



Gentle Activism- Episode 3

“The Sharp Edge of Feminism”

Transcript

(0:00)

Host- Marnie: This episode contains discussions of self injury, sexual abuse and strong language. If you're troubled by any of the issues raised in this podcast, please visit the self injury support website at www.selfinjurysupport.org.uk where you can find more information about self injury and how to access support. You can also call the Samaritans at 116123.

***Phone rings three times* Hannah:** Women's Crisis Service, hello.

Theme tune- Eirlys Rhiannon, Mother's Daughter

Marnie: In 1986, a pioneering group of women founded Bristol crisis service for women, or BCSW. At the intersection of the feminist and survivor movement. These women rejected the damaging diagnoses and treatments offered by mainstream services. They began to find their own solutions. Ultimately, they wanted services that listened to them that saw beyond the surface of their self injury and uncover the personal and societal roots of their issues. 35 years later, with a name change to Self Injury Support, their legacy lives on. Gentle Activism records the voices of women past and present, who made Self Injury Support what it is today and captures the groundbreaking history of Bristol Crisis Service for Women. The competing interests of feminism and the survivor movement acutely affects the way that Bristol Crisis Service for Women runs to this day. It is still entirely women run and has lived experience at its heart. Even though Bristol Crisis Service for Women has not campaigned as a user-led organisation, much of the staff and volunteer team have their own experience, either with self injury or mental health.

Fiona, staff, 2004 to 2018: Every year, every year, I think we used to do staff and volunteer survey of who... something like how long people have been in the organisation, whether they'd had personal experiences of self injury, whether they'd had personal experiences of therapy, where they're currently having therapy where they ever seeing other mental health professionals for any reason. And the results of that were always that a free high percentage of staff and volunteers had either person experienced or had, you know, had access therapy or whatever, it was always that those are the high number. But I think what was different about and I don't know why this was different about the alternative, we never kind of son, we never kind of shouted from the rooftops, we were in a kind of a user led

organisation, if you look at the data, a vast number of the organisation had experience in some way shape or form or has had support

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Because they had a very different attitude, and view. And I think the other thing for me about the organisation has always been that their heart is lived experience. They're not interested in hearing all the views of the clinicians or the academic researchers or whatever, although those things are important. Their real strength is that they have people with lived experience at the heart of it all, and that's guiding their research. It's guiding the service delivery, it's guiding their resources. Yeah, it's guiding everything. And and I think for me, that was as perhaps always been, you know, the number one thing, actually, the number one thing, and and, you know, for me, what was very important about that work was really involving and including right from the beginning, the the engineers, you know, people who, who were going to be helped, and who are going to benefit from this material, you know, there as far as I was concerned, and I think this is I think this is kind of good practice, generally from what I gather, is that, you know, they are the experts, you know, and I hope that they have a sense of just what a fabulous thing they they contributed to and how much it's helped others.

(4:55)

Jenny, staff 2008 to 2012: And the volunteer team was really robust. And what I was very aware of was at least half the volunteer team had personal direct experience of self harm. And I had that myself as the coordinator. So I'm someone who has experienced with self harm as a teenager. And that felt very, very rich. And I saw the volunteers, and myself again, you know, all of us had a really positive experience in terms of turning something around, and turning what had been really painful and potentially destructive experiences, really reaping the gold of having lived through that, and then offering it back into the collective was Yeah, was really healing.

Anonymous, helpline volunteer 2006 to 2009: And it models for me that it's possible to be really struggling with your mental health and still do really good work. And I think, up until that point, I always felt like, if my mental health was bad, and I was struggling, then there was something just inherently wrong with me, and everything I did was going to be crap. And I learned that it was possible to that it can be both and you can be feeling terrible, and you can still well, you know, do good stuff. And, you know, you're I think as someone who particularly experienced a lot of depression, you know, my self worth was often really under question. And so it felt really good to have that reminder to be like, you're still inherently good, even though you feel bad.

Marnie: Part of the reason Bristol Crisis Service for Women was and remains a service for people who identify as a woman was a vast number of callers who experienced violence at the hands of men. For many of the women, this violence has started in childhood.

