Collective trauma? Isolating and commoning gender-based violence

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ABSTRACT
This paper considers the tensions between individual and collective experiences, responses and framings in gender-based violence (GBV). I explore three concepts that aid understanding of GBV – isolating, collective trauma and commoning – and question their utility in understanding trauma and the process of survival. The arguments are evidenced with survivors' testimony from a participatory action research project on experiences of trauma from GBV. First, the isolating of survivors, taking multiple forms, is not just ‘how it is’, but a condition created and exploited by perpetrators and buttressed by social perceptions and practices to reduce access to sources of support. Second, I consider whether GBV might be thought of as collective trauma, a concept from Black and postcolonial literatures to describe structural traumas that are communal in nature. I explore the collective aspects of experiencing, surviving and rebuilding from GBV, and resonances and discontinuities with this notion of collective trauma. Third, commoning emphasises mutual aid in resistance to violence, and better reflects diverse experiences of GBV. It offers an alternative promise of collective care in an era of shrinking and neoliberalising service provision, illuminating existing practices by which GBV survivors and feminist organisations work to make and remake survival.

This paper is dedicated to the memory of Lynn Staeheli, my close friend and an inspirational colleague. Lynn was a past Editor of Gender Place and Culture. She lived feminism personally and professionally, changing the discipline of Geography through her scholarship, teaching, and mentorship of numerous feminist geographers.

Introduction
This paper explores three alternative concepts for understanding gender-based violence (GBV) and the trauma it creates: isolating, collective trauma, and commoning. It focuses on tensions between the individual and the collective
that are apparent in women’s experiences of GBV; within these conceptualisations of GBV; and in formal and informal responses to GBV. Each concept has a specific relation to feminist thought and practice. By connecting literatures on collective trauma and commoning outside Geography with feminist geographical work on GBV, the usefulness of each idea for understanding trauma and the process of survival is explored and questioned. To ground this exploration, I draw on participatory action research produced by a group of survivors of GBV who I worked with in North East England in 2019.

The last few years have seen growing attention from geographers to gender-based violence; violence directed against a person because of that person’s gender or violence that affects persons of a particular gender disproportionately’ (European Commission 2020). This work has demonstrated not only the global importance of GBV alongside the types of armed conflict that geographers have traditionally preferred to study, but that all these forms of violence are inter-related and often coexist (Pain 2015). Recent work examines GBV at the intersections of structures of patriarchy, racism, colonisation, heterosexism and cissexism (Datta 2016; Doan 2010; Fluri and Piedalue 2017; Jibrin 2017; Piedalue 2019). Feminist scholarship on trauma is following this lead, focusing on the socio-political patterning, symptomologies and impacts of trauma (see Pain 2020), a framing that is clearly open to understanding trauma as collective. As well as mapping immediate experiences and impacts of violence, feminist geographers are beginning to explore experiences of survivorhood and the conditions that make violence and trauma more or less survivable. We are also witnessing a shift to examining the wider geographies of peacebuilding efforts in the context of GBV (see Piedalue 2019): how do survivors and the organisations they form or are supported by challenge violence? How do they do this in the context of shifting societal narratives about violence and survival, and changes to funding regimes and priorities? Engaging feminist and critical theories from other fields has the potential to cast new light on the geographies of GBV, its resistance and survival.

Of the three concepts in this paper, the first, isolating, is the most familiar to feminist scholarship on GBV. Survivors are isolated not just by perpetrators but often, effectively, by communities and the state, so that abuse is overlooked and even sanctioned. The second, collective trauma initially arose in Black, postcolonial and indigenous analyses, denoting the after-effects of shared experiences of structural violence, such as genocide, slavery and warfare. Feminist activism around GBV emphasises collective experience as a tool to break down the isolating of survivors, but whether GBV can properly be understood as resulting in collective trauma is grappled with in this paper. Thirdly, commoning is a concept widely used elsewhere in the social sciences to describe collective ways of organising and living that challenge hegemonic power and violence. I draw here on Federici’s (2019) account of
the impacts upon women of enclosure – which I understand as a material form of isolating – and women’s collective responses to secure their livelihoods and safety. In considering the relevance of commoning to the making and remaking of survival from GBV, I argue that it is open to an intersectional analysis and avoids the implications of passivity that theories of trauma often bring.

The use of isolating and commoning as verbs focuses attention on the active doing of perpetrating, resisting and surviving GBV. Their juxtaposition is not intended to suggest opposition, as whether survivors or perpetrators are analysed as individuals or wider collectives, the doing of GBV requires operation that is private and public, sole and communal. The paper asks how critical theories frame and unravel the ‘collective’ in this context, when racism, colonial histories, geopolitics and the current resurgence of cissexism and homophobia all have implications for safety from GBV. The discussion in this paper is largely limited to the Global North, and the UK in particular, and is set against the backdrop of welfare rollback which has significant implications for support for GBV survivors.

