, older residents, teens, farm workers, Indigenous families, volunteers, and newcomers.

In many towns, hubs host domestic abuse advocates, informal peer groups, police drop-ins, and wellbeing activities. The physical presence of support in familiar spaces reduces stigma and expands pathways in to help. Hubs also facilitate linking capital when statutory agencies use them as outreach points or deliver services on-site.

For UK rural areas, community hubs present a significant opportunity. They offer warmth, visibility, and social connection, exactly the ingredients that counter isolation, one of the strongest predictors of harm. A fabulous example here is animal markets where farmers congregate; some areas use social prescribers to attend these markets to offer health advice and open conversations around mental health.

Case Study Six
Indigenous-Led Approaches (Ontario, Saskatchewan, Minnesota) – Restoring Safety Through Cultural, Historical, and Relational Capital
Approach: Indigenous-led domestic abuse and family safety programmes integrating cultural practice, land connection, intergenerational healing, and community governance.
Relevance: Demonstrates how social capital can be rebuilt after historical trauma and colonisation.

Indigenous communities shared powerful insights into how colonial violence erodes social capital, disrupting bonds, severing bridging ties, and weakening relationships with institutions.

Photo taken in an underpass in Toronto – Dr Eileen Antone, Esteemed voice in Indigenous Education

The programmes I visited sought not only to address violence but to restore relational strength, rebuilding community safety as a collective responsibility.

Examples included:

- Elders offering guidance circles (bonding capital rooted in cultural authority).
- Partnerships between Indigenous and non-Indigenous agencies (bridging capital).
- Legal agreements and joint protocols with state services (linking capital).

These models emphasise self-determination, cultural identity, and collective healing. Rather than individualising responsibility, the focus is on strengthening the whole community's capacity to keep one another safe.

The lesson for the UK is reflective. Systems change requires not only new services, but new relationships and a willingness to address historical inequalities that shape trust and safety today. Those inequalities exist between agencies as well and must be addressed and overcome. This is where designing collaboration through collective impact comes in.

A summary for commissioners, system leaders and rural partners
Rural communities face distinct barriers - distance from services, visibility and stigma, digital exclusion, cultural norms, and limited specialist provision. They also hold extraordinary protective assets including deep relationships, community identity, and informal networks of support.

Through my Churchill Fellowship, I looked at rural responses across the USA and Canada that align strongly with the ambitions of the UK's new VAWG Strategy. These models demonstrate how to turn social capital - bonding, bridging and linking - into safety, early intervention, prevention and accountability.

This appendix summarises six approaches that commissioners can draw on when designing rural-proofed strategies, needs assessments and service models.

1. Community Resource Navigators (Kansas)
"The Tallest Tree" - Relationships as Rural Infrastructure

- A trusted local worker embedded within the community, visible where people naturally gather.
- Builds bonding capital (local trust), bridging capital (across community groups), and linking capital (into statutory services).
- Provides early help, domestic abuse support, safety planning, and warm referrals.
- Ideal for libraries, community hubs, parish councils, farm supply stores, and village halls.

Commissioner takeaway: Navigators reduce isolation, reach people who never approach services, and are a low-cost, high-impact core component of a Rural CCR.

2. Sagesse (Alberta)
Values-led prevention and community capacity-building

- Implements evidence-based prevention using community training, peer support and cultural fluency.
- Expands the "circle of capable responders" far beyond specialist services.
- Builds bridging capital intentionally to shift norms around gender, power and relationships.
- Runs programmes that are psychologically informed and values-driven.

Commissioner takeaway: Prevention in rural areas works when communities are equipped to recognise abuse, talk safely, and challenge harmful norms.

3. The Willow Domestic Violence Center (Kansas)
Specialist outreach into remote communities

- Rural advocates travel to isolated areas, partner with libraries, schools, rehab centres and community groups.
- Embeds linking capital by connecting survivors to health, courts, and housing.
- Reduces reliance on survivors travelling long distances.

Commissioner takeaway: Outreach must go to survivors; survivors should not be expected to come to services.

4. HomeSafe (Tennessee)
Cultural fluency and relationship-centred practice

- Support shaped around local identity, rural values, faith, farming culture and community dynamics.
- Builds trust through repeated informal contact, warmth, visibility and cultural sensitivity.
- Strongly integrates local law enforcement, schools and health partners.

Commissioner takeaway: Rural safety work succeeds when it speaks the community's language and understands local norms.

5. Community Hubs (USA/Canada)
Social infrastructure for safety and connection

- Libraries, village halls, resource centres and even livestock markets operate as trusted, accessible spaces.

- Reduce stigma and create discreet pathways into help.
- Host drop-ins, DA advocates, police sessions, youth projects and community groups.