Liz, helpline volunteer, 2005 to 2009: For me, it was a bit of an eye opener when it came to realising how perfect sexual abuse was childhood sexual abuse, particularly because a lot of our callers were self harming, or trying to prevent themselves from self harming from by calling us because of their flashbacks. And because of their like, memories and distressing

feelings and intrusive thoughts, which are related back to their histories of childhood abuse. And I think that was a major eye opener for me, because although of mid 2000s, wasn't that long ago. At that time, you know, we haven't had Jimmy Savile we haven't had the the Welsh Children's Home scandals. The media wasn't talking just wasn't talking, you know, journalists weren't writing about child sexual abuse, particularly. So I think I was quite naive, in a sense, going into the work, not really knowing that that was going to be a major cause of a lot of the women's distress.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Because of my experience as a mental health nurse and a mental health practitioner in the voluntary sector as well, um the number of of people that... Well, I can't really think of many extra, I can't think of any exceptions, not even many. At that time, I really would have struggled in the services I was part of, to think of any exceptions to this, that the women that I was meeting, who were in a great deal of emotional distress, who were using self harm, were women who had experienced significant trauma. I mean, that's still who uses NHS mental health services. They're a big, a big group of people who use secondary mental health services. So self harm was an issue but behind that issue, the context of that issue was childhood trauma. So as a nurse working with lots of women, you know, in that situation, knowing that there was a woman, women's only service that could engage with not only the self harm, but the reasons the context and the reasons behind that woman's self harm was really very important.

(9:58)

Fiona, staff, 2004 to 2018: And I think the whole foundation of the organisation was also, I don't know if this is true, but it felt like a lot of women who'd had difficult experiences either at the hands of men or maybe in mental health, within mental health services at the hands of kind of different situations that people had been in, in mixed wards you know that all those kind of you know, horrible stories from from before of yeah, just the treatment of women in mental health services basically. And so that's where it felt like that was a really strong part of the foundation of how and why BCSW was set up as it was.

Liz, helpline volunteer, 2005 to 2009: It's interesting, isn't it, you kind of you have a certain, you have to have a sort of certain kind of trust and you have to have a certain kind of compliance to, to live in a human society where we do have a strong hierarchy. But yeah, certain amount of that was kind of blown out of the water, I think, working at Self Injury Support and the helpline because it opened my eyes to the corruption and the violence that does go on like and is really quite ingrained and really quite prolific, unfortunately, you know, from, you know, major in financial investment in pornography, for example. Um, and people financially benefiting from that industry. You know, right, right through to kind of really blatant organised paedophilia, like happening, you know, right up to the top of the top of our kind of institutions. So, it does change you, you're not the same really really, you can't ignore it, you can't work for an organisation like Self Injury Support, as a helpline volunteer and ignore that stuff. You know, you can't bury your head in the sand. You can't you can't disengage from it. It's there, like once a fortnight on that on those weekend nights.

Marnie: From day one, Bristol Crisis Service for Women are clear about their feminist ethos. They advocated for a feminist understanding of mental health, and drew from the experiences of their volunteers and staff members. Everything they did came from a feminist ethos, from their volunteer training to their research principles.

Anonymous, helpline volunteer, 2005-2006: See, this is this is the thing probably like a lot of women. I didn't know a lot about feminism in my teens or 20s. I would say I'm staunchly feminist now, but I think Bristol Crisis Service it was, it was my gateway drug, quite frankly, into this kind of stuff. It was great. Because I don't know, I think I was very stuck because I only had my experience to go on, I was very stuck on the sort of individualised notion of mental health, oh it's me I'm broken, chemicals, you know, born this way, all this kind of stuff that I like, you know, robustly refute now as a professional.

Anonymous, helpline volunteer, 2006-2009: It really shaped my understanding of mental health in a very different way to the one that I'd had previously. And it also... Yeah, so it kind of gave me this opportunity to contextualise mental health within a sort of socio-political framework, not just as its kind of medical model individualising kind of model of mental health.

Anonymous, helpline volunteer, 2005-2006: that it was done, it was done really gently like because everyone goes all families bunch of dungaree wearing bra burners, which is massively dated anyway, because dungarees have come full circle and are fine now. But everyone's got these very dated notions of feminism, haven't they? And I hadn't thought about it, or had any, any notion of it at all, because I was stuck on the: "Well we can vote we can have jobs, it's probably fine." You know, and you didn't realise that it's far from fine.

Clare S, mental health activist: The oppression of women was with you know, not just kind of born out in institutions and in employment, but that it was, you know, it was violently enforced on on women and girls bodies and men's bodies. That patriarchal standards so enforced on men and children's bodies, and women and girls bodies. You know, and seeing that being borne out in all sorts of expecta...embodied expectations of what it was to be a woman to be small and thin and sexual, and hair free and bleached and tight. You know, typical. A lot of those standards were born out violently against women's bodies.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Yeah, I mean, it's just, it's just meeting just women over and over and over and over and over and over again through my professional life as a as a nurse, you know. And that sort of constant stories of trauma and domestic abuse and and then being on the receiving end of of even more labelling and judgement and so on. I think that's the feminist bit for me.