Methodology

The paper draws on a participatory action research project that developed survivor-led understandings of trauma (Paper Dolls Research Group 2019). The research group met regularly over four months at a domestic abuse service in Middlesbrough, North East England. Service users volunteered to join the Paper Dolls Research Group, as they decided to call it. We were 10 women of varying ages, ethnicities and economic backgrounds with experiences of multiple forms of GBV. We used group discussion, participatory diagramming, creative writing, drawing, photography and music to help represent experiences of trauma. I led the project alongside Brenda Heslop, a song writer from folk band Ribbon Road. Brenda played us some of her previous music to help us think and talk, and she wrote songs based on the ideas and stories emerging from the research, playing these back as they developed.¹

Trauma from GBV is notoriously difficult to talk about; I discuss this later in the paper. Breaking silence can be empowering, but only if the context is right (Herman 2015). As hooks (2003) argued, where survivors reposition as experts it makes for better theory and practice around trauma (see also Alcoff and Gray 1993; Cvetkovich 2003). Our intention was for the research to be survivor-centred, working in a trauma-informed way, corrected at times by participants and supported by the service’s trauma specialist. It may be impossible to undertake collective research without triggering trauma at times (see Coddington and Miceli-Voutsinas 2017; Cuomo 2019b), and a challenge is how to respond and provide support. Research is sometimes
described as ‘therapeutic’, but I believe this is a misnomer and that good ethical practice requires honesty about the distinctive orientation of research, as well as drawing on some aspects of therapeutic practice (Bondi 2013). The quotes in this paper come directly from participants or fieldnotes, and anonymity is protected.

Isolating

The isolation of GBV survivors is foregrounded in decades of feminist scholarship on GBV (Brownmiller 1975; Dobash and Dobash 1979). Isolation is not just ‘how it is’, but a condition created and exploited by perpetrators, and buttressed by social perceptions and practices, so that isolation is normalized and isolating unseen. Below, drawing on the research, I outline a number of forms of isolating that are purposeful effects of physical, sexual and psychological GBV and the trauma that often follows. As I go on to show, the isolating of survivors from social networks and shared spaces may compound collective trauma, but is a major obstruction to collective action or commoning.

Physical isolating

Domestic abuse and certain other forms of GBV often involve physical and social restrictions imposed by perpetrators so that the survivor’s world contracts. This physical isolating often has particular traumatic effects once survivors are ‘free’, as one of our participants explains:

X had been in a relationship where she was gradually restricted more and more, until she was kept in the house all the time. X talks about the controlling tactics of such abusers, how they wear down your confidence until you don’t believe in yourself, you don’t really believe in anything. You lose touch with reality. (Fieldnotes)

X: [Describing how she left] I got on a train down to my brother’s, and I wet myself on the train because I couldn’t remember to go to the toilet because he did that, he took me so I couldn’t remember. So, I didn’t eat for three days because no-one told me to eat, it was awful.

Y: So, he got you to the point where you couldn’t do anything without him?

X: Yes, not a thing.

Z: And you do that one thing and here you are. [Applause from the group]

X: So, it’s really hard to turn that off when you’ve lived like that for so long. In some cases, it’s not just that one relationship, it’s the relationship before and the one before that…So I didn’t realise that I’ve actually been in various degrees of trauma, for forty years. Then suddenly you’re not in any and you go, “I don’t know who I am. I don’t know what I’m doing.”
The after-effects of isolating can manifest in mental health effects that in the past have been mistaken for a spatialisation of ‘traumatic bonding’: finding it difficult to leave the place where it occurred, and learning new ways of navigating the world. In fact, these are common symptoms of post-traumatic stress disorder (PTSD). Our participants described in detail the physical sensations and emotional impacts of trauma, and aspects of places and environments that become unsafe as they trigger retraumatisation:

Q describes going shopping and seeing a particular picture hanging in a second-hand shop. She has a panic attack. She’s rooted to the spot, she can’t breathe, her legs become jelly, she couldn’t move or walk or get home. (Fieldnotes)

In this way, trauma becomes spatially and temporally diffuse. For several participants, safe space shrinks further because of continuing harassment and violence:

Y only feels safe in her flat and here at the charity, never anywhere else. He follows her, and because he’s the subject of a restraining order, he gets his friends to approach her on his behalf. One of them recently grabbed her phone. She says he knows he is here today and she is scared of leaving. She still feels like this man’s prisoner every bit as much as when they lived together. In fact, she says she feels less safe as she now has no control. The restraining order (imposed for a year) ends next week with no chance of renewal. She talks about what might happen, how she thinks about whether to fight or whether to run, and where is safe that she could run to. (Fieldnotes)

Physical isolating, then, can continue long after a violent relationship may seem to have ended.