Commissioner takeaway: Community hubs should be recognised and funded as essential rural infrastructure for prevention and early intervention.

6. Indigenous-led Models (Ontario, Saskatchewan, Minnesota)
Restoring relational safety and rebuilding trust

- Emphasise collective healing, cultural identity, community governance and values-based practice.
- Strengthen social capital in communities affected by historical trauma and mistrust of institutions.
- Combine cultural authority (bonding capital) with cross-agency partnerships (bridging) and statutory links (linking).

Commissioner takeaway: Rural systems change requires relational repair, cultural humility and long-term partnership-building.

What this means for UK commissioners
These approaches/projects demonstrate principles that can strengthen rural domestic abuse responses in the UK:

- Collaborate as commissioners to ensure systems are strengthened from design and time, energy and funds are not “wasted” down the line trying to bridge gaps or add on services. Do not wait for a duty; be collaborative because it works.
- Ask local survivors what they need. Survey frontline workers across the system (beyond specialist services) and build a commissioning framework to address challenges and meet needs.
- “Think system” in commissioning - avoid causing fragmentation by splitting advocacy services across different/new/non-local agencies - this is not victim-focused commissioning.
- Invest in trusted local connectors (Navigators, social prescribers, faith/community leaders).
- Co-locate and outreach into town libraries, village halls, farm settings, and community hubs.
- Embed cultural fluency, understanding the realities of rural identity, tradition, farming life, and community visibility.
- Strengthen bridging capital by linking businesses, schools, churches, vets, farmers, youth clubs, and parish councils.
- Enhance linking capital through consistent multi-agency risk management, IRISi/IRIS+, Rural CCR structures and Project Titanium principles.
- Fund prevention through youth work and arts organisations such as Rural Media and local practitioners already trusted by rural young people.
- Design whole-system responses that reflect need, geography, transport, digital access, housing constraints and economic realities.

These practices offer a powerful foundation as we build the UK’s first **Rural Coordinated Community Response (RCCR)** ensuring national strategies genuinely work for rural life and leave no community behind.

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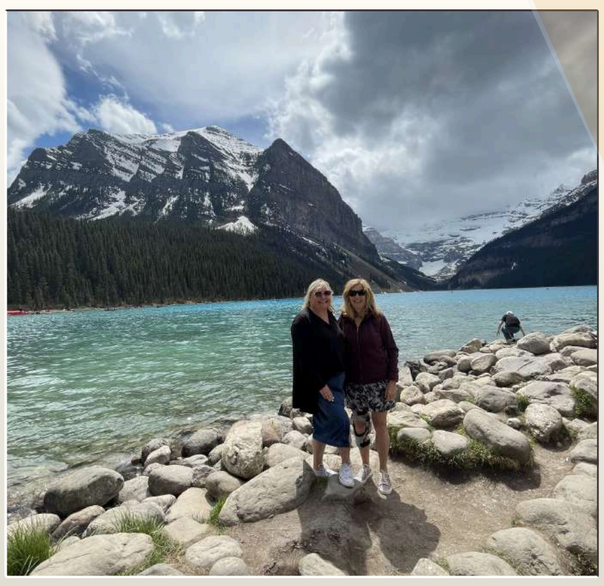


GALLERY

MEMORIES OF CHURCHILL TRAVELS TO DALLAS, FORT WORTH, TEXAS, GALLATIN, TENNESSEE, LAWRENCE & EUDORA, KANSAS, BANFF & CALGARY, ALBERTA, LONDON, KINGSTON, LANARK COUNTY, RENFREW COUNTY & TORONTO, ONTARIO, & MINNEAPOLIS, MINNESOTA

FAMILY JUSTICE CENTRE GALLETINE MAY 2024

CHUCK & ROSE - GVI MINNESOTA

TONY PORTER WITH KIMYA MOTLEY (A CALL TO MEN)
CCAW CONF 2024

A COLLABORAION “WORLD CAFE” EVENT - LAWRENCE, KANSAS
(WILLOW CETER)

