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**‘Cut It Out’: Self-Harm and the Bristol Crisis
Service for Women**



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‘Cut It Out’: Self-Harm and the Bristol Crisis Service for Women

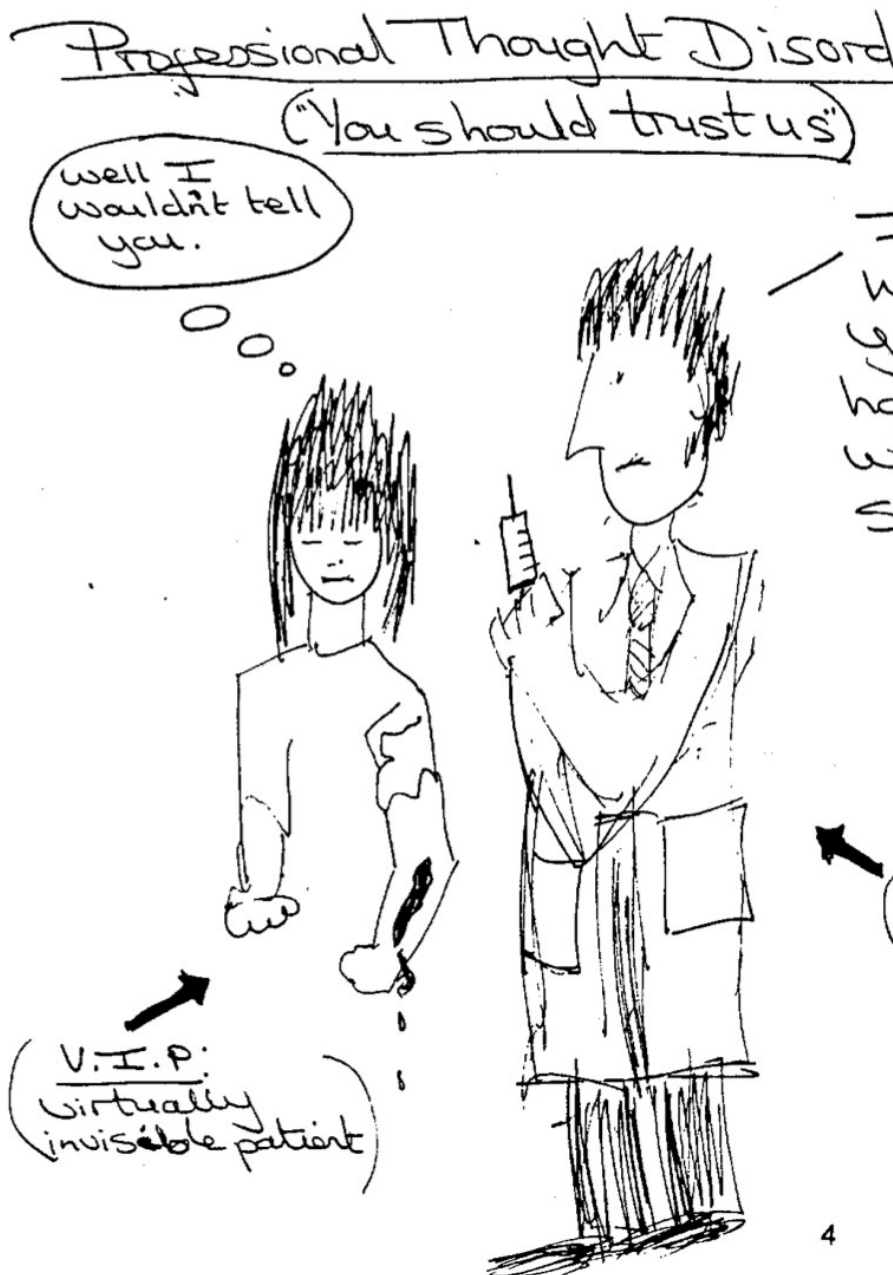


Figure 1 – Bishopsgate
Institute Archives,
BCSW/6/8, Practical
Information for volunteers,
SHOUT, 2, January 1995, p.
4.

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List of Abbreviations

BCSW: Bristol Crisis Service for Women

NGO: Non-governmental organisation

SIFT: Understanding Self-Harm Together

BIA: Bishopsgate Institute Archives

Introduction

In 1986, three lesbians detained on a locked ward in a Bristol mental hospital began devising woman-centred alternatives to mental health services. From this emerged the Bristol Crisis Service for Women (BCSW), a telephone helpline set up in January 1988 for women in crisis, run by women for women. Unlike mainstream mental health provision, it did not require callers to stop self-harming.¹ Founded as a feminist collective, organised democratically, in which all volunteers participated in the running of the organisation, it operated - as one long-term worker recalled - from “absolutely feminist views”, foregrounding women’s experiences and the social conditions that shaped them.² Central to this was a psychosocial understanding of self-harm, situating it within the social, environmental and relational circumstances of women’s lives. Self-injury was understood not as individual pathology, but as a response to lived conditions and structural oppression.

This organisation no longer exists in that form. In 2002, it lost its collective structure becoming a charity limited by guarantee. In 2014 it changed its name to Self Injury Support and in February 2026 it rebranded again as SIFT, Understanding Self-Harm Together.³ The organisation that had positioned self-harm as a rational feminist response to patriarchal oppression now offers individualised coping strategies with no structural feminist analysis.

BCSW was founded at the moment when the relationship between the state and the voluntary sector was being fundamentally redrawn. From the postwar period to the 1970s, health provision was largely paternalistic, with patients positioned as recipients of state care.⁴ The decline of asylum-based treatment and the shift towards community care from the 1970s created space for voluntary organisations to expand, increasingly filling gaps left by retreating governmental provision. The 1980s marked a decisive shift. Under Margaret Thatcher’s government, unconditional grants were replaced by contractual, performance-based funding, reshaping voluntary organisations into instruments of public service delivery. This model persisted under subsequent administrations.⁵ By 2008, approximately thirty-six percent of the

¹ Tamsin Wilton, ‘Chapter 2 Madness and Feminism: Bristol Crisis Service for Women’, in *Feminist Activism in the 1990s*, ed. by Gabriele Griffen (Routledge, 1995), p. 34.

² BIA, BCSW/1/6, Fiona Macaulay interviewed by Rosie Wild, 7 July 2021, p. 10.

³ ‘Self Injury Support’, Companies House (2002) < <https://find-and-update.company-information.service.gov.uk/company/04429818> > [accessed 7 April 2026].

⁴ Despo Kritsotaki, Vicky Long and Matthew Smith, *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Springer International Publishing, 2016), p. 35.

⁵ Matthew Hilton, Nick Crowson, Jean-François Mouhot and James McKay, *A Historical Guide to NGOs in Britain: Charities, Civil Society and the Voluntary Sector since 1945* (Palgrave Macmillan, 2012), p. 350.

voluntary sector income in England and Wales derived from statutory sources.⁶ The implications of that dependence were profound.

It is this process that Matthew Hilton's work on voluntary organisations and non-governmental organisations (NGOs) in postwar Britain examines, and his argument is central to understanding the changes BCSW underwent. For Hilton, NGOs were not independent actors, but were deeply embedded within governmental structures through funding, regulation and participation in policymaking. To secure funding, organisations were required to demonstrate accountability, professionalism and political neutrality, conditions often antagonistic with the radical politics on which they had been founded.⁷ Organisations established to challenge the state increasingly found themselves dependent upon it, and the condition of that dependence was the moderation of their original critique. BCSW was no exception.

This dissertation uses BCSW as a case study to examine how a feminist NGO navigated and was reshaped by the structural pressures of the late twentieth century. It argues that BCSW survived, where comparable feminist self-help organisations disappeared, because it reconfigured its original message, distancing itself from its founding radical feminist politics in order to secure funding and institutional legitimacy. This dissertation shows that process at work within the feminist voluntary sector, a dimension of the history of NGO professionalisation that existing scholarship has not examined. In doing so, it provides a more nuanced account of how processes such as professionalisation and state funding reshaped not only organisational structures, but the forms of knowledge and critique such organisations could sustain. BCSW's transition from a feminist, psychosocial collective to a gender-neutral, professionalised service reflects a broader transformation in understandings of distress in Britain, from collective responsibility to individual self-management. Mainstream funding was never seriously directed at the voluntary feminist sector, and the structural conditions that made the organisation's survival possible were also the conditions that transformed it. That transformation, this dissertation argues, is not simply an organisational story. It is a political one.

Literature

⁶ Olga Savage and Brian Pratt, 'The History of UK Civil Society', *INTRAC Briefing Paper*, 38 (2013), 1-20 (p. 7).

⁷ Matthew Hilton, James McKay, Nicholas Crowson, and Jean-Francois Mouhot, *The Politics of Expertise: How NGOs Shaped Modern Britain* (Oxford University Press, 2013), p. 16.

This dissertation is situated in the historiography of NGOs in twentieth century Britain. Here, NGOs are taken to include charities, voluntary organisations and survivor-led collectives. The history of NGOs in postwar Britain has received considerable scholarly attention, with the work of Matthew Hilton and his collaborators representing the most influential contribution to the field. However, women-led feminist NGOs have largely remained invisible in this scholarship, leaving a significant dimension of the history of professionalisation unexplored.

Hilton's case studies share a common profile - environmental and conservation groups, international aid and development agencies and homelessness organisations, which are large, professionally staffed and predominantly mixed sex.⁸ As Helen McCarthy contends, while Hilton provides a compelling framework for understanding professionalisation in which future historians of contemporary voluntary action, protest politics and social movements must situate their work, feminism is notably absent from his case studies, despite offering one of the most instructive examples of the cost of professionalisation that his framework identifies. She argues that grassroots activism of the 1970s women's movement gave way to more formalised pressure-group politics, institutionalising gender equality concerns within the structures of the state at the exact moment feminism was accused of having lost touch with its original animating ideals.⁹ The professionalisation of feminist NGOs in postwar Britain has therefore not been examined through this framework, let alone in relation to feminist self-harm organisations specifically. This dissertation addresses this gap through a case study of BCSW, an organisation that transformed from a feminist collective into a professionalised service provider. A case study approach is the method common in this field and BCSW's archive has recently been preserved through the Women Listening to Women project.

BCSW has received limited scholarly attention. The only sustained pieces of historical scholarship focused specifically on BCSW are Jeanette Copperman and Sarah Chaney's article 'Women Listening to Women' (2023) and their more substantial article 'The Politics of Recovery' (2025).¹⁰ Mark Cresswell and Tom Brock do reference BCSW, but do so as part of a

⁸ Hilton, p. x.

⁹ Helen McCarthy, review of Matthew Hilton, *The Politics of Expertise: How NGOs Shaped Modern Britain* (2013), *Twentieth-Century British History*, 26 (2015), pp. 165-167.

¹⁰ Sarah Chaney and Jeanette Copperman, 'Women Listening to Women: Radical Reflections on Self-Injury Support', *British Journal of Social Work*, 53 (2023), 1742-1750; Jeanette Copperman and Sarah Chaney, 'The politics of recovery: Women's mental health activism in the UK, 1986-2002, with a focus on Bristol Crisis Service for Women', *History of the Human Sciences*, 38 (2025), 152-173. The 2023 article is a shorter reflective piece published in a social work journal; the 2025 article in *History of the Human Sciences* is the more substantial historical analysis on which this dissertation primarily draws.

broader account of the self-harm survivor movement between 1980 and 2000.¹¹ This literature is informed by the broader historiography of feminist mental health activism in late twentieth century Britain, in which grassroots organisations emerging from the Women's Liberation Movement rejected dominant conceptualisations of women's psychology, situating women's distress within structures of oppression and making mental health provision an explicitly political matter.¹² While this scholarship is valuable in establishing the feminist politics of BCSW's early years, it is primarily interested in BCSW as a radical organisation, and its analytical engagement ends at the point BCSW ceases to be radical. Copperman and Chaney's article ends in 2002, and while the 2014 name change from BCSW to Self Injury Support is briefly noted, it is not examined as analytically significant. What makes BCSW significant for this dissertation is precisely that transition, looking at the professionalisation of BCSW: how and why it changed, what structural pressures drove that change, and what was lost in this process. These are questions the existing literature does not address, and they are the questions this dissertation examines.