*Psychological isolating*

Secondly, psychological isolating is a well-established tactic of perpetrators, not only separating their targets from social networks (below), but breaking down their psyche so that they are less able to gather resources to challenge violence (Pain 2014). The effects on mental health and sense of self have been misrecognised for decades as predispositions for abuse, in medical and state responses and in public perceptions. All of our participants had questioned at some point what was ‘wrong’ with them that ‘led to’ GBV:

You question yourself, don’t you? You think, ‘is it me?’ I’ve had that all the time, ‘is it me?’ And you ask them. The person who is already abusing you, you go, ‘is it me?’ and they go, ‘yes, it is.’

We’re conditioned to feel that it was our fault because of whoever did the bullying or created the domestic unrest in our life, they conditioned us to feel that it is
actually because of us. It’s personalised to us as individuals. That’s the bit we take forward. So, we might escape the situation…but we still maintain those feelings.

Telling victims that they are responsible is another perpetrator strategy underpinning the honour and shame systems that underpin many forms of GBV (Datta 2016; Pain, Rezwana, and Sahdan 2020), identified by second wave feminists as a core experience in patriarchal societies (Brownmiller 1975; Dobash and Dobash 1979). Equally, a diagnosis of trauma may serve to individualize symptoms, presenting traumatized people as victims who can only be fixed with expert treatment (Tamas 2011).

**Material and social isolating**

Thirdly, loss was an overriding theme for our participants. Almost all had lost their homes due to GBV. Some had been forced to relocate to a new region, leaving their whole lives behind (see Bowstead 2015). Some had lost jobs, given up education, or lost contact with friends and family members as a result of GBV. With domestic abuse, particularly, one of the cruellest consequences is this loss of emotional ecology at the time it is needed most. Six participants had lost their children as a direct result of GBV, either losing custody to perpetrators or having children taken into care. Sometimes, in the absence of adequate support and protection, and despite their mothers’ best efforts, children suffer further violence, harm themselves or begin to offend (Bancroft 2004):

I have to just pray beyond all prayer that the children come through it, but… their dad is so manipulative…They see me as being the one who walked away, even though I was kicked on to the streets and everything. It’s like, how can I help them? …I knew that it was only going to get worse and that my son’s aggression would get worse… he’s picking up what dad’s doing.

The rippling out of harm to children as future adults is one way in which the trauma associated with GBV is not simply a setback in the survivor’s lifecourse, but a social damage that accumulates within whole communities, generations and societies (Schwab 2010). The isolating of survivors from place, social networks and other sources of support is a key dynamic in the endurance of GBV.

**Isolating discourses**

Fourthly, widespread societal discourses about GBV view it as a problem of individuals or dysfunctional families, focusing on the characteristics of victims rather than perpetrators (Wild 2020). While making GBV visible as a public and collective ill has been a key tenet of feminist theory and practice, it is still poorly understood by wider society, and our participants report that people tend to avoid the issue:
People say ‘this personal thing, this domestic thing’; it’s like none of our business, they just don’t want to even know.

People never understand what it is actually. They don’t know the meaning of this until they go through it...If we were to say anything no one believes you...Until someone goes through the pain, it’s easy to say ‘I can understand,’ but it’s difficult to really understand.

As a result, everyone in our group reported reluctance to talk about GBV. A core dialectic in trauma is between disclosure and silencing. On the one hand there are neurobiological, physiological and societal mechanisms connected to trauma that deter disclosure (Van der Kolk 2014), while on the other hand in Western culture there is a weight of expectation on survivors to tell their stories and recover (Tamas 2011). Public sympathy and awareness of GBV and trauma may have improved over the last few decades, but as one of our participants put it, ‘some traumas are more acceptable than others’. Further, once survivors appear to be past the violent event or out of the abusive relationship, they report that ongoing trauma is unseen or dismissed.

You’re only allowed to be traumatized by certain things, other things are too difficult for people to deal with.

I’ve had a doctor come round seeing me after I’ve had one of many operations...and said, ‘this must have really affected you emotionally’. And he went away and I thought yes, the trauma of a car accident, you can talk about being psychologically traumatised. It’s totally accepted, it is easier to explain...I can tell you exactly what happened in the car accident.

I think the difficulty with telling trauma...we know what it is inside but trying to say that. Even us as a group couldn’t verbalise what it is. To be able to tell somebody else that, they have to then try and understand what we’ve said. It’s just so hard.

Most participants had had negative experiences of telling people about abuse, feeling judged because of what happened and not ‘getting over it’ fast enough. These social responses, based on particular discourses about survival, have isolating effects: they reiterate perpetrators’ demands for silence, not from malicious intent in the same way but because the dynamics of GBV and trauma are so poorly understood.

These four forms of isolating – physical, psychological, social/material, and discursive – create conditions of hyper-isolation for some survivors of GBV in which trauma flourishes. Our participants described many strategies for coping with and resistance to trauma (Paper Dolls Research Group 2019). However, the accumulating forms of isolating, described above, had for many years led to the assumption that our experiences are unique or not abusive. Despite these forces of isolating, there are many collective dimensions to GBV. There are many contexts, both within and outside the global North, where GBV is not hidden or unseen by relatives or the wider community:
all four forms of isolating outlined above are classed, raced, and geographical variable (hooks 1984). Yet visibility does not necessarily make GBV easier to challenge orescape, or mean that survivorhood is experienced as collective.