MINNEAPOLIS

THE WONDERS OF LUKE'S PLACE, ONTARIO

BREE - PRAXIS, MINNEAPOLIS

**THE WONDERS OF EUDORA INCLUDING LAURA
COMMUNITY RESPOURCE NAVIGATOR**

RURAL PRACTITIONERS - PRAXIS, MINNEAPOLIS

**SYDNEY - THE JOYFUL RURAL YOUNG PEOPLE'S WORKER,
WILLOW CENTER**

MINNEAPOLIS

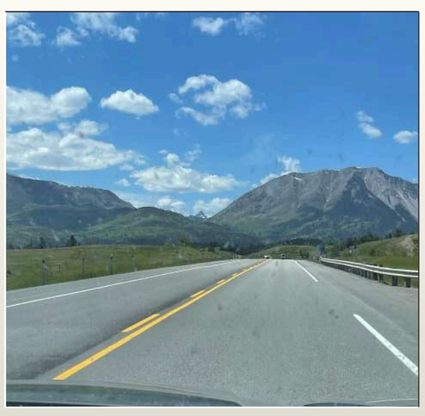
RIVER THROUGH TEH ROCKIES

TORONTO

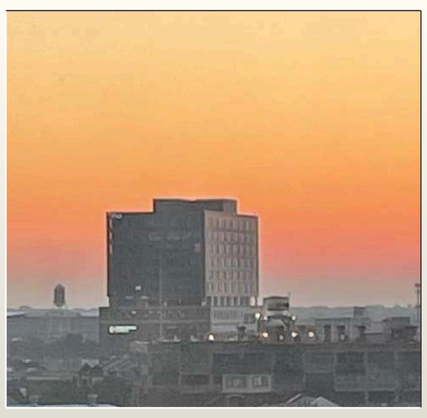
LAKE LOUISE, THE ROCKIES

NIAGARA FALLS WITH MY NIECE ODETTE

MY NIECE, HATTIE'S DOGS - RURAL ONTARIO



THE ROAD TO NOWHERE!



DALLAS

DALLAS

DALLAS

MINNEAPOLIS

**A WELCOME AT TEH AIRPORT - THANK YOU CANADA YOU
WERE SPECTACULAR**

BEAUTIFUL ONTARIO - TEH PROVINCE OF LAKES!

**MOSAIC ART IN MEMORIUM OF
KILLED WOMEN IN ONTARIO**

WISE WORDS FROM DOLLY AT TENNESSEE AIRPORT

**IN NASHVILLE AT “DOLLY'S BAR” - WHAT WOULD DOLLY
THINK...?!**

GLORIOUS NASHVILLE

**ONE OF TEH MANY STURDY BRIDGES OVER
THE MISSISSIPI IN MINNEAPOLIS**

**RATHER DISTURBING FRIDGE MAGNET IN DALLAS
(MERCH FOR THE NATIONAL NRA CONFERENCE THERE)**

the CHURCHILL fellowship

GALLERY

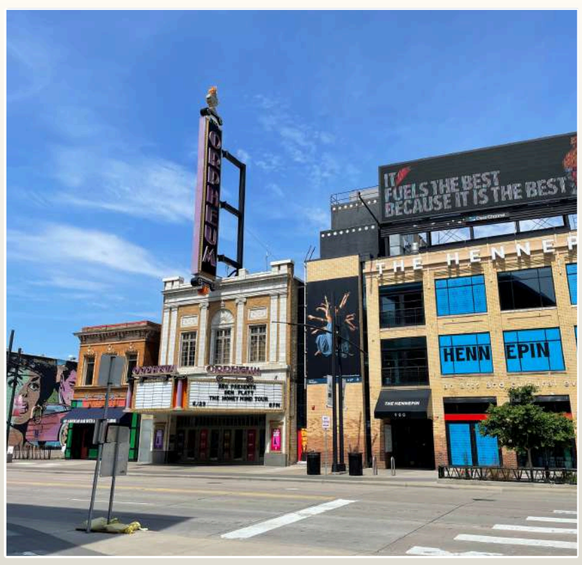
More Memories of an experience of a lifetime. Thank you, Churchill Fellowship!