(15:06)

Clare S, mental health activist: I was absolutely exasperated, that people could not see that this was a feminist issue, and they still don't! And I think it's got, sorry, I'm shouting because it gets me really angry. It's got me angry, and it's got me baffled that that that as soon as we talk about issues being to do with health, or mental health, or even physicality, they become de-politicised.

Sarah B, helpline volunteer, 2003 to 2008: And that, is it. I don't think there was ever a, "Right, we're going to sit down today and discuss feminism." I think it was just there in everything really, it was it sort of underpinned the whole, the whole thing, really. That, that women had the right to their own personal, sort of dedicated, listening service.

Marnie: When the line was set up in 1988, women only spaces and services were a hard fought victory of second wave feminism. By 2010, this consensus had started to break down. And now 35 years later, with the rights of trans and non binary people more considered, and gender itself is hotly debated in the media and online, the very idea of what is a woman is being contested and expanded. As a result, women only services and spaces have become a more complex issue.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Yeah, no, I was aware that they were a women's only organisation, obviously. And I was definitely, at that time, very much of the view that women only services when were very much needed. And that would be particularly around self harm.

Melinda, staff, 2004 to 2007: It was like a quiet sort of revolution. That's how it felt to me! There wasn't any, you know, placards, or we're gonna march on this, you know, or that's not how it felt, about the organisation. But it was just quietly saying, you know, we need this space. This is, this is really important for women.

Fiona, staff, 2004 to 2018: Where the need was, and where the money was never quite married up. And that was always really difficult. It felt like you have to kind of shape yourself and the projects, we always felt that we were quite pioneering in the beginning to actually be open and vocal about what was going on and go right, this is what this is the support that's needed for these women. So that's what we're going to do is we're going to set up and this is how we're going to run it. And we're going to run it from the perspective of women who have been treated really badly or not had their self injury understood. So...

Liz, helpline volunteer, 2005 to 2009: I think it felt important that it was a women only service just because so many of the women had experienced violence at the hands of men. So, I don't think many of those women or a lot of those women would have phoned up if they weren't sure what gender the person was going to be on the receiving end.

Clare S, mental health activist: So I was part of campaigns like the National Self Harm Network, that weren't women only, and part of local groups joint forum, mental health, national health consortium, that that were mixed. And there was a distinct difference to the, both the, the experience of being part of the group and the work that we did, and the sense of its kind of place in a wider political movement. I think yeah, almost like those three levels. There was the kind of minute by minute What is it like being in this room? What is it like having a voice or feeling vulnerable? Or, you know, talking, talking about how I feel, what's that like? That felt important that that was women only, it felt important in terms of the bigger issues we became involved in so you know, that there was there was absolutely a feminist kind of focus. A lot of the women who came to the group had histories of trauma. The majority of women who came to the group spoke about histories particularly, but not exclusively, of sexual violence and sexual abuse. A lot of the women had issues with eating

disorders. And they felt you know, they were absolutely issues that you know, of a gendered route and a gendered expression. And then yeah, that kind of bigger kind of macro picture as well that as, as a group that wasn't just about emotional support as a group that had a political voice and a sense of wanting to make a difference. There was a strong sense of us being part of the survivor movement, but also a very underrecognized part of the feminist movement, as well as as a self harm support group. That, you know, it felt like a really... Felt like you know, a lot of feminists might have not recognised it, certainly at the time, but it felt like we were living at the sharp edge here of, excuse of the pun, of what it means to be a woman in, you know, a patriarchal society, violent society. Yeah, I think it was really crucial that it was, the group was was for women.

(21:03)

Fiona, staff, 2004 to 2018: And then I know, there's been kind of more discussion that, you know, as I was leaving, there was more discussion about kind of trans use of the organisation of the helpline now, and how that how that's all going to pan out. So yeah, at the time, it didn't feel like I desperately wants to work for women's organisation. But I know, it felt very important that the support for women was run by women, and that that understanding of being a woman was pretty much a really central part of the organisation. I think, in terms of the helpline, for sure, it's really nice that women can ring knowing a woman's gonna answer the phone. And we've had countless feedback from women, who said, that's been a really big part of why they use the service. I think it felt for me, I really liked the whole setup of it being a women's only organisation. It felt very, it was a very supportive place, it felt like a very, I wouldn't have stayed there for so long if it hadn't been a very, very nice place to work. At there were times when it was questioned as to whether it should be a women's only organisation, and where, where that kind of line was a bit blurry, because on the Hidden Pain Project, for example, we did interview both men and women.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: And one of our issues has always always that it was a women's only group. And as the years went on, that became less and less, that became less and less satisfactory.