This dissertation also contributes to the historiography on self-harm in Britain. The most significant contributions are Chris Millard's *A History of Self-Harm in Britain* (2015) and Chaney's *Psyche on the Skin* (2017).¹³ Both draw on Ian Hacking's concept of 'making up people' to develop the ways that psychiatry produces specific objects of knowledge to argue that self-harm is not a stable category but one whose meaning changes over time and culture.¹⁴ Millard analyses British psychiatry across the twentieth century through published British medical sources, suggesting that shifting definitions of self-harm reflect much broader political trends. He argues that the emergence of the welfare state after 1945, with its commitment to collective healthcare provision, corresponds to an understanding of self-harm as communicative and socially embedded. The rollback of the welfare state from the 1980s however, with the ascendancy of a more individualised understanding of human beings as competitive and market-driven, corresponds to an understanding of self-harm that is read as largely non-communicative and designed to regulate internal emotional states.¹⁵ Chaney takes a

¹¹ Mark Cresswell and Tom Brock, 'Social movements, historical absence and the problematisation of self-harm in the UK, 1980-2000', *Journal of Critical Realism*, 16 (2017), 7-25 (p. 11).

¹² Kate Mahoney, *Feminist Mental Health Activism in England, c. 1968-95* (Manchester University Press, 2023), p. 16.

¹³ Chris Millard, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Palgrave Macmillan, 2015); Sarah Chaney, *Psyche on the Skin* (Reaktion Books, 2017).

¹⁴ Ian Hacking, 'Making up People' in *Beyond the Body Proper: Reading the Anthropology of Material Life*, ed. by Margaret Lock and Judith Farquhar (Duke University Press, 2007), pp. 150-163.

¹⁵ Millard, p. 205.

longer view, arguing that self-harm has no universal meaning but varies across historical periods and cultures.

These works are important contributions but operate at a higher, meta level of conceptualisation, tracing broad cultural and social attitudes towards self-harm, rather than examining institutional or organisational responses to it. Neither focuses on activist groups that emerged to challenge dominant ideas around self-harm. Chaney mentions BCSW in a short paragraph on advocacy groups but does not pay them attention.¹⁶ Millard makes no reference to BCSW or any activist responses in his book, mentioning the organisation briefly in one article when making a broader argument on cutting being constructed as a predominately female behaviour.¹⁷ For Ivan Crozier, Millard's book gives little sense that any of the sufferers were anything other than passive actors in a complex medical system, pointing to a need for further analysis in the ways self-harmers actively negotiated with these medical discourses.¹⁸ It is here that this dissertation intervenes. In tracing BCSW's transition from an organisation that situated self-harm within the social and structural conditions of women's lives to one offering individualised coping strategies with no structural feminist analysis, it expands discussions from broad cultural and societal attitudes towards self-harm to the specific history of an organisation that underwent precisely the transformation Millard and Chaney describe. In doing so, it captures the full arc of that process, the period in which BCSW actively challenged and influenced mainstream understandings of self-harm, and the funding pressures that ultimately drew it into the individualised framework it had spent years opposing. By detailing this process, this dissertation brings two bodies of scholarship into conversation for the first time, the history of NGOs and professionalisation and the history of self-harm, demonstrating how large-scale changes were enacted at the organisational level.

Methodology

This dissertation takes a case study approach to the professionalisation of BCSW. It argues that organisational changes are not merely internal but reflect broader structural transformations, using BCSW as a lens through which to analyse the effects of professionalisation and market-based governance on the voluntary sector. It uses BCSW as a window into a broader pattern,

¹⁶ Chaney, p. 9.

¹⁷ Chris Millard, 'Making the cut: The production of 'self-harm' in post-1945 Anglo-Saxon psychiatry', *History of the Human Sciences*, 26 (2013), 126-150 (p. 130).

¹⁸ Ivan Crozier, review of Chris Millard, *A History of Self-Harm in Britain* (2015) and Sarah Chaney, *Psyche on the Skin* (2017), (8 June 2017), <<https://www.histhum.com/book-review-essay-psyche-on-the-skin-and-a-history-of-self-harm-in-britain/>> [accessed 7 April 2026].

arguing that the approach taken here could be applied to comparable organisations and that such case studies are essential to understanding how the macro-level narratives were lived and enacted at the organisational level.

The source base for this dissertation focuses on twenty-two oral histories conducted as part of the Women Listening to Women project in 2022, in which former and current staff of BCSW were interviewed. While oral testimony carries limitations, including issues of memory and retrospection, it remains a valuable source for accessing lived experience. No new oral histories were conducted. This was a deliberate methodological choice, informed by Lynn Abrams' work on the ethics of oral history. Given that many participants had direct experience of self-harm, conducting further interviews would raise ethical concerns associated with what Abrams termed 'crisis oral history', requiring support structures beyond the scope of an undergraduate dissertation.¹⁹ The use of existing interviews avoids these risks while allowing for reinterpretation of the material. As Joana Bornat argues, revisiting existing oral histories with new research questions can generate fresh insights that the original researchers did not pursue.²⁰ Where Copperman and Chaney used the oral histories to recover the feminist politics of BCSW, this dissertation returns to the same testimonies to draw out what they reveal about the political changes and funding pressures that drove professionalisation.

As Kate Mahoney has argued, oral history is most productive as a research method when interviews are aligned with a range of archival materials.²¹ This dissertation follows that approach, supplementing the oral histories with archival research conducted using the Bristol Crisis Service for Women Archive held in storage at the Bishopsgate Institute. While some of this material has been made available online through the Women Listening to Women project, alongside the oral histories, this dissertation also draws on material consulted in person at the archive that has not been digitised or previously written about by historians.²²

Copperman and Chaney drew on some of this archival material in their article, focusing on the organisation's early publications.²³ This dissertation also draws on some of these publications to establish the founding politics of the organisation in Chapter One, before turning to a different body of material within the archive. This material consists of financial statements,

¹⁹ Lynn Abrams, *Oral History Theory* (Routledge, 2016), p. 191.

²⁰ Joana Bornat, 'A Second Take: Revisiting Interviews with a Different Purpose', *Oral History*, 31 (2003), 47-53 (p. 50).

²¹ Mahoney, p. 21.

²² 'Publications of Bristol Crisis Service for Women', Women Listening to Women, (2022) <<https://www.womenlisteningtowomen.org.uk/publications.html>> [5 April 2026].

²³ Copperman and Chaney, p. 157.

correspondence between the organisation and funding bodies and management meeting minutes which document what drove its professionalisation. It also draws on records held by BCSW relating to the folding of comparable feminist self-harm organisations by the mid 2000s during the same period that BCSW began to professionalise itself. This material has not previously been examined by historians and forms the evidential foundation of this dissertation's central argument. It also compares early publications with recent outputs from Self Injury Support and SIFT, demonstrating a shift from a structural feminist analysis of self-harm to an individualised, therapeutic framework. This comparison provides direct evidence of the ideological transformation this dissertation examines.

Dissertation Structure

Chapter One will establish the clinical and social context that BCSW was founded to challenge. Chapter Two will examine how professionalisation drove BCSW's survival. Chapter Three will place BCSW's transformation within a broader political shift, examining why a social and feminist understanding of self-harm was displaced. Overall, this dissertation documents the process that Sarah Howard, who worked at BCSW for over two decades, identifies, how the organisation's focus shifted to become "now more on self-injury, whereas before it had been about women in distress."²⁴

²⁴ BIA, BCSW/1/19, Sarah Howard interviewed by Ellen Hammett, 23 June 2021, p. 16.

Chapter 1: Changing Conceptions of Self-Harm

“It was always about women’s lives, and what might lead a woman to need to hurt herself to get through the day.”²⁵

By 1986 self-harm had been codified as a predominantly female pathological behaviour; a framing that BCSW sought to challenge. A 1988 article in *Company* magazine, ‘Shocking Habit’, written by the organisation’s founders, sets out both its purpose and the assumptions it opposed. They argued that women were taught that anger was “unladylike” and labelled neurotic when they expressed it, leading many to turn that anger inwards. Diane Harrison recalled after cutting her throat she was treated kindly by hospital staff until they discovered the injury had been self-inflicted.²⁶ BCSW’s women-run telephone crisis line was established in response to this treatment. This chapter examines how such responses were produced, and how BCSW sought to challenge them.

From its inception, BCSW operationalised a social model of self-harm that prioritised women’s lived experiences over psychiatric diagnosis, and this is seen from their helpline which opened in 1988. Operating from the back of a charity shop in Easton, volunteers worked fortnightly shifts late into Friday and Saturday nights, when women were least able to access other support. The helpline operated from a social model of mental health - it was the conditions of women’s lives, not mental illness, that it understood as the source of their distress. This is evident in the first helpline data book, covering February 1988 to September 1990 (Figure 2). Calls were recorded under three-headings: details of the call, action or advice given and how callers had heard of the organisation. Rather than noting diagnostic categories, they documented abuse by men, poor treatment by psychiatrists and women’s isolation. The advice column records listening, reassurance and encouragement to talk. The records show that BCSW prioritised women’s social circumstances, not the diagnostic labels that might be attached to their behaviour. This was a radical understanding of self-harming behaviour for its time. Yet a social and communicative model of self-injury had existed within medical thinking before being displaced.

²⁵ BIA, BCSW/1/17, Sal Ball interviewed by Hannah Horan, 15 July 2021, p. 9.

²⁶ Maggy Ross, ‘Shocking Habit’, *Company*, September 1988. Women’s Magazine Archive <<https://bris.idm.oclc.org/login?url=https://www.proquest.com/wma/magazines/shocking-habit/docview/2519685937/sem-2?accountid=9730>> [accessed 12 December 2025].

Details of call	Action / Advice	Where heard at
silent		
lots of pauses - v. depressed - found it difficult to talk - felt scared Put phone down.	listened / reassured Told her take her time.	
Abused by father. - living alone, had been in care, - father threatening her to stop her from telling anyone. Believed it was all her fault. lots of crying. couldn't find the words to say it. Abuse gone on for a long time. attempt Burnt herself.	listened / encourage her to let go & talk about it. Tried to make her feel safe.	
wants to kill herself. Abused by father. Bad experiences of Psychiatrists cutting since 1978. cried a lot.	listened, acknowledged her painful feelings. encouraged her to talk.	
Has been on holiday. stopped drinking for 3 weeks but started again when she got back. Feeling scared about going to see her counsellor - scared of the feelings which will come up. very drunk - lots of silences.	listened.	

Figure 2 – BIA, BCSW/5/1, Telephone Data Book, February 1988-September 1990, p. 4 (Appendix 1).

Mid-twentieth century psychiatry briefly recognised self-harm as a socially embedded and communicative act before this framework was displaced. Before the 1950s, self-harm was seen largely as a failed suicide attempt.²⁷ Erwin Stengel, an Austrian British psychiatrist, was the key figure in changing these understandings. In 1958, writing alongside Nancy Cook, a psychiatric social worker, and Irving Kreeger, a psychiatrist, Stengel made his most significant intervention in *Attempted Suicide: Its Social Significance and Effects*. There he argued that “there is a social element in the pattern of most suicidal attempts” and that in most cases of self-harm they discovered an “appeal to other human beings.”²⁸ Millard notes that almost all psychiatrists who wrote about suicidal behaviour in the 1960s and 1970s in Britain credit this monograph with establishing ‘communicative self-harm’ as a coherent psychiatric object of concern.²⁹

²⁷ Erwin Stengel, Nancy Gwendolen Cook and Irving Kreeger, *Attempted Suicide: Its Social Significance and Effects* (Chapman and Hall, 1958), p. 19.