Collective trauma

I now move on to explore collective trauma as an alternative framing for GBV. Collective trauma arises from Black, postcolonial and indigenous analyses, and is also present in some queer and feminist work, denoting both shared experiences of violence and their long after-effects or continuation among a population or group (see Pain 2020). Generally used to describe atrocities such as colonisation, genocide, slavery and racism, some key characteristics of collective trauma are evident in those earlier literatures (Yellow Horse Brave Heart 2000; Fanon 1953; hooks 2003).

Collective trauma has a symptomology that manifests at both individual and communal levels, enduring and transferring across time, space and generations (Yellow Horse Brave Heart 2000; Schwab 2010). It is a response to the structural violence targeted at marginalised communities and places, so there is congruence between past and ongoing violence and the reiteration and re-enactment of trauma many years later by related systemic oppression (Akbar 2017; Eyerman 2001; Hooks 2003). The term has at times been used imprecisely and expansively beyond these contexts; some commentators would include 9/11 as a collective trauma, for example, which lies outside the definition above. Psychological abuses, such as silencing, denial and betrayal are key to collective traumas, buttressed by cultural or political norms that erase violent acts, fail to acknowledge the magnitude of harm or make adequate reparations. While collective trauma echoes the intimate effects of trauma on mind and body, it is a political framing, a critique of the Western model of single-event trauma as dramatic rupture from what has gone before (Pain 2020). It is sometimes, too, a critique of the whiteness of trauma theory, and the ways that we as white commentators have chosen ‘to prioritise conversations that build deeper connections between white bodies, emotions and traumas’ (Jameela 2018, 203).

The proposal that GBV is another form of collective trauma reflects long-standing themes in feminist thought and practice that have recently resurfaced. Below, I consider some arguments that support and trouble this suggestion.

A united sense of suffering

Firstly, the extent of GBV signals that the trauma it gives rise to is already, in one sense, collective. GBV is an endemic condition of every human society, its incidence equalling or exceeding other violent atrocities. It also shares
the intimate dynamics of more visible mass forms of violence (Pain 2015). While feminist geographers have tended to focus on the distinctions between private and public trauma, ‘those between trauma as everyday and ongoing and trauma as a discrete event may be the most profound consequences of a gendered approach’ (Cvetkovich 2003, 33). GBV accumulates, contemporary traumas layering on top of older traumas (Burstow 2003). Our participants described their experiences of trauma as a journey or lifecourse, one that zigzags, moving forward and circling back, rather than following a linear path:

I feel like I have stages of my trauma. So, at the moment I’m in the stage where I think I’ve found my voice, but some things can make the trauma real again… Some people remind you of the situation you’ve been in before, like reoccurrence of that. It feels like torture to me…it can destroy everything I’ve built.

You’re fine, just for a little bit, but the abuse or whatever is still happening. So as much as you’re trying so hard to be positive and thinking nice…It’s that that drags you back down again.

It’s like trauma on top of trauma on top of trauma.

Secondly, as we saw earlier, private experiences of GBV may become collective by involving and affecting other people. In addition, the forces that isolate survivors, outlined earlier, have collective dimensions; especially societal judgments of how survivors behave, tell their stories and seek help, whether they are believed and how culpable they are held to be due to other life situations (Burstow 2003; Tamas 2011).

Thirdly, collective trauma is marked not only by the scale and magnitude of harm, but the presence of a united sense of suffering. To a greater or lesser extent, all forms of collective trauma are subject to political attempts to erase or silence – including GBV as we saw above – or generational desires to forget (Schwab 2010). Yet raising collective consciousness around GBV has been a consistent goal of feminist campaigning and scholarship (Dobash and Dobash 1979), epitomised in recent years by #MeToo and other movements which make experience visible to challenge the isolation of survivors (Fileborn and Loney-Howes 2019). Still, when survivors are isolated in private spaces, or their perpetrators are their intimate others, or shame and trauma prevent them from speaking out, any shared identity lacks embodiment or closeness:

I didn’t think that anybody else had been through it. When I came to see [counsellor], I thought, ‘she’s never heard this stuff. I can’t tell her’. And I thought I was the only person.

However empowering the understanding that experiences of GBV have common dimensions may be, these connections are invisible until they are made known, and so in this way GBV may be distinct from historical or community traumas.
**Insidious fear and trauma**

Fourthly, in keeping with collective traumas of racist and state violence, fear is central to how the work of GBV gets done (Pain 2014). Whether it occurs within or outside intimate relationships, GBV exerts collective control because only some violent acts are needed to raise wider awareness of danger. Resistance is always practiced, but the identities and opportunities of women and sexual and gender minorities are policed by the threat of violence (Brickell 2020; Datta 2016; Doan 2010). In this condition of what we might call rational fearfulness – which differs to the fear that a violent burglary may recur when this is statistically unlikely – trauma takes on a different timbre. When we are focused on everyday rather than catastrophic events (Cvetkovich 2003), what Root (1992) called ‘insidious trauma,’ distinctions between fear as anticipatory and trauma as historical reaction become blurred. So, for Brown (1995), women who have not been assaulted (yet) display post-traumatic symptoms through living in a climate of misogyny, just as endemic racism produces traumatic symptomology among Black communities in the US (Akbar 2017; Jones 2019).