Marnie: This is Suzanne, a mental health trainer and facilitator for self injury, self help, or SISH.

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: Because we were always getting contacts made by men, and there was nothing. So we asked around, we asked people with lived experience. And the message back was, you know what a mixed gender group will be fine. We did also try to also have a women's only group happening each week as well, but unfortunately, we couldn't sustain that. We weren't getting, interestingly, women were not coming to that, they were coming to the mixed gender but not coming to the, to the single, we just couldn't sustain keeping two groups going every week. So we've ended up with a mixed gender, or doesn't matter what gender, don't need to identify gender, type of thing for anybody, basically. So now it's just for anybody 18 years upwards.

Anonymous, helpline volunteer, 2006-2009: You know, like the services are absolutely available to trans women, which is really great. And I certainly don't, I don't think there was any, any, ever any conversation about any other marginalised genders, you know, in terms of non binary folks or genderqueer folks or anyone else within that vast spectrum. Because the history of the service is so rooted in this model of women supporting women women, and uh, really it was the first place drilling down into those social issues behind a lot of self harm, you know. That like lots of women who self harm, often have histories of historic child abuse. And, you know, we know that that is mostly, but not always, men inflicting abuse on women, you know, put, you know, statistically. Um, and I think it would also be really exciting to, for the service to kind of do more research into queer perspectives on self harm and, and kind of think more deeply about what does it mean for us to support trans women? What does it mean for us to support folks of other marginalised genders? But I recognise that that's, it's sensitive territory for a lot of people.

Marnie: Intersectionality is prevalent within all walks of life, including self injury. Researcher has show that a number of groups are more acutely impacted by self injury: women of colour, LGBTQ plus people and those with different abilities to name a few. Bristol Crisis Service for Women has always tried to represent the most marginalised voices. But with funding plummeting, and the number of people turning to self injury rising, particularly amongst young people, the challenges are huge.

(25:21)

Anonymous, helpline volunteer, 2005-2006: I mean, broadly, in mental health, I think there's there's too much if we need to break the stigma, we need to raise awareness, I think we have awareness, everyone's aware, what we need is resources. We don't need any more bloody wear a green shoelace for this or a purple ribbon in your hair for that we don't need that crap anymore. We need money, we need resources, we need things to be done. And we need the sort of structural things that are the cause the shit in the first place to be tackled. But that's far too dangerous is is much easier to keep telling people that they're broken, and they're wrong in the new drugs, and they need CBT and they need this to stop the bloody behaviour. Rather than addressing what causes these things.

Anonymous, helpline volunteer, 2006-2009: I think what I learnt about self injury and self harm is that I think there's a quote actually about this, which I'm going to misquote really badly...

Suzanne, freelance trainer, counsellor and facilitator, 2000 to present: self injury can be seen as an expression of of powerlessness in the context of oppressive relationships, and society and so on. And that was, and still is, particularly true for women.

Anonymous, helpline volunteer, 2006-2009: ...I am really badly misquoting her, because I think she also just talks about within the context of women, but if you take it without that context, and just think about oppressive systems with, you know, there's so many systems of oppression. And it wouldn't surprise me if self harm was an issue, you know, across the board, you know, across the bat.

Liz, helpline volunteer, 2005 to 2009: You know, when we kind of split off and bubble up, then that's like a real loss. And hopefully, that's, you know, that's getting even better, you know, with black women's rights and transgender women's rights and working-class women. Also, hopefully, being given more of a voice. You know, I think it's, it is a lot about camaraderie. That's certainly like, one of the things I took from working within the organisation was just that at equality and camaraderie.

Clare S, mental health activist: It's, it's, it can be complicated in the way that it plays out in personal dynamics. And you know, when we're talking about things, say, for example, something like gender identity. The issues themselves are not that complicated. But when human beings begin to reflect on and critique and develop their ideas, around their own identities and their own experiences, the dynamics can be absolutely torturous. And when this kind of political spotlights on that process as well, it can begin to feel hideously complicated, but I don't think it is at its core hideously complicated. Uh, and I think it's really worth kind of reminding ourselves of that because we can get tied up in such hideous knots but you know, if we're if we're kind and decent and nice to people, they generally feel a whole lot better and if we ship to people they generally feel a whole lot shitter and that that's a really simple equation, isn't it?

(28:51)

End credits

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You can find the full interviews with transcripts on the www.womenlisteningtowomen.org.uk, to hear more of the voices from the Bristol Crisis Service for Women.