²⁸ Ibid, p. 22.

²⁹ Chris Millard, ‘Attempted Suicide: Its Social Significance and Effects by Erwin Stengel and Nancy Cook, with Irving Kreeger’, *BJPsych Advances*, 30 (2023), 134-136 (p. 134).

This model's emphasis on social context was however methodologically demanding, and that difficulty contributed to its marginalisation. Stengel's study drew on patient records from observation wards, involving in-depth interviews with patients, relatives and in some cases, employers, with Cook conducting many home visits. Stengel acknowledged in 1952, in the write up of the preliminary study, that this kind of work was time consuming and that he was unsurprised that the kind of resources for it had not previously been available.³⁰ Other psychiatrists adopted similar approaches. Neil Kessel in the 1960s in a hospital ward in Edinburgh used psychiatric social workers to interview spouses and relatives, locating the causes of self-harm in present domestic distress.³¹ Norman Kreitman's concept of 'parasuicide' in 1969 likewise rested on the claim that most patients were not attempting to die.³² These studies focused primarily on self-poisoning and what is significant was their attention to social relationships and circumstances rather than internal psychological states. As Millard's description of Stengel's book as a "forgotten classic" suggests, however, these approaches were relatively quickly displaced.³³ From the late 1960s onwards, a very different model of self-harm took hold, focused not on self-poisoning but on self-cutting. Emerging from North American psychiatric inpatient units, this model dealt with long-term patients, observing self-harm in isolation from any social constellation. It required none of the intensive engagement that had characterised the communicative model, no home visits and no mapping of distress.³⁴ Instead, self-harm was interpreted through a psychoanalytic framework that located its causes in internal psychological tension, which cutting temporarily relieved.

These North American psychiatric studies offered a model for self-harm associated with women and one which came to dominate clinical thinking in Britain. Chaney argues that in the late 1960s, for the first time, self-cutting became singled out as a paradigm for self-harm and viewed as a psychotic symptom associated with schizophrenia or the emerging diagnosis of borderline personality disorder, referencing the corpus of influential North American studies that associated cutting with unmarried, attractive young women.³⁵ Pao's 1969 study, for example, developed the term 'delicate self-cutting', where cutting itself was linked to what Pao

³⁰ Erwin Stengel, 'Enquires into Attempted Suicide (Abridged)', *Proceedings of the Royal Society of Medicine*, 45 (1952), 613-620 (p. 616).

³¹ Neil Kessel, 'Self-Poisoning – Part I', *British Medical Journal*, 2 (1965), 1265-1270 (p. 1269).

³² N. Kreitman, A. E. Phillp, S. Greer and C. R. Bagley, 'Parasuicide', *British Medical Journal of Psychiatry*, 115 (1969), 745-747 (p. 745).

³³ Millard, p. 134.

³⁴ Ibid, p. 136.

³⁵ Chaney, p. 177.

called “normal female masochism.”³⁶ Pao’s study formed part of a symposium on self-harm at Chestnut Lodge, a private psychiatric hospital in Maryland. For Millard, the publishing of this symposium in the *British Journal of Medical Psychology* in 1969 marked the moment to which studies in Britain also started to understand self-cutting in this manner, with similar studies explicitly referencing this North American literature appearing from the mid 1970s.³⁷ A model of self-cutting as a feminised internal tension regulation was therefore first established as an epidemic phenomenon in psychiatric institutions before migrating into A&E departments and shaping clinical practice.

By 1980, the classification of self-cutting within borderline personality disorder in DSM-III cemented an individualised and pathologised understanding of self-harm, and this is what BCSW explicitly challenged. Sal Ball noted that women were being given the label “purely on the fact that they hurt themselves”, where an “informal borderline shadow” would “follow that person wherever they go.”³⁸ In Havi Carel’s terms, this constituted a form of epistemic injustice in which women’s own accounts of why they self-harmed were discounted in favour of clinical categorisation.³⁹ BCSW’s early publications engaged directly with the clinical literature that had produced this framework. Their 1995 survey noted that existing theories were based on what clinicians said about self-injury, treating it as evidence of psychopathology and borderline personality disorder, rather than on what patients said themselves.⁴⁰ Against this, in the survey BCSW include Tantam and Whittaker’s observation that the “attribution of upsetting behaviour to abnormal personality tends to blunt the normal caring response” and that too often “further inquiry into the reasons for the behaviour, in particular into the situational determinants of self-wounding, stops once a diagnosis is made.”⁴¹ BCSW insisted on precisely those situational determinants, drawing on a broader feminist tradition that located women’s distress in social conditions rather than individual pathology.

BCSW formed part of a broader wave of feminist mental health activism that rejected the pathologisation of women’s distress. Mahoney argues that the Women’s Liberation Movement catalysed such organisations, which rejected dominant psychoanalytic interpretations of

³⁶ Ping-Nie Pao, ‘The Syndrome of Delicate Self-Cutting’, *British Journal of Medical Psychology*, 42 (1969), 195-205 (p. 197).

³⁷ Millard, ‘Making the Cut’ p. 136.

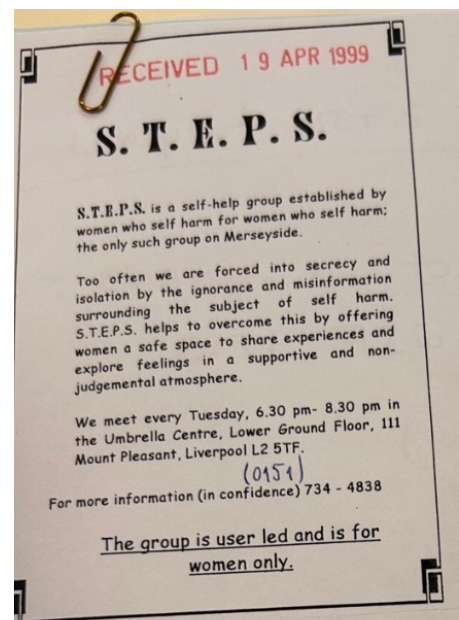
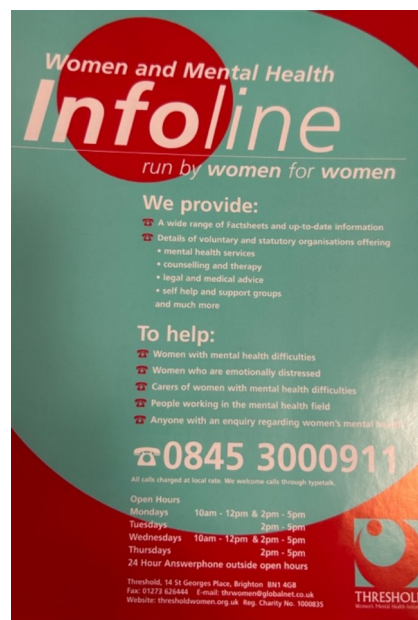
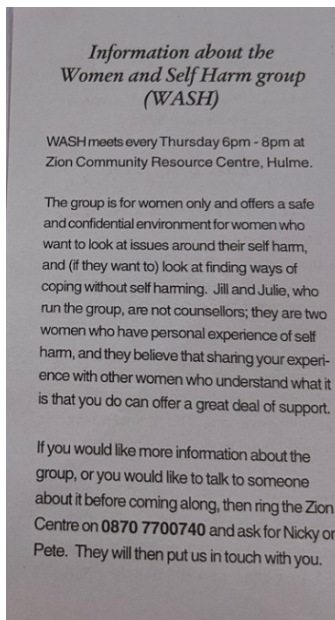
³⁸ Ball interview, p. 10.

³⁹ Paul Crichton, Havi Carel and Ian James Kidd, ‘Epistemic injustice in psychiatry’, *BJPsych Bulletin*, 41 (2017), 65-70 (p. 65).

⁴⁰ BIA, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, *Women and Self-Injury: a survey of 76 women*, 1995, p. 1.

⁴¹ Digby Tantam and Jane Whittaker, ‘Personality Disorder and Self-wounding’, *British Journal of Psychiatry*, 151 (1992), 451-464 (p. 454).

women's psychology. Groups such as the Women's Therapy Centre instead located women's distress within structures of patriarchal oppression, and such organisations proliferated throughout the 1970s and 1980s.⁴² For Sarah Crook, the significance of such organisations was how they made women's private suffering visible and political.⁴³ BCSW was an institutional expression of this tradition. In her interview Clare Shaw describes BCSW's early pamphlets as "mind-blowing", explaining that they enabled her to see herself not as "crazy", but as someone whose self-harm spoke about the society she was living in.⁴⁴ BCSW aligned with other feminist self-harm organisations appearing in this period, such as Threshold in Brighton; Women and Self-Harm (WASH) in Manchester; Self Preservation Encouraging Active Response (SPEAR) in Swindon; Wounded Wings in Edinburgh; and S.T.E.P.S. in Merseyside (Figures 3, 4 and 5). This is not an exhaustive list, but what is significant is that all foregrounded the social conditions behind self-harm. Eva Coleman and Anne Guildford, directors and co-ordinators at Threshold, described how all of the organisation's services were informed by a feminist approach to women's mental health, in which women's distress was understood as a response to inequality.⁴⁵ As Cresswell and Brock argue the "politics of self-harm emerged at the confluence of survivor and feminist activism."⁴⁶ BCSW translated this feminist politics into its own psychosocial alternative to the dominant biomedical framework.



⁴³ Sarah Crook, 'The Women's Liberation Movement, Activism and Therapy at the Grassroots, 1968-1985', *Women's History Review*, 27 (2018), 1152-1168 (p. 1154).

⁴⁴ BIA, BCSW/1/4, Clare Shaw interviewed by Rosie Wild, 20 July 2021, p. 3.

⁴⁵ Eva Coleman and Anne Guildford, 'Threshold Women's Mental Health Initiative: Striving to Keep Women's Mental Health Issues on the Agenda', *Feminist Review*, 68 (2001), 173-177 (p. 173).

⁴⁶ Mark Cresswell and Tom Brock, p. 9.

Where mainstream psychiatry diagnosed and sought cessation, BCSW argued that self-harm was an understandable response to structural oppression, and that the appropriate response was not diagnosis but listening. In 1995 BCSW organised its own conference, Cutting Out the Pain, bringing together over one hundred delegates from across Britain.⁴⁷ In her address, Harrison declared that it was “far easier to pathologise than politicise self-harm”, articulating BCSW’s determination to make it a political issue.⁴⁸ Her book *Vicious Circles* (1995) framed self-harm as the “rational and symbolic resistance to the power structures found within society which negate and silence women.”⁴⁹ BCSW’s newsletter SHOUT gave women a space to document their mistreatment within healthcare, with one poem lamenting over psychiatrists “dropping pills into the well of social ills.”⁵⁰ In 1995, Lois Arnold conducted a survey of seventy-six women who self-harmed, the first of its kind to ask women directly why they injured themselves. Abuse, trauma and social inequality were among the most common responses, alongside high levels of dissatisfaction with statutory services (Figure 6). BCSW’s alternative was most clearly articulated in Gloria Babiker and Lois Arnold’s *The Language of Self-Injury* (1997) which promoted a model of safer self-harm. Cessation, it argued, should never be the goal of therapy; instead, practitioners should address underlying pain and devote time to understanding the social circumstances behind the behaviour.⁵¹ In this 153-page book, the chapter on possible biological links is just one page long, with much more attention given to the demands of femininity in a ‘self-harming society.’⁵² As Jenny Smith, a worker at BCSW, observed, this ground-up approach helped change attitudes more broadly.⁵³ BCSW’s influence can be seen in MIND’s publications, including *Stress on Women* (1992) and *Women in Context* (1996), the latter featuring a chapter by BCSW members Hilary Lindsay and Lois Arnold on self-injury.⁵⁴ In Copperman and Chaney’s analysis, it was in bringing together politics, feminism and self-injury that BCSW made its most important contribution to women’s mental health activism.⁵⁵

⁴⁷ Copperman and Chaney, p. 155.