CELEBRATING PRINCE, MINNEAPOLIS

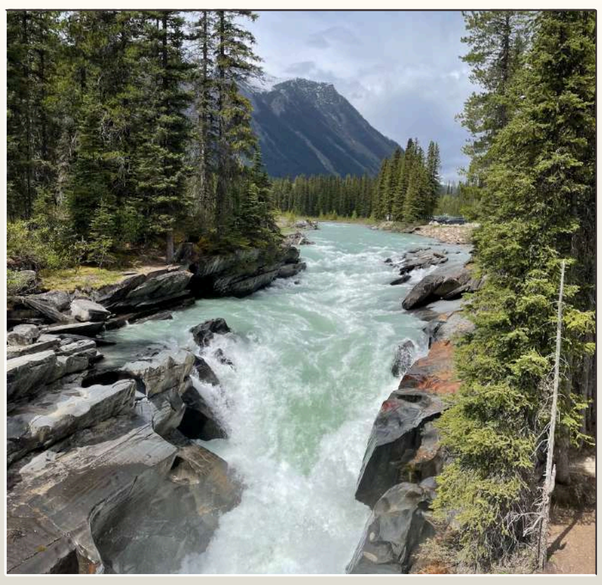
A CITY OF MURALS - MINNEAPOLIS

CELEBRATING PRINCE, MINNEAPOLIS

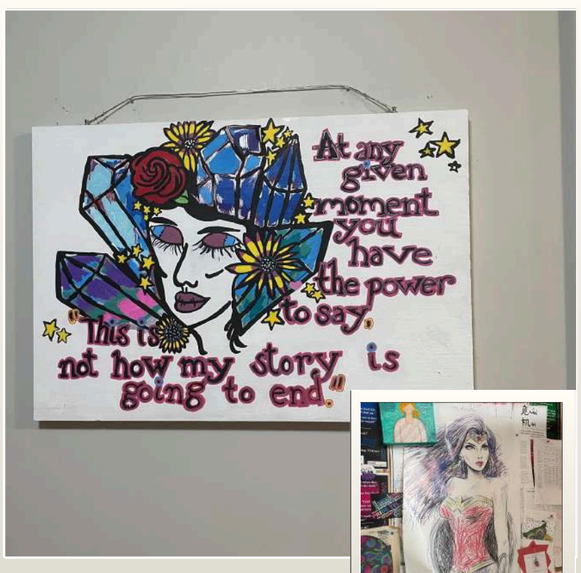
STUNNING ART



BEAUTIFUL, LIBERAL (AND PEACEFULLY SAFE) MINNEAPOLIS

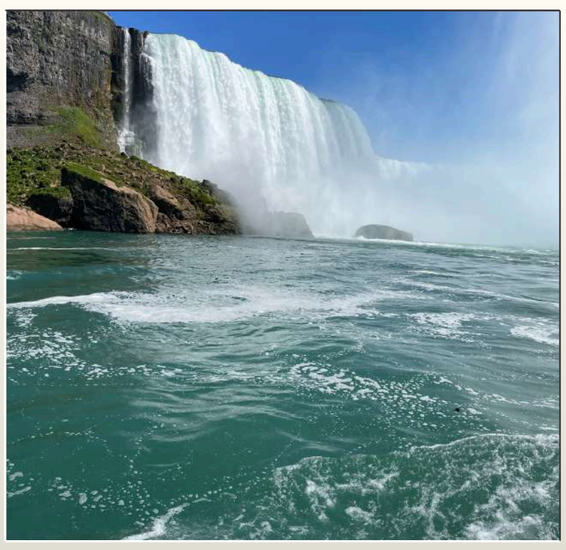


THE ROCKIES!



LUKE'S PLACE

DALLAS



LUKE'S PLACE

BBC COUNTRYFILE

FILMED DECEMBER 2025 AND JANUARY 2026
PICTURE CREDITS - BBC IPLAYER - COUNTRYFILE (BBC STUDIOS) 18 JANUARY 2026

“We Need To Talk About Domestic Abuse”

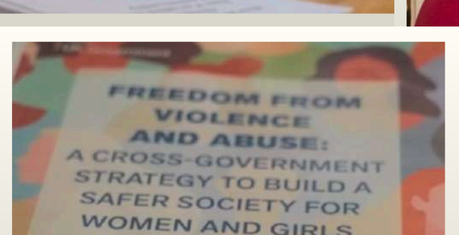
"So important to see that the @BBCOne #Countryfile airing a piece on highlighting the issue of #DomesticAbuse in #rural areas - it’s so important to share the additional barriers like gun licenses/remote locations, wi fi connections, phone networks etc."

Viewer comment on X

"I was about to say to Countryfile how amazing this piece on Domestic Abuse is. For those living in dangerous and horrendous situations, others speaking out and raising awareness is so important. Well done Countryfile and @BBC."

"Really interesting piece on Rural Domestic Violence on #Countryfile. Worth a watch,"

Viewers comments on X



Thank you to the researchers, Directors, producers and camera team at BBC Studios and also Charlotte Smith for a thorough, thoughtful, compassionate piece on Rural Domestic abuse. It was a pleasure to work with you over a few months and thank you for listening. Not an easy subject to cover and not welcomed by all the viewers, which says so much about why we must do this work, how hard it is and how much we need the community to support us too.

FARM 999

Filmed June 2025 - BBC Northern Ireland

This research was supported by the Churchill Fellowship.
Please see the acknowledgements section for details of other contributors and support.

Contact Judith – judith@rita-ruralinitiativestacklingabuse.co.uk

the CHURCHILL fellowship

"Courage is what it takes to stand up and speak,
it's also what it takes to sit down and listen"

Winston Churchill

Supported by

THE ROYAL COUNTRYSIDE FUND

BBC COUNTRYFILE

NRCN National Rural Crime Network

RiTA RURAL INITIATIVES TACKLING ABUSE