This shared fearfulness, that follows and anticipates trauma, has not always been recognised in feminist geographical work on fear in different spaces. For our participants, coping strategies are sometimes a response to ongoing trauma, as well as being preventive of future harm, and are not necessarily viewed as negative or restrictive (Burstow 2003):

I love time on my own…because that’s my time and safety. I can do what I want, I can think what I want. Being on my own is the most powerful thing to me in the world.

I walk and walk until I hurt my feet. So, you could call it self-harming because it takes away the mental pain, just the physical pain will take over the mental pain.

**Structural trauma**

Fifthly, trauma from GBV aligns with other collective traumas in that it is closely tied to the political oppression of women and others, especially queer and trans people, who do not conform to patriarchal expectations about gender and sexuality (Cvetkovich 2003; Gilfus 1999; Root 1992). Our participants described how their trauma was compounded by the responses of everyday structures and institutions. Negative experiences of the systems and professionals who are expected to help can impact significantly on the effects and longevity of trauma:

It just seemed to me that I was on my own in temporary accommodation, I lost my job, I lost all of that and he waltzed straight into another relationship with another woman with children and houses…He kept everything and I’m like, ‘How is this justice?’

They sent a man [solicitor] to talk about my case. I was raped and abused. He was talking about it like it was nothing. Making me feel like I made it up – “How
come you survived it then? How did you escape?”...He didn't believe it. He was just antagonising me. As they were asking me things, I was just going in deep, deep again [into trauma].

Sometimes they need to get that it’s not just asylum, the problem didn’t start when we claimed asylum... Some people have been in some situations since childhood... it’s a shock again when you think you are claiming for safety and suddenly you are being reminded about things that have happened.

The treatment of GBV survivors by institutions in the UK is well documented as reflecting fault lines of sexism, racism, class privilege and citizenship status (Wild 2020). These spaces became sites of re-enactment most of all for the two asylum seeking women in our group (the second and third quotes above). Their trauma from multiple forms of GBV was deepened by the immigration and criminal justice systems casting doubt on their experiences. Other participants had experienced challenges to their credibility and re-traumatisation in interactions with government departments, police and social workers, underlining how poor responses from institutions can magnify and reproduce trauma (Burstow 2003).

These experiences were less familiar to the two survivors in our group who are white and middle class. Trauma and survival are more routine conditions for Black communities in the West (Akbar 2017; Jones 2019), and attempts at institutional redress when violence is experienced often lead to further oppression (INCITE! 2006). The working-class women and women of colour in our group faced not only misunderstanding of GBV and its impacts, but judgments about their culpability (Wild 2020):

“You made your bed and you laid in it.’ My favourite saying of the century (White working-class participant)

People can use things against you. They just make their own conclusion because they are not in our shoes... They think, ‘because she's been through this, maybe she's going to have a lot of mental illness. Maybe she won't be able to look after her child’ (Black asylum-seeking participant)

Nonetheless, several participants did not identify their experiences as produced by systemic rather than individual bias until they shared them with our group. The process of coming to see trauma as collective may be a key way of breaking the general silence surrounding trauma (Schwab 2010), but when it comes to GBV there are more barriers to reaching this point. Isolating suppresses collective experience, and there is rarely a sense of community memory, and sometimes no sense of community at all.

Troubling collective trauma

These collective dimensions of GBV, then, are far from universally shared. While our participants had many similar experiences, their different structural
positions affected their past and future paths, and ability and desire to align with discourses of ‘overcoming’ and ‘recovery’ (Carter 2015; Tamas 2011). Criticism of the idea of collective trauma in GBV movements has been levelled most recently at #MeToo, which began with a focus on Black and transgender women’s experiences but went on to erase them, and while the movement was successful in sharing individual stories, it has not led to increased prosecutions or to structural change (Fileborn and Loney-Howes 2019). This echoes earlier exclusion of Black women’s experiences of GBV by feminists in the Global North (Richie 2000), and the current erasure of trans people’s exposure to violence and trauma by certain sections of the UK women’s movement (see Phipps 2020 for a critique). Far from being a collective experience for all women, trauma is more often a chronic experience – and more routinely compounded, and less visible – for some than others. The imperative that collective trauma affects ‘a group of people that has achieved some degree of cohesion’ Eyerman (2001, 2, my italics) does not fit well for GBV.