⁴⁸ BIA, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, Cutting out the pain conference, 26 September 1995.

⁴⁹ Diane Harrison, *Vicious Circles: An Exploration of Women and Self-Harm in Society* (GPMH, 1994), p. 19.

⁵⁰ BIA, BCSW/6/8, Practical Information for volunteers, *SHOUT*, 1, July 1994, p. 5.

⁵¹ Gloria Babiker and Lois Arnold, *The Language of Self-Injury* (The British Psychological Society, 1997), p. 121.

⁵² *Ibid*, p. 39.

⁵³ BIA, BCSW/1/8, Jenny Smith interviewed by Elin Dukes, 3 August 2021, p. 25.

⁵⁴ Copperman and Chaney, p. 163.

⁵⁵ *Ibid*.

Table 10

Service used	Total nos. Attending	% Satisfied	% Dissatisfied	% Partially satisfied
Psychiatrist	34	15	82	3
*Counsellor/therapist	30	63	30	7
GP	24	37	46	17
Psychiatric hospital	23	4	96	0
A & E	16	6	69	25
Social worker	10	20	70	10
Psychologist	9	22	77	0

*Counsellors/therapists came from a variety of disciplines and it was not always possible to identify these; for example some Community Psychiatric Nurses and psychologists are probably represented in the figures and comments given. Counsellors working privately or within voluntary projects are also represented.

Figure 6 – BIA, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, *Women and Self-Injury: a survey of 76 women*, 1995, p. 17.

By the early 2000s some of BCSW's work had entered mainstream practice, even as its original political framing remained contested. The concept of self-injury as a social phenomenon and a coping mechanism had become widely discussed. Jenny Smith reflected on the significance of BCSW's training sessions, which were run several times a year and attended by doctors, social workers and teachers, noting that the "number of people proportionately in the UK who now have some base knowledge around self-injury is so much higher than it ever was."⁵⁶ BCSW had established a coherent and nationally recognised alternative to the dominant clinical framework. What became of that alternative however is the subject of Chapter Two.

⁵⁶ Smith interview, p. 25.

Chapter 2: Self-Censorship and Survival

“I think it was always difficult to, um, where the need was and where the money was never quite married up and that was always really difficult, because it felt like you had to kind of shape yourself and the projects to get the money.”⁵⁷

The feminist collective that founded BCSW in 1986 was the organisational expression of a broader politics characteristic of NGOs in the 1960s to 1980s. These organisations were typically volunteer-led, collective and non-hierarchical and aimed not just to address social problems but to change the underlying structures that created them. Within the collective, every volunteer participated in governance, decisions were made democratically and Hilary Lindsay was the only paid member of staff. Sal Ball described how volunteers were expected to attend every business planning meeting and contribute to the running of the organisation.⁵⁸ Hilton shows that in their early years, organisations across the voluntary sector positioned themselves as alternatives to the status quo.⁵⁹ This is evident across a range of movements. Environmental NGOs, for instance, began life embedded within what Hilton calls an “anti-capitalist, apocalyptic mindset”, critiquing orthodox economic growth said to cause environmental issues.⁶⁰ Similarly, in disability activism, Michael Oliver’s social model argued that disability was a problem that lay not in the individual’s condition, but in a society built to exclude them, meaning the focus should be on changing society as a whole, an approach many NGOs in this field also took.⁶¹ This chapter examines how this initial commitment to structural change was reshaped by the pressures of statutory funding and organisational sustainability, as NGOs such as BCSW were drawn towards more professionalised, service-based models.

From the 1970s onwards, governments increasingly relied on NGOs to provide public services, drawing organisations into professionalised service provision. The creation of the Voluntary Services Unit in 1973 and the doubling of direct grants to NGOs marked the beginning of a more formalised relationship between the state and the voluntary sector.⁶² Under Thatcher this process escalated significantly. Voluntary organisations were positioned as essential partners in welfare provision, even as she denied any intention of making them “creatures of government.”⁶³ The Griffiths Report from 1988 formalised this shift, recasting local authorities

⁵⁷ Macaulay interview, p. 11.

⁵⁸ Ball interview, p. 25.

⁵⁹ Hilton, p. 219.

⁶⁰ Hilton, p. 245.

⁶¹ Michael Oliver, *The Politics of Disablement* (Macmillan, 1990), pp. 7-8.

⁶² Hilton, p. 193.

⁶³ Hilton, *A Historical Guide to NGOs in Britain*, p. 347.

as enablers rather than providers and embedding NGOs within service delivery. Grant aid was increasingly replaced by contractual funding, with access dependent on organisations demonstrating efficiency, accountability and measurable outcomes.⁶⁴ These developments were consolidated under John Major through the Deakin Report in 1996, accepted by New Labour as the Compact in 1998. For Pete Alcock, this was part of a broader move towards a mixed economy of welfare in which the voluntary sector assumed responsibilities once held by the state, a trend continued under subsequent governments.⁶⁵ By 2008, income from statutory sources for NGOs had reached £12.8 billion.⁶⁶ Many organisations responded by registering as charities, gaining financial advantages such as tax relief and Gift Aid and greater access to statutory grants, but that simultaneously brought them under the jurisdiction of the Charity Commission and its restrictions on political activity.

In 2002, BCSW formalised its position within this regulatory framework by registering as a charity limited by guarantee, replacing its collective structure with a management committee, a decision that reflected pressures facing small voluntary organisations in this period. The Commission enforced restrictions rooted in charitable law, limiting political campaigning and requiring organisations to frame their work within narrow categories of public benefit. War on Want, for example, survived a financial crisis in 1989 only by agreeing to closer Commission oversight, emerging more bureaucratic and less willing to challenge the limits of acceptable charitable conduct.⁶⁷ Alison Dunn's study of charities in the twentieth century shows that for smaller organisations that could not afford to alienate their funders or provoke regulatory scrutiny, these restrictions had a 'straitjacket effect' on their ability to campaign in line with their founding aims.⁶⁸ As a small charity founded to advocate for political and social change, BCSW was particularly exposed to these pressures.

BCSW's own publications and oral histories demonstrate an organisation that understood the structural pressures it was operating within. Suzanne Pearson, who worked closely with BCSW, noted that while Thatcher's care in the community policy had allowed the voluntary sector to "really take its place as a really important and totally valid provider of services", it had also introduced an entire infrastructure of "seeking funding [and] having to measure what you are

⁶⁴ Hilton, *The Politics of Expertise*, p. 194.

⁶⁵ Pete Alcock, 'Voluntary Action, New Labour and the "third sector"' in *The Ages of Voluntarism: How We Got to the Big Society*, ed. by Matthew Hilton and James McKay (Oxford University Press, 2011), pp. 158-179.

⁶⁶ Hilton, p. 207.

⁶⁷ Hilton, p. 199.

⁶⁸ Alison Dunn, 'Demanding Service of Servicing Demand? Charities, Regulation and the Policy Process', *The Modern Law Review*, 71 (2008), 247-270 (p. 260).

doing and the outcomes” and that BCSW had been “all part of that.”⁶⁹ This awareness is articulated in BCSW’s *Local Needs Analysis* (2000), which observed that although voluntary organisations were, in principle, “free to fundraise” in ways statutory services were not, in practice most had become dependent on statutory funding to employ staff, rent premises and sustain their work. Citing Robert F. Drake, a social policy academic who wrote about the voluntary sector in the 1990s, the report noted that such organisations were “much more vulnerable to political pressure applied through the funding mechanism” and that, where charities had once been considered the “watchdog of statutory social services”, “the roles have been reversed”, leaving organisations “finding it harder to acquire funds for those more sensitive activities.” It also argued that pressure on local health authorities to demonstrate an “observable” reduction in suicide rates made funding for long-term preventative work less likely, despite service users identifying this as essential.⁷⁰ This concern had been articulated from within BCSW itself as early as 1995, when Tamsin Wilton warned that BCSW risked being “drawn into offering a cheap professionalised service” as it expanded training for professionals, work that risked diverting energy from direct support.⁷¹ The funding crisis and organisational changes of the following decades would confirm this.

Statutory funding structures made sustained operation precarious for BCSW. Sal Ball recalled that the organisation routinely applied to organisations or trust funds that described themselves as “funding unpopular causes”, while Suzanne Pearson emphasised that BCSW was continually required to “reinvent [itself]” to secure funding.⁷² This instability extended to staffing, with Hilary Lindsay having her redundancy written “many times.”⁷³ A 2005 rejection letter from the Department of Health informed BCSW that its application for a core grant had been unsuccessful because maintaining and extending the helpline could not be considered “new or innovative work.” The department suggested BCSW consider “linking up with the Mental Health Helplines Partnership”, directing the feminist peer support organisation towards mainstream provision (Figure 7). The most significant consequence of this chronic funding insecurity was the closure of the helpline in 2011, while TESS, a smaller text-based service for young people, remained in operation, funded through a specific National Lottery pot designated

⁶⁹ BIA, BCSW/1/21, Suzanne Pearson interviewed by Rosa Tyhurst, 9 August 2021, p. 26.

⁷⁰ BIA, BCSW/2/2, Local Needs Analysis Project, 2000, p. 61, citing Robert F. Drake, ‘Professionals and the Voluntary Sector’ in *The Social Construction of Community Care*, ed. by Anthea Symonds & Anne Kelly (Macmillan, 1998), p. 187.

⁷¹ Wilton, p. 35.

⁷² Ball interview, p. 27; Pearson interview, p. 27.

⁷³ Ball interview, p. 28.

for youth provision. A letter to volunteers explained that BCSW had been “running with reduced resources since January, and that they were unsuccessful in a bid that would have set [them] on solid footing for the next three years.”⁷⁴ Correspondence in the archive between BCSW and workers at other voluntary organisations captures the broader climate. One wrote that the “funding climate is affecting many excellent services”, while another wrote that these were “dreadful days for the sector.”⁷⁵ The funding crisis continued into the 2010s, and the pressures would force the most significant organisational transformation in BCSW’s history.

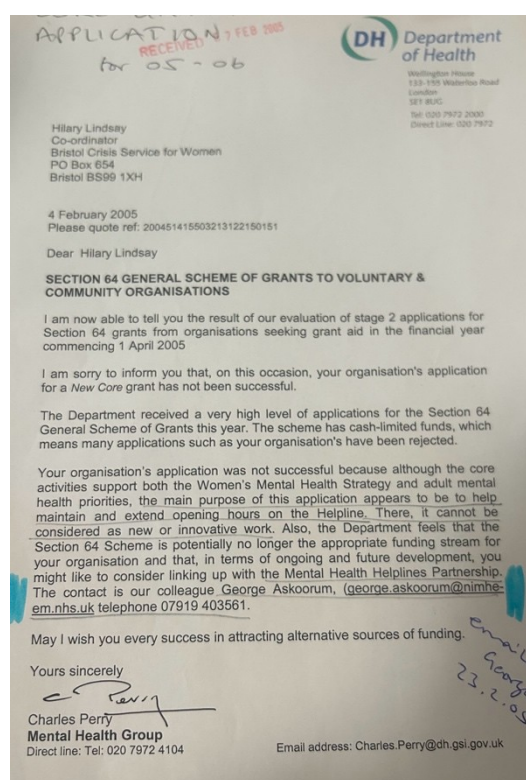


Figure 7 – BIA, BCSW/2/11, Unsuccessful Funding Applications, 4 February 2005 (Appendix 2).

While earlier changes had begun to reshape the organisation, the funding crisis of the 2010s forced a far more significant ideological transformation. In January 2014, the organisation’s management minutes recorded that there was no core funding in place for the coming year, that BCSW would end the financial year with just £18,069. The minutes state that if forced to close, even TESS would have to shut.⁷⁶ In this context, questions about the organisation’s identity became inseparable from its financial survival. An anonymised volunteer recalled that women-only organisations had found it “hard to just get funding” in ways that had not been true in

⁷⁴ BIA, BCSW/6/3, Correspondence regarding closure and pictures of volunteers, 2 July 2010 (Appendix 3).

⁷⁵ Ibid., 1 March 2011 (Appendix 4).

⁷⁶ BIA, BCSW/4/6, Management Group Meetings, 9 January 2014 (Appendix 5).

earlier decades.⁷⁷ The question of changing the organisation's name had been discussed internally for some years, with Suzanne Pearson recalling that it had been "periodically wrestled with."⁷⁸ On 13 March 2014, a Comic Relief representative visited BCSW for a three-hour meeting, and the management minutes record that Hilary Lindsay changed the organisation's name to Self Injury Support.⁷⁹ Fiona Macaulay, who attended the meeting, confirms in her interview that Comic Relief had made the name change a condition of funding, "they just made stipulations, said you have got to change your name."⁸⁰ On 5 June 2014, the meeting records how Comic Relief had expressed concerns about the core funding and strength of the organisation, and the minutes show the management group responding by discussing how to broaden its commercial appeal, considering press releases, fundraising campaigns and how to be "more creative" in portraying costs in funding bids.⁸¹ By July 2014, Comic Relief had confirmed £150,000 over three years, and Fiona attended their mandatory start-up day to learn about "necessary procedures attached to funding such as forms, outcomes and KPIs."⁸² The funding allowed the helpline to reopen, but on reduced hours and under a different name. The organisation, originally created by and for women, no longer clearly emphasised the feminist politics that once defined it.

The period in which BCSW shed its feminist identity was also the period in which more radical feminist self-harm organisations that had emerged alongside it disappeared entirely. BCSW kept a record of these folded organisations. A handwritten list in the archive tracks groups that had folded, noting beside each the reason: "lack of funding", "no funding", "no reply since 2002" (Figure 8). The list runs to multiple pages listing a total of twenty-seven folded organisations. The list includes organisations that appear in Chapter One of this dissertation, Threshold, SPEAR and STEPS, all of which had been active feminist self-harm organisations in the 1990s. Their disappearance and BCSW's adaptation reflect what Hilton identifies as a structural feature of the voluntary sector in this period. As NGOs matured, the utopianism of their early campaigns gave way to demands for incremental change. For example, Shelter's proclamations about winning the battle against homelessness were moderated to boasts about having a seat at the centre of housing debates.⁸³ Sharing the language of dominant modes of

⁷⁷ BIA, BCSW/1/15, RW02 interviewed by Rosie Wild, 16 June 2021, p. 17.

⁷⁸ Pearson interview, p. 31.

⁷⁹ BIA, BCSW/4/6, Management Group Meetings, 13 March 2014 (Appendix 6).

⁸⁰ Macaulay interview, p. 28.

⁸¹ BIA, BCSW/4/6, Management Group Meetings, 5 June 2014 (Appendix 7).

⁸² Ibid, 10 June 2014 (Appendix 8).

⁸³ Hilton, p. 24.

thinking became, as Hilton argues, the condition of survival, but it came at the cost of the alternative approach these organisations had been founded to pursue.⁸⁴ For many of those that disappeared this was a condition they had been unable or unwilling to meet. Coleman and Guildford concluding their account on Threshold, described its “ever continuing financial battle” and how it reflected the position of “deprivation of [their] female client group”, a battle the organisation ultimately succumbed to.⁸⁵ For BCSW, that cost was the progressive loss of the feminist identity that had defined it, a loss experienced as profound by those who worked at the organisation.

Folded Groups
- use this list to check groups which people mention as possibly existing, or which are found on old lists



Area	Name of Group	Date & how we know
N. England Birkenhead (initially NINE).	Sat Support Group	17.5.06. Informed via a update form.
Lancashire, Scotland.	GASH Group around Self-Harm.	4.7.06. No reply to our years of updating list.
Breaking Free	we wide	e-mail. Lack of binding.
Liverpool	Steps	No reply since 2002.
Swindon	Speak	No binding
Brighton	Threshold	"
Cheshire	Flynn Project	No contact

Figure 8 - BIA, BCSW/29/7, Folded Groups, 1998-2007 (Appendix 9).

The oral histories reveal real divergence about the transformation that BCSW underwent; with some viewing it as a necessary accommodation and others as betrayal. Those who had been part of the organisation from its earliest years felt the loss most acutely. An anonymous volunteer who had worked at BCSW since 1988 recalled the voluntary sector having once “had a beating heart” before she watched it “shrivel”, while Sarah Bishop reflected that she missed the community of the women the collective had been.⁸⁶ Others accepted the changes as necessary, with one anonymous volunteer observing that she could “absolutely see why, as an

⁸⁴ Ibid, p. 250.

⁸⁵ Eva Coleman and Anne Guildford, p. 175.

⁸⁶ BIA, BCSW/1/16, EW01 interviewed by Ellen Wilson, 14 June 2021, p. 20; BIA, BCSW/1/18, Sarah Bishop interviewed by Sophie Saunder, 25 June 2021, p. 16.

organisation, they needed to change how they present themselves.”⁸⁷ Gisela Wrest, while stating that it was “definitely becoming more corporate now”, acknowledged that “in a way maybe it has to.”⁸⁸ What the oral histories collectively suggest is that by the time of the name change the political will to resist the change had already disappeared. Fiona Maculay observed that “any strong feelings had kind of withered away”, suggesting that “a lot of people who maybe did feel strongly about it had probably left anyway.” The founding members, including Maggy Ross and Diane Harrison had long since departed.⁸⁹ Sarah Howard captured the cumulative effect where the feminist roots had been “forgotten about over time, as different people came in, they did not really understand where the roots were.”⁹⁰ This chapter has shown that BCSW’s survival depended on self-censorship, and the following chapter examines the broader political relevance of this.

⁸⁷ RW02 interview, p. 17

⁸⁸ BIA, BCSW/1/10, Gisela Wrest interviewed by Jessica Milton, 6 August 2021, p. 6.

⁸⁹ Macaulay interview, p. 29.

⁹⁰ Howard interview, p. 8.

Chapter 3: From Social Communication to Self-Regulation

“There was a lot of money coming into the organisation then. I think the Department of Health funding, the Lottery funding. I think training at that point was really lucrative. I mean that has kind of petered away.”⁹¹

In 2002, the Department of Health published *Women’s Mental Health: Into the Mainstream*, marking a moment when the argument that women’s mental health was rooted in social and structural conditions briefly found institutional traction. The document drew directly on the work of feminist mental health organisations, explicitly citing BCSW as a positive practice example, and recognising that social isolation, poverty, sexual abuse and domestic violence were disproportionately common in women’s experiences.⁹² For Copperman and Chaney, this represented a moment in which the psychosocial approach BCSW had been advocating achieved genuine institutional recognition within the Department of Health.⁹³ The document committed to gender being treated as an integral consideration in mental health provision, to the development of women-only services and to the valuing of the voluntary sector’s contribution. For Fiona Macaulay, who worked at BCSW throughout the period, it felt like a “golden age”, with “lucrative” results for the organisation.⁹⁴ That it did not last, and that the conditions which made it possible were themselves short-lived, is the subject of this chapter. It argues that the collapse of *Women into the Mainstream* was not a failure of policy implementation, but the product of structural conditions that made such an approach increasingly difficult to sustain. To understand why BCSW’s founding politics became progressively unsustainable, it is necessary to examine three interlocking processes: the marketisation of the NHS, which narrowed what kind of provision the healthcare system could sustain; the broader political shift away from collective welfare responsibility, which made individual rather than social explanations of distress institutionally legible; and the direct consequences of those shifts for the voluntary sector and for BCSW itself.

When Labour came into power in 1997, dissatisfaction with existing mental health services was widespread and the new government pledged to make mental health a priority.⁹⁵ The NHS Plan

⁹¹ Macaulay interview, p. 26.

⁹² Department of Health, *Women’s Mental Health: Into the Mainstream* (Department of Health, 2002), p. 79.

⁹³ Copperman and Chaney, p. 165.

⁹⁴ Macaulay interview, p. 26.

⁹⁵ Department of Health, *Modernising Mental Health Services: Safe, Sound and Supportive* (Department of Health, 1998).

of 2000 stated that mental health services were not always sensitive to the needs of women.⁹⁶ For Karen Newbigging, this reflected years of feminist mental health activism, where the 1990s campaigns that highlighted the abuse of women in psychiatric settings had gained momentum and the voluntary sector had played a central role in articulating the need for change.⁹⁷ However, this moment of recognition has to be understood within the longer trajectory of NHS marketisation, which had been narrowing the possibilities for social approaches in health provision since the 1980s. Under Thatcher, healthcare was marketised. The 1989 White Paper *Working for Patients* introduced an internal market for the NHS which aimed to extend patient choice and “put the needs of patients first.”⁹⁸ John Major consolidated this shift through the *Patient Charter* (1991), which as Alex Mold argues, moved NHS provision from what Rudolf Klein described as a ‘church’ model of universalism and collective need towards a ‘garage’ model of consumerism, demand and individual choice, centred on the rights of the individual patient-consumer rather than the collective rights of all patients.⁹⁹ When Labour came into power in 1997, it was initially critical of this model, promising a rollback of the internal market and a commitment to addressing social inequalities in health provision. *Women into the Mainstream* was one expression of this more inclusive agenda. Under Tony Blair and Gordon Brown however, policy returned to a more marketised model of healthcare. The consequences for *Women into the Mainstream* were direct. In her contemporary review of the policy, Annie Bartlett’s study shows that without a stronger central mandate the policy goals remained aspirational, as the scale and bureaucracy of the NHS limited their implementation.¹⁰⁰ A 2007 survey of NHS trusts confirmed that progress was uneven and dependent on local leadership, with initiatives such as perinatal services and women-only crisis houses remaining far from universal.¹⁰¹ The commitment to gender-sensitive provision therefore remained fragmented and inconsistent.

The limits of *Women into the Mainstream*, when read alongside the broader history of how self-harm was understood clinically, reveal that these were symptoms of a deeper structural

⁹⁶ Department of Health, *The NHS Plan: A Plan for Investment, A Plan for Reform* (Department of Health, 2000), p. 120.

⁹⁷ Karen Newbigging, ‘Mainstreaming Gender Equality to Improve Women’s Mental Health in England’, in *The Psychology of Gender and Health*, ed. by Maria del Pilar (Academic Press, 2017), p. 344.

⁹⁸ Department of Health, *Working for Patients* (HMSO, 1989), foreword by Margaret Thatcher, cited in Alex Mold, ‘Making the Patient-Consumer in Margaret Thatcher’s Britain’, *The Historical Journal*, 52 (2011), 509-528 (p. 510).