Black and postcolonial feminist researchers identify other traumas of which GBV is only one part (INCITE! 2006); these include racist and misogynistic police violence (Ritchie 2017), and sexual assault used as a weapon of colonisation and war (De Leeuw 2016; Myadar and Davidson 2020). Here GBV more clearly has the characteristics of collective trauma. Decontextualizing racism, poverty, heterosexism or geopolitical context from women’s trauma is, in a sense, to re-pathologise survivors (Cvetkovich 2003; Gilfus 1999). However, common western tropes of the resilient trauma survivor are often premised on privileged survivorhood (Burstow 2003; Carter 2015): insulated by our whiteness, class and able-bodiedness, some of us appear to have recovered, so why not all? Black and Muslim writers point to the paradox that insidious trauma has been unspeakable until those moments when it afflicts white culture too, such as Trump’s election or the Brexit referendum (Jameela 2018). Elsewhere, there are critiques of trauma recovery as reiterating White, western experience (Pain, Rezwana, and Sahdan 2020; Tamas 2011; Visser 2015). Some reject the label of trauma altogether, in order not to re-victimize communities, reinscribe the harmful lasting effects of violence or leave toxic systems and policies intact (Ginwright 2018).

Commoning

The third and final concept to be considered is commoning. This provides, I suggest, an alternative and perhaps more apt frame for the collective aspects of GBV. Commoning describes collective ways of organising and living that are in resistance to dispossession, including the forms of isolating that entail the loss of safe spaces and social networks discussed earlier in this paper. In human geography, commoning is most often used in urban studies and
political ecology, to describe the creation of postcapitalist commons, diverse initiatives that involve community-owned and -managed goods and services that ‘rebuild the fabric of communities destroyed by years of neoliberal assault on the most basic means of our reproduction’ (Federici 2019, 1). Black and feminist approaches to the commons tend to focus on disrupted forms of social reproduction (Morrow and Parker 2020), paying ‘particular attention to the everyday practices, social relations and spaces of creativity and social reproduction where people come, share and act together’ (Clement et al. 2019, 1). Federici’s work on commoning provides a global analysis of the isolating of women and minority groups from political power as a central strategy in dispossession from other resources. She identifies both the historical and contemporary progress of globalisation and neoliberalism as entailing ‘an enclosure of knowledge, of our bodies, of our relationship to other people and nature’ (Federici 2018, 21). This practice of enclosure separates communities not only from material resources such as land and water, but collective ways of organising life, and it is often accompanied by interpersonal and institutional violence against women. Federici’s work connects waves of GBV from the birth of capitalism in Western Europe in the 16th century to the more recent spread of capitalism in Latin America, India and Africa, while also connecting individual and institutional politics (Federici 2018).

She emphasises that these rises in misogyny at points in time have always been implicated in colonial violence, and are compounded today by racism and transphobia. Federici (2019) also charts counter-struggles around the world that create new forms of social organisation, often where women challenge state and intimate violence alongside collectivisation. For example, in a recent paper, Morrow and Parker (2020) highlight safe spaces from sexual and racist violence created by Black, queer and immigrant women’s commoning.

One of the attractions exercised by the idea of the commons is the possibility of overcoming the isolation in which reproductive activities are performed and the separation between the private and the public spheres that has contributed so much to hiding and rationalizing women’s exploitation in the family and the home.

(Federici 2019, 4).

Commoning therefore presents an extension, an alternative and a response to the frames of isolating and collective trauma. Below, I explore its resonance, drawing on our participants’ experiences of collective support.

**The enclosure of collective support**

How might we apply the concept of enclosure to GBV in the UK in the twenty-first century? Here we might understand enclosure as the deprivation of resources: another incarnation of the material and political isolating, brought
about by individual perpetrators and sometimes reiterated by the state, that we saw in the earlier part of this paper. In recent years, gains made by feminist campaigners in the provision of support to survivors of GBV have been rolled back in many parts of the Global North. Service delivery initially developed by women’s groups from the 1970s has changed radically as the state has incrementally taken over or held the purse-strings for many services (Dobash and Dobash 1979). And as a result, GBV against Black, minority and migrant survivors is less likely to be understood within the context of the institutionalized violence, which amplifies their experiences (INCITE! 2006).

Particularly, in the UK, a decade of austerity from 2010 has had stark effects, performing its own enclosures and magnifying the unequal impacts of GBV (Wild 2020). In 2019 the number of women killed by a partner or ex-partner rose by a third compared to 2018, because of cuts to policing, the criminal justice system and to legal aid; cuts to refuges, so that 64% of women and children were refused a refuge space that year; cuts to charities offering support, which typically lost 30–60% of their funding; and cuts to the availability of therapy, as a quarter of refuges lost all state funding for therapy and the number of support groups fell by a fifth in 2017–18 alone (Womens Aid 2020). Meanwhile, across the Global North, trauma treatment has become more individualized, subject to rationing and increasingly targeted at providing women with coping strategies rather than a shared structurally informed understanding of GBV (Herman 2015). Many recent trends, as Cuomo (2019a) describes, epitomise the individualisation of violence and isolating of survivors, becoming more paternalistic and taking decisions out of survivors’ hands. Tseris (2013) highlights the loss of feminist principles in trauma support in the US, as definitions of trauma become depoliticized and interventions ignore women’s existing agency and strengths. These dispossession can be seen as forms of (violent) enclosure that compound structural trauma and the social and material losses many survivors experience as a consequence of abuse. As Raynor (2017) has suggested, austerity itself is like an abusive partner, sapping women’s energy to recognise and fight it and disrupting opportunities for collective experience. Yet collective everyday practices of care continue to push back against violence, with varying effects (Raynor 2021).