⁹⁹ Mold, p. 510, citing Rudolph Klein, *The New Politics of the NHS* (Radcliffe, 2006), pp. 235-5.

¹⁰⁰ Annie Bartlett, ‘Women’s Mental Health: Into the Mainstream’, *Psychiatric Bulletin*, 27 (2003), 361-363 (p. 362).

¹⁰¹ Newbigging, p. 354.

transformation. The communicative model of self-harm that Stengel developed in the 1950s depended on the welfare state's institutional infrastructure: psychiatric social workers, home visits, the intensive mapping of social circumstances to make self-damage legible as a socially directed act. Stengel had speculated whether self-harm as a social appeal would become more prevalent in "a society which has made every individual's welfare its collective responsibility."¹⁰² Millard argues that this connection was fundamental, the welfare state's assumption of responsibility for citizens' distress made a social explanation for self-harm institutionally possible. The Suicide Act of 1961, built on Stengel's research, decriminalised attempted suicide and was followed by government guidance recommending that psychiatric social workers map the social circumstances of all self-harm cases at accident and emergency wards.¹⁰³ From the late 1970s that assumption was dismantled. Hilary and Steven Rose characterise successive governments from that period as exchanging the political economy of the welfare state for one centred on individual rights, self-reliance and antipathy towards collective provision.¹⁰⁴ Thatcher's declaration that "there is no such thing as society" was, as Millard argues, the political expression of a world view in which distress was no longer a social problem requiring a collective response, but an internal condition requiring individual management.¹⁰⁵ As attention to social context receded from politics, it receded from clinical and cultural understandings of self-harm. As Millard suggests, the objects of psychiatric knowledge are shaped by the institutional and intellectual conditions in which they are produced. When those conditions change, the objects they sustain lose visibility and new ones emerge.¹⁰⁶ While this relationship is not directly causal, the alignment between political change and clinical understanding is clear in the transformation of how self-harm was conceptualised.

From the late 1970s onwards, these broader transformations were reflected in changes to clinical practice and assessment. Studies began questioning whether specialist psychiatric assessment was necessary in every case, and in 1984, a Royal College of Psychiatrists working party recommended that non-specialist practitioners could undertake psychosocial assessments.¹⁰⁷ The intensive engagement with social circumstances that had characterised

¹⁰² Stengel, p. 620.

¹⁰³ Millard, p. 195.

¹⁰⁴ Hilary Rose and Steven Rose, *Genes, Cells and Brains: The Promethean Promises of the New Biology* (Verso, 2012), p. 20.

¹⁰⁵ Millard, p. 203, citing Margaret Thatcher, interview with Douglas Keay, 'Aids, Education and the Year 2000!', *Women's Own*, 31 October 1987, transcript available at: <https://www.margaretthatcher.org/document/106689>. [accessed 14 April 2026].

¹⁰⁶ Millard, p. 206.

¹⁰⁷ *Ibid*, p. 197.

Stengel's approach receded from clinical practice. In its place, the model of self-cutting as internal emotional regulation, which had migrated from North American psychiatric inpatient units into British clinical settings during the 1970s - as Chapter One detailed - became increasingly dominant. Where the communicative model located the causes of self-harm in social relations and demanded a collective response, the internal model located them within the individual, requiring only personal coping strategies. A healthcare framework that prioritised measurable outcomes over structural understandings of distress was incompatible with the kind of provision *Women into the Mainstream* had envisioned and to the communicative model of self-harm on which that provision rested.

From the mid-2000s onwards, the limited progress *Women into the Mainstream* had represented was reversed. Mental health policy became increasingly shaped by marketised and outcome-driven models and the institutional infrastructure that had briefly sustained a social understanding of women's distress was dismantled. New Labour moved towards models prioritising efficiency and measurable results, and this shift intensified after 2010 under the Coalition government. The closure of the National Mental Health Development Unit and the Women's National Commission, alongside cuts to the Equality and Human Rights Commission, significantly reduced the institutional capacity to monitor and promote women's mental health.¹⁰⁸ That BCSW was attentive to these developments is suggested by the archive, which contains a copy of *Working towards Women's Well Being: Unfinished Business*, a report from 2010 documenting the shortcomings of the *Women into the Mainstream* agenda.¹⁰⁹ As Newbigging argues, austerity disproportionately affected women's voluntary organisations, where a 2011 Women's Resource Centre report found that fifty-two percent had been forced to reduce services, with many facing closure.¹¹⁰ By 2014, the Department of Health's *Closing the Gap* strategy made no specific reference to gender-sensitive policies in health provision.¹¹¹ It was within this context that BCSW's helpline closed in 2011, and the organisation entered the crisis that led to its 2014 name change. BCSW was victim of the shift towards marketised provision in which organisations either disappeared, as Chapter Two documented in the case of Threshold, SPEAR and STEPS, or adapted to fit new funding priorities. BCSW chose adaptation, but this came at the cost of its founding framework.

¹⁰⁸ Newbigging, p. 355.

¹⁰⁹ National Mental Health Development, *Working towards Women's Well-Being: Unfinished Business* (NMH DU, 2010), held in BIA, BCSW/3/9, Women-only services – secondary research, 2000-2011.

¹¹⁰ Newbigging, p. 356.

¹¹¹ Department of Health, *Closing the Gap: Priorities for Essential Change in Mental Health* (Department of Health, 2014).

The transformation that macro-level political and clinical histories describe in the abstract is visible in BCSW's published outputs across four decades. Founded in 1986 as an individualised model of self-harm was becoming dominant, BCSW directly challenged this idea. It argued that women's self-harm was shaped by social and structural conditions, not by internal pathology. One of its earliest publications, *Women and Self-Injury* (1990), presented a feminist analysis that located women's self-harm within patriarchal structures.¹¹² In contrast, Self Injury Support and SIFT, after its rebrand in 2026, operates as a commissioned service provider to all genders, receiving NHS referrals, and its publications reflect a different understanding of self-harm. A 2026 SIFT guide describes self-harm as something that occurs "because something feels too much, too painful, too overwhelming", offering individual coping strategies, reflective exercises and person-centred support. While the language is compassionate and non-judgemental, gender has disappeared, structural analysis is absent and the causes of self-harm are located within the individual. Where BCSW argued that women hurt themselves as a response to oppressive social conditions, SIFT asks individuals to reflect on "how do I feel before I hurt myself?"¹¹³ As Sarah Howard observed the organisation is "now more on self-injury, whereas before it had been about women in distress."¹¹⁴ The shift from "women in distress" to "self-injury," and from a structural condition to a behavioural symptom, marks a broader change in both BCSW and how distress itself came to be understood. The organisational pressures documented in Chapter Two (the funding cuts, the name change, the loss of feminist identity) were more than funding cycles and organisational restructuring. They were the institutional consequences of a political transformation whose effects, this chapter has argued, were felt across the NHS and the voluntary sector.

¹¹² BIA, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, *Women and Self Injury*, 1990, p. 10 (Appendix 10).

¹¹³ 'Why Do People Self-Harm?', SIFT, [2026] <<https://sift.org.uk/wp-content/uploads/2026/03/Why-do-people-self-harm.pdf>> [accessed 14 April 2026] (Appendix 11).

¹¹⁴ Howard interview, p. 16.

Conclusion

BCSW attempted to challenge dominant understandings of self-harm, envisioning a psychosocial and feminist alternative that understood women's self-injury as a rational response to structural oppression. This dissertation has analysed how the structural pressures of statutory funding produced a process of professionalisation that reshaped that founding politics. This study has shown that BCSW survived and still exists today, where comparable feminist self-harm organisations disappeared. Overall, it has demonstrated that BCSW censored its original message, moving away from its founding radical feminist politics and in doing so was able to secure funding and exert influence. The organisation continues to support people today, but does so as a gender-neutral, individualised service provider rather than the feminist collective it was founded to be. This study adds depth to our understanding of NGOs in postwar Britain by examining a feminist grassroots organisation, a type of organisation absent from existing scholarship on professionalisation. Using BCSW as a case study, this shows that the loss of radicalism and the move toward professionalisation - seen in many NGOs in the late twentieth century - also occurred within the feminist voluntary sector, often in especially pronounced ways.

An analysis of previously unexamined archival material, including management minutes, correspondence with funders and records of folded organisations has demonstrated the professionalisation that occurred beyond the point at which existing scholarship on BCSW ends, extending the historical analysis of the organisation into the period that previous work does not address. By examining how one organisation engaged with, and was ultimately shaped by, the broader shift from social to individual understandings of self-harm, this study connects large-scale historical accounts to the level of institutional and organisational response, an area that research on self-harm has largely overlooked. In doing so it opens up new avenues for further research by historians. There are numerous self-harm and mental health organisations that exist today whose histories have not been examined. Comparable case studies of these organisations could establish whether the pattern of professionalisation and self-censorship identified here was a structural feature of feminist and activist mental health organisations more broadly, or particular to BCSW's specific circumstances. Such research would deepen our understanding of how the shift from social to individual understandings of distress was enacted across the voluntary sector, and of what was lost in that process. In bridging the historiography of feminist organisations with the broader literature on NGO professionalisation, this study

raises the question of whether comparable organisations across the voluntary sector made similar compromises, experiencing both the gains and losses that professionalisation entailed.

The decisions BCSW made did not resolve the debates it was founded to address. The argument that distress is rooted in social and structural conditions rather than individual pathology has not disappeared; it has moved outside the charitable and statutory system that BCSW joined. By accepting the conditions of survival, BCSW gained the stability that allowed it to continue operating but lost the freedom to make the argument it was founded to make. Recovery in the Bin, founded in 2016 as an activist collective explicitly outside that system, articulates that argument today, stating that recovery is being used to control those experiencing mental distress, and that problems are not individual but social and structural. They argue that “some of us will never feel recovered due to the social and economic conditions we experience.”¹¹⁵ This is the argument BCSW made in 1986. The organisation that was founded to make it has changed beyond recognition. The argument has not.

¹¹⁵ ‘Recovery in the Bin’, Recovery in the Bin, [February 2016] <
[https://recoveryinthebin.org/#:~:text=Recovery%20In%20The%20Bin%20\(RITB\)%20is%20a,**Not%20putting%20anyone%20under%20pressure%20to%20recover**>](https://recoveryinthebin.org/#:~:text=Recovery%20In%20The%20Bin%20(RITB)%20is%20a,**Not%20putting%20anyone%20under%20pressure%20to%20recover**>) [accessed 15 April 2026].

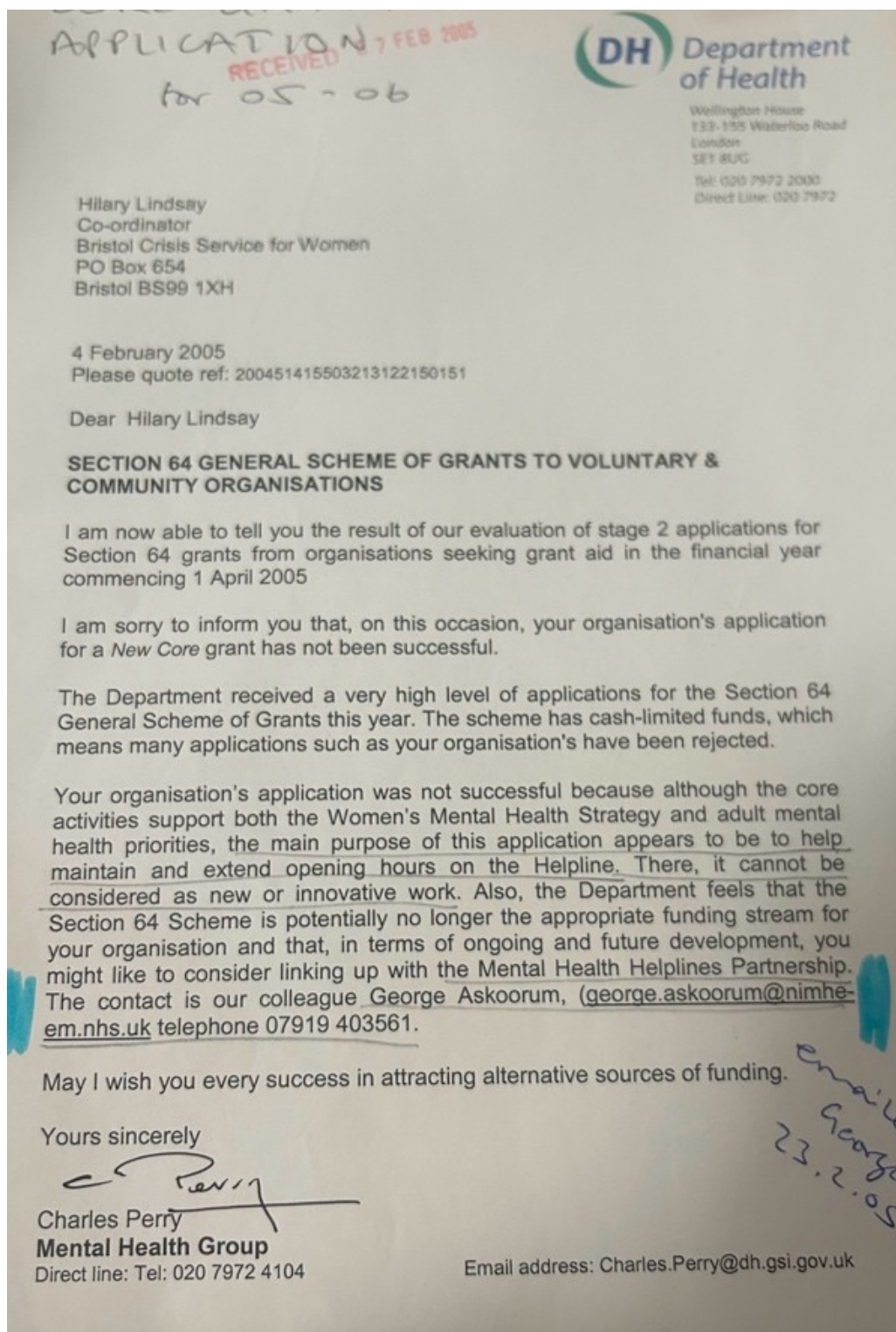
Appendix

Appendix 1 – Bishopsgate Institute Archives, BCSW/5/1, Telephone Data Book, February 1988-September 1990.

Details of call	Action / Advice	Where heard of us.
silent lots of pauses - v. depressed - found it difficult to talk - felt scared Put phone down.	listened / reassured. Told her take her time.	
Abused by father. - living alone, had been in care, - father threatening her to stop her from telling anyone. Believed it was all her fault. lots of crying. Couldn't find the words to say it. Abuse gone on for a long time. cut Burnt herself.	listened / encourage her to let go & talk about it. Tried to make her feel safe.	
wants to kill herself. Abused by father. Bad experiences of Psychiatrists cutting since 1978. cried a lot.	listened, ^{acknowledged} understood her painful feelings. Encouraged her to talk.	
Has been on holiday - stopped drinking for 3 weeks but started again when she got back. Feeling scared about going to see her counsellor - scared of the feelings which will come up. very drunk - lots of silences.	listened.	

Details of call	Action/ Advice	Where heard of us.
Silent Lots of pauses – v depressed – found it difficult to talk – felt scared Put phone down	Listened/ reassured Told her take her time	
Abused by father – living alone, had been in care, - father threatening her to stop her from telling anyone. Believed it was all her fault. Lots of crying. couldn't find the words to say it. Abused for a long time. Burnt herself.	Listened/ Encourage her to let go and talk about it. Tried to make her feel safe.	
Wants to kill herself. Abused by father. Bad experience of psychiatrists. Cutting since 1978. Cried a lot. Has been on holiday. Stopped drinking for 3 weeks but started again when she got back. Feeling scared about going to see her counsellor. Scared of the feelings which will come up. Very drunk – lots of silences.	Listened, acknowledged her painful feelings. Encouraged her to talk. Listened	

Appendix 2 – Bishopsgate Institute Archives, BCSW/2/11, Unsuccessful Funding Applications, 4 February 2005.



Department of Health

Wellington House

133-155 Waterloo Road

London

SE1 8UG

Tel: 020 7972 2000

Direct Line: 020 7972

Hilary Lindsay

Co-ordinator

Bristol Crisis Service for Women

PO Box 654

Bristol BS99 1XH

4 February 2005

Please quote ref: 200451415503213122150151

SECTION 64 GENERAL SCHEME OF GRANTS TO VOLUNTARY & COMMUNITY
ORGANISATIONS

I am now able to tell you the results of our evaluation of stage 2 applications for Section 64 grants from organisations seeking grant aid in the financial year commencing 1 April 2005.

I am sorry to inform you that, on this occasion, your organisation's application for a *New Core* grant has not been successful.

The Department received a very high level of applications for the Section 64 General Scheme of Grants this year. The scheme has cash-limited funds, which means many applications such as your organisation's have been rejected.

Your organisation's application was not successful because although the core activities support both the Women's Mental Health Strategy and adult mental health priorities, the main purpose of this application appears to be to help maintain and extend opening hours on the Helpline. There, it cannot be considered as new or innovative work. Also, the Department feels that the Section 64 Scheme is potentially no longer the appropriate funding stream for your organisation and that, in terms of ongoing and future development, you might like to consider linking up with the Mental Health Partnership. The contact is our colleague George Askorum, (george.askorum@nimhe-em.nhs.uk telephone 07919 403561).

May I wish you every success in attracting alternative sources of funding.

Yours sincerely

Charles Perry

Mental Health Group

Direct line: Tel: 020 7972 4104

Email address: Charles.Perry@dh.gov.uk

Appendix 3 – Bishopsgate Institute Archives, BCSW/6/3, Correspondence regarding closure and pictures of volunteers, 2 July 2010.

2th July 2010

Dear BCSW helpline volunteer,

RE: Consultation over the future service delivery of the BCSW helpline

I am writing to all of the current BCSW helpline volunteers to invite you to a consultation meeting on **Tuesday 28th September, 7 – 8.30pm at Bristol Mind, 35 Old Market St, BS2 0EZ**. This meeting will replace the usual volunteer meeting (scheduled for 30/09/10), and will be the start of a process designed to explore how best to take forward future helpline provision in the current economic climate. If you are unable to attend this meeting we will keep you up to date and offer other ways of consulting through the process.

As you are probably aware, the helpline has been running with reduced resources since January this year. During this period huge efforts have been made to secure funding specifically for the helpline, alongside BCSW's other existing projects and services. Unfortunately, we have recently heard that, in spite of a really strong application that was highly recommended by the funding body's assessor, we have been unsuccessful in a bid that would have set us on a solid footing for the next 3 years.

Current levels of service provision were set when the helpline service had its own discreet funding - at one point totalling £40,000 per year. Currently there is no specific funding for the service, and we feel that there is a need to review the situation.

This means that, whilst continued efforts are made to more fully finance the helpline, BCSW as a whole needs take stock of the helpline service we offer and consider what is actually possible and sustainable on our current level of resourcing.

2nd July 2010

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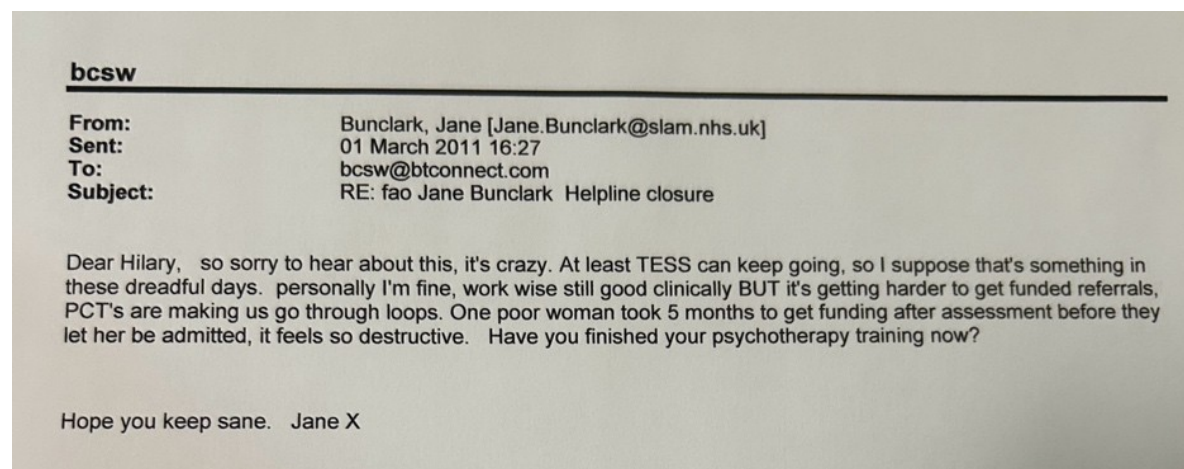
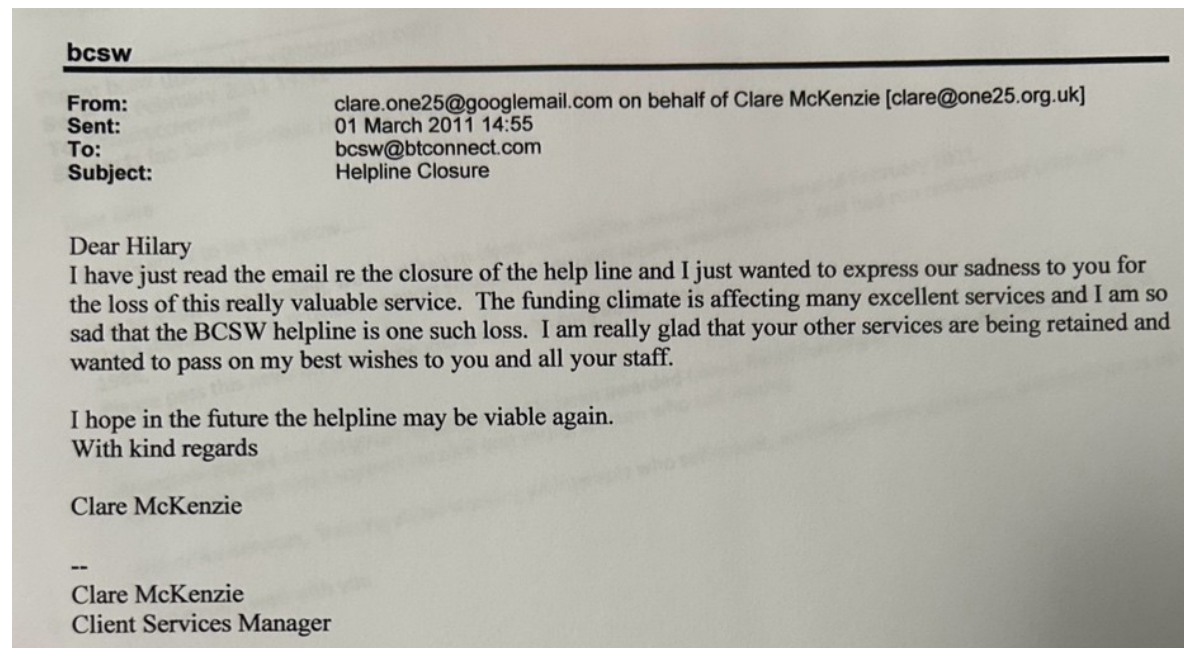
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Appendix 4 – Bishopsgate Institute Archives, BCSW/6/3, Correspondence regarding closure and pictures of volunteers, 1 March 2011.