Despite these pressures, both services and survivors continue to push for and practice more collective feminist ways of working and being. Understanding these acts as commoning, and recognising their potential as the bedrock for building alternatives, I identify two strands that are especially valuable for our participants.

**Commoning in hyper-isolation**

The first of these strands involves the ways that survivors already support each other informally in many parts of the world, working together to resist
and end GBV, even in the hyper-isolation forged by private living arrangements and recently compounded by austerity. Such a statement may seem facile, but there is value in highlighting the effects of already-present commoning of resources, and in examining how commoning gets done in especially precarious settings and the conditions that may enable it. Where GBV survivors find or create space to be together, solidarity develops fast. Our participants commented on the rapid understanding and support that grew in the group, despite starting the process as strangers of different economic, ethnic and national backgrounds. One woman, G, described how she had met H previously when they were volunteering. G had quickly disclosed her problems with an abusive ex-partner, and after initial shock at how openly G was speaking, H slowly let her guard down and disclosed that she was in a similar situation for the first time.

Sometimes people in trauma are the best people to help people in trauma, because we are even closer to how you feel. So, what we have is that raw empathy, but the distance to say ‘I understand what you're going through, and you can tell me because I’ve been there and you're not going to shock me.’

I mean, we don’t have to tell each other what happened when we were five years old but you can tell by my eyes that I get you and I can tell by your eyes that you get me. Moving forward, we go, ‘actually, we’ve got this.’

Despite the forces of isolating, the most important support given to women experiencing GBV is from friends and family (Mandel 2020). The realisation that others have similar experiences of GBV alters our perspective and encourages a shift in blame from ourselves towards wider societal patterns and structures (Herman 2015). In our group, lasting friendships were formed, small acts of care shared, and confidence built. The group rapidly developed the impetus for action that characterises commoning, a desire to help others when rebuilding from trauma that is well documented (Tamas 2011). This is not to romanticise, as several women in the group, especially those who had lost children, talked not of recovery but of ‘a chance of life again’; their goal not to defeat trauma which ‘has left deep scars that will not go away’, but to integrate traumatic experience as something to be lived with and drawn upon as a resource:

When you’re left with nothing in your life, no family, no one, nothing, no support, no friends, what is the purpose of survival? At least I can help someone who is suffering.

This experience, I just don’t want anyone else to ever feel that they can’t tell anyone that they’ve been through it. It’s changed me into a person that really wants to just be there for someone else... I think that will help me come to terms with my trauma.

It’s amazing, thinking how much upset we come from, how driven that leads us to be, when we’re given the right environment, when we’re given the right support...
we’re supporting each other, we’re not judging each other, there’s no agendas apart from we’re together.

The group went on to develop advice for others dealing with trauma (Paper Dolls Research Group 2019), to script and speak at events where we co-presented the research and music, and to set up a peer support group (below). In discussing what they had gained from the activities, participants’ comments included:

I feel like it’s good to know that we are not alone. We are from different countries but we’re similar to each other, and I feel relieved and hopeful because some people grow out of it and they become someone important in life.

This is the first time I’ve actually known I can trust a woman because of everything that was going on.

It shows us new ways, new ways of being together, to be heard and to give words to our inner voice. It also gives us the ability to recreate ourselves and rebuild the abilities which we used to have.

The collective dynamics developed by participants in our group, for example those centring agency and an ethics of care, are explicitly used in some formal treatments for trauma (Burstow 2003; Herman 2015). The idea of community healing from collective trauma is longstanding, especially in indigenous communities (Yellow Horse Brave Heart 2000), and services run for and by Black and migrant women provide powerful examples (INCITE! 2006). Strengths- and empowerment-based approaches are especially valuable for rebuilding from GBV (Alcoff and Gray 1993), providing a different lens on the experience of trauma that emphasises survival skills rather than restraint (Gilfus 1999; Jones 2019). However, these processes are always enacted with care, as in a misogynistic culture the sharing of testimony can leave words and bodies open to manipulation (Alcoff and Gray 1993) or co-opted by neoliberal institutions to entrench divisions of race and class (Jibrin 2017). Exposure to the trauma of others does not automatically increase empathy and compassion (Tamas 2011), given the complexly different structural conditions in which it is situated.

**Commoning in feminist support services**

This is one reason why, as well as taking place organically, survivor-led commoning benefits hugely from therapeutic and social support from feminist organisations. This is the second strand of commoning evident from our research; another way in which commoning around GBV already takes place, often working against the grain of recent changes to policy around service provision at the national level that undermine rather than bolster collective feminist support. Traces of radical feminist service delivery are still strongly present in the ethos of many UK anti-GBV organisations, attending
to the political basis of violence and to long term structural change as well as the immediate crisis of violence (see also Piedalue 2019). For our participants, the charity where our project was based builds survivors’ trust and strength through its user-centred campaigning, groupwork and one-to-one therapy:

They actually listen… I’ve had counselling for the last 25 years, off and on and this is the only time when, from the very moment I’ve walked in, I’ve felt like somebody was actually going to help me.

I was made to understand that this happens to many people, you are not the only one and you’re not alone in this… So, that makes me feel better. If I told a normal person, they would not understand so I was able to build that trust.

Our project only had the intended and unintended benefits outlined above because of the support of staff of the charity. In particular, the organisation’s therapeutic lead supported participants to design, establish and run a peer support group, which is open to new members, informed by their learning from our project and analysis of what had worked. The charity explicitly embodies feminist values and practices, and because of its independent fundraising, it manages to operate beyond the limits on treatment that are now increasingly common in other services (such as the use of rapid therapeutic techniques and a limit of six therapy sessions for each client). The charity saw a 63% increase in referrals in 2019 as other local services struggled, another reminder that while some feminist organisations continue to practice and support forms of commoning, being primarily accountable to clients and their needs, they do so in the face of the continuing threat of enclosure from nationally imposed funding regimes and targets. As we saw with survivors’ commoning, this necessitates resourceful ways of managing and resisting the demands of the wider policy context.

Conclusions

This paper has highlighted multiple ways in which GBV survivors may be dispossessed and actively isolated from sources of collective support and healing. It has also drawn on ideas of collective trauma and commoning, focusing attention on the collective aspects of experiencing, surviving and rebuilding from GBV. The endemic, chronic and structural nature of trauma from GBV, described by the participants in the research reported here, may lend it the appearance of a collective trauma. However, their experiences also signal significant differences in the conditions of survival – wrought, for example, by combinations of misogyny, racism, poverty, homophobia, transphobia and ableism, and varying narratives about GBV in different places – that complicate straightforward parallels with other collective traumas. On the other hand, GBV is sometimes a part of collective traumas, as
in its widespread use in slavery and warfare; although as Myadar and Davidson (2020) demonstrate in their account of Japan’s ‘comfort women’ system, survivors of GBV as mass trauma are also frequently isolated and silenced.

Building on feminist theories of violence and trauma which emphasise a collective and strengths-based approach to challenging isolating forces, the research highlights long established practices of commoning, which are taking on growing resonance in recent times. If the individualising diagnoses and outcomes for trauma survivors increasingly offered after neoliberal austerity are to be opposed, how feasible is it to (re)establish a commons of community-based care for GBV survivors? Covering the varying mutual help practices of diverse women as they work to create security after GBV, the use of commoning in this paper emphasises not only the intersectional forms of oppression that underpin the isolation of survivors, but collective solutions that already address it. In many cases these solutions overlap with the collective forms of memorialisation, activism, community resilience and healing that develop in response to other forms of collective trauma (see Yellow Horse Brave Heart 2000; Jones 2019; Piedalue 2019).

In the Global South, as Federici (2019) describes, commoning is far more widespread. In the UK, the focus of this paper, survivors may practice recognisable forms of commoning where they find or create the space to do so. This work is sometimes initiated and significantly strengthened by feminist, Black and migrant organisations, which integrate more collective forms of trauma treatment and build wider social awareness to challenge violence. Commoning, as a concept, is open to an intersectional analysis and avoids the implications of passivity and victimhood that theories of trauma often bring (Gilfus 1999; Ginwright 2018; Tamas 2011). The forms of commoning celebrated here are not new, and neither is commoning suggested as a replacement for challenging the privatization of treatment or the reclamation of common resources (Federici 2019). Still, given that informal and social modes of healing still form the basis of most support for most survivors, there are rich possibilities and capabilities of these latent communities of care that, largely hidden and disconnected, could be animated and supported.

Isolating and commoning do not sit in opposition; they are interwoven and synchronous, and journeys of GBV and survivorhood are intersected by both experiences. At the time of writing, the hyper-isolating effects of Covid-19 have both worsened GBV and provide an opportunity to campaign for greater awareness. Approaches to care in the Covid-19 pandemic show what might be possible for endemic GBV, as mutual aid and collective help see a sudden resurgence in the UK. Just as isolating adapts and endures, shifting in response to global events, commoning is also pliable, full of potential, something that is worked at and remade (Nightingale 2019). Future
research on GBV might helpfully explore the conditions and geographies that predicate these communal responses to survival.

Note

1. The collection of songs resulting from the research project, titled Paper Dolls, can be listened to and purchased at https://ribbonroad.bandcamp.com/album/paper-dolls-2.

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