From: clare.one25@googlemail.com on behalf of Clare McKenzie [clare@one25.org.ul]

Sent: 01 March 2011 14:55

To: bcsw@btconnect.com

Subject: Helpline Closure

Dear Hilary

I have just read the email re the closure of the help line and I just wanted to express our sadness to you for the loss of this really valuable service. The funding climate is affecting many excellent services and I am so sad that the BCSW helpline is one such loss. I am really glad that your other services are being retained and wanted to pass on my best wishes to you and all your staff.

I hope in the future the helpline may be viable again.

With kind regards

Clare McKenzie

Clare McKenzie

Client Services Manager

From: Bunclark, Jane [Jane.Bunclark@slam.nhs.uk]

Sent: 01 March 2011 16:27

To: bcsw@btconnect.com

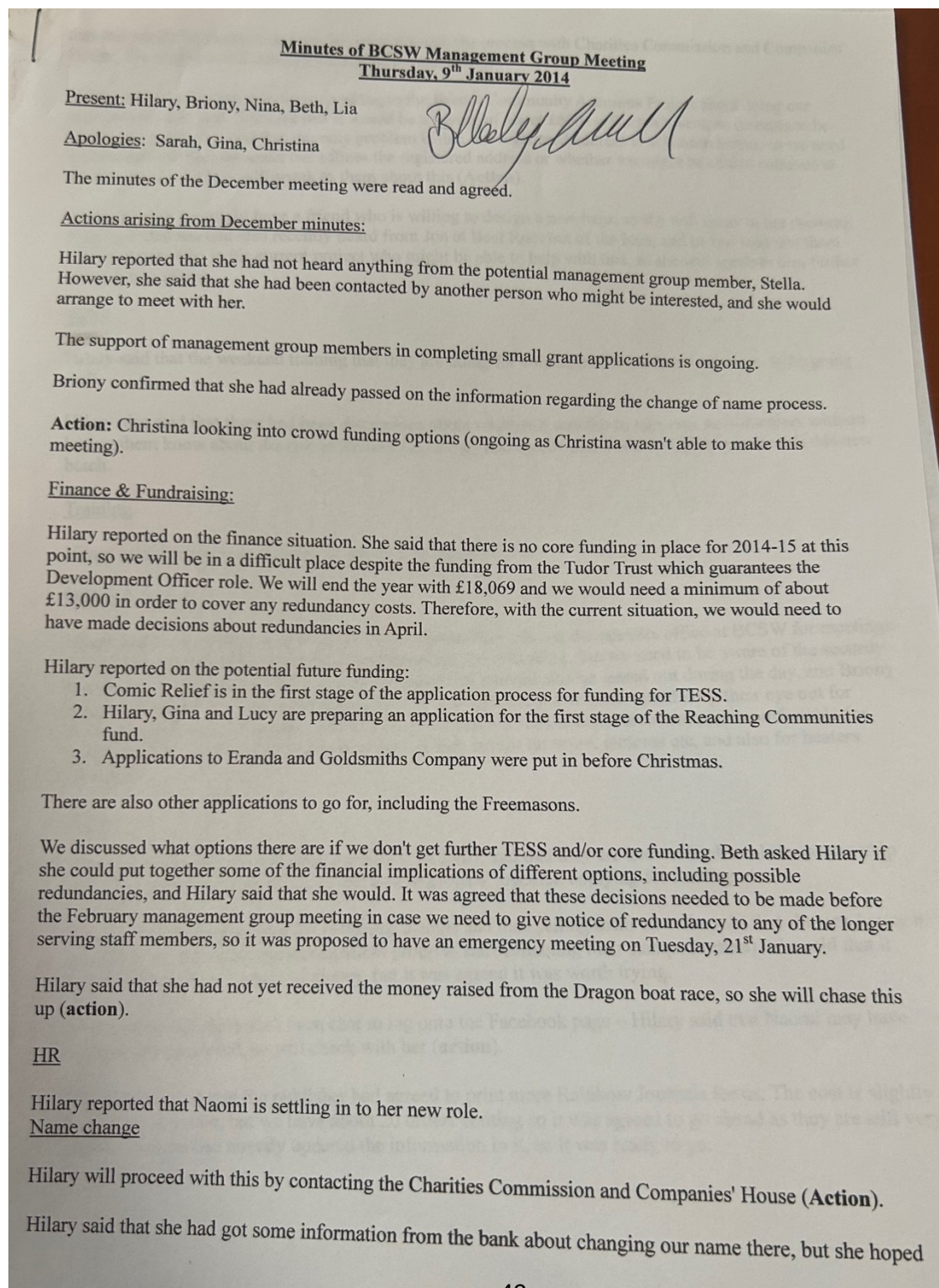
Subject: RE: fao Jane Bunclark Helpline closure

Dear Hilary, so sorry to hear about this, it's crazy. At least TESS can keep going, so I suppose that's something in these dreadful days. personally I'm fine, work wise still good clinically BUT

it's getting harder to get funded referrals, PCT's are making us go through loops. One poor woman took 5 months to get funding after assessment before they let her be admitted, it feels so destructive. Have you finished your psychotherapy training now?

Hope you keep sane. Jane X

Appendix 5 – Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 9 January 2014.



Minutes of BCSW Management Group Meeting Thursday 9th January 2014

Present: Hilary, Briony, Nina, Beth, Lia

Apologises: Sarah, Gina, Christina

The minutes of the December meeting were read and agreed.

Actions arising from December minutes:

Hilary reported that she had not heard anything from the potential management group member, Stella. However, she said that she had been contacted by another person who might be interested, and she would arrange to meet with her.

The support of management group members in completing small grant applications is ongoing.

Briony confirmed that she had already passed on the information regarding the change of name process.

Action: Christina looking into crowd funding options (ongoing as Christina wasn't able to make this meeting).

Finance & Fundraising

Hilary reported on the finance situation. She said that there is no core funding in place for 2014-15 at this point, so we will be in a difficult place despite the funding from the Tudor Trust which guarantees the Development Officer role. We will end the year with £18,069 and we would need a minimum of about £13,000 in order to cover any redundancy costs. Therefore, with the current situation, we would need to have made decisions about redundancies in April.

Hilary reported on the potential future funding:

- 1 Comic Relief is in the first stage of the application process for funding for TESS.
- 2 Hilary, Gina and Lucy are preparing an application for the first stage of the Reaching Communities fund.

3 Applications to Eranda and Goldsmiths Company were put in before Christmas.

There are also other applications to go for, including the Freemasons.

We discussed what options there are if we don't get further TESS and/or core funding. Beth asked Hilary if she could put together some of the financial implications of different options, including possible redundancies, and Hilary said that she would. It was agreed that these decisions needed to be made before the February management group meeting in case we need to give notice of redundancy to any of the longer serving staff members, so it was proposed to have an emergency meeting on Tuesday, 21st January.

Hilary said that she had not yet received the money raised from the Dragon boat race, so she will chase this up (action).

HR

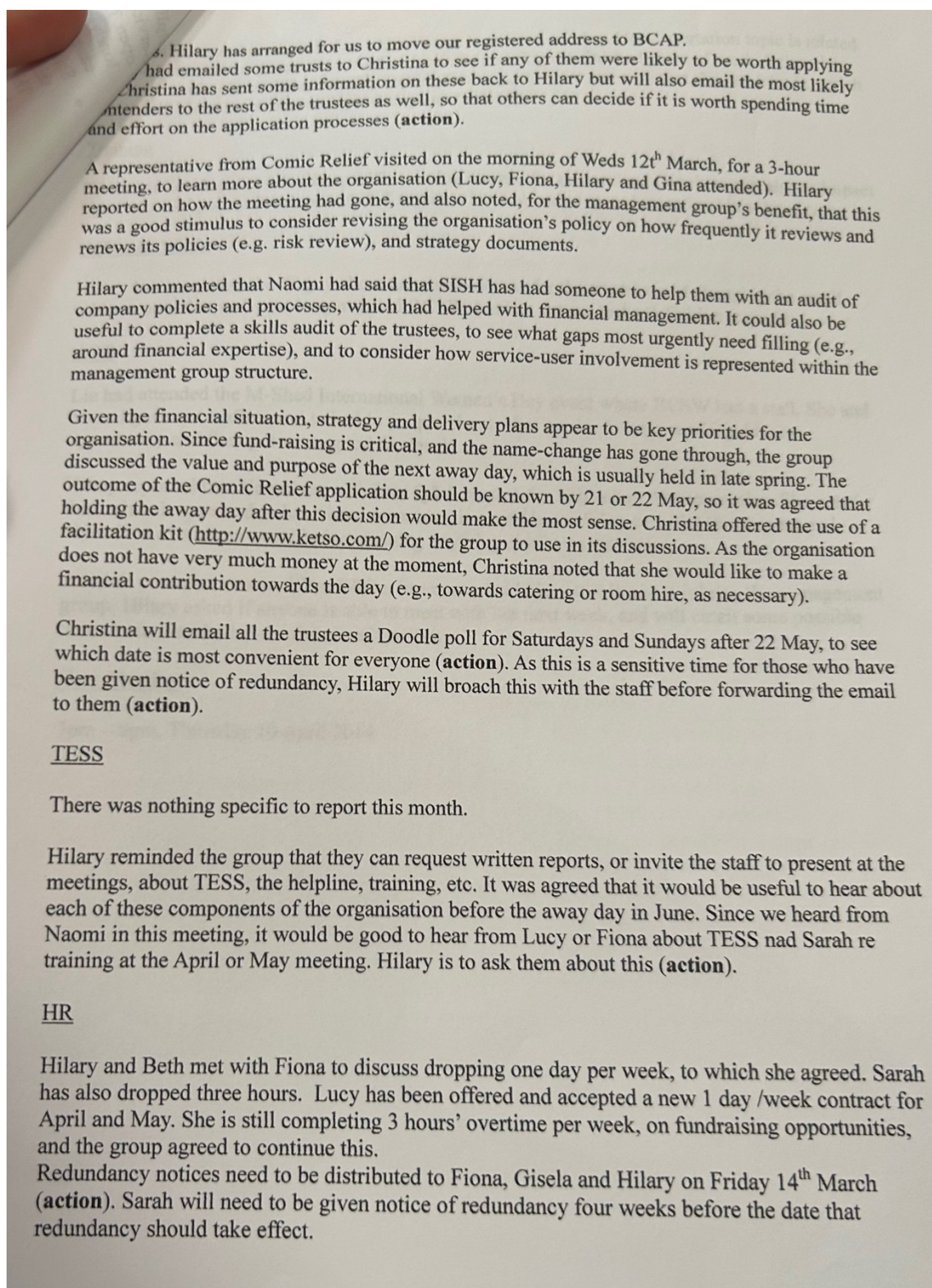
Hilary reported that Naomi is settling in to her new role.

Name change

Hilary will proceed with this by contacting the Charities Commission and Companies' House (Action).

Hilary said that she had got some information from the bank about changing our name there, but she hoped.

Appendix 6 – Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 13 March 2014.



Hilary has arranged for us to move our registered address to BCAP, had emailed some trusts to Christina to see if any of them were likely to be worth applying to. Christina has sent some information on these back to Hilary but will also email the most likely contenders to the rest of

the trustees as well, so that others can decide if it is worth spending time and effort on the application processes (action).

A representative from Comic Relief visited on the morning of Weds 12th March, for a 3-hour meeting, to learn more about the organisation (Lucy, Fiona, Hilary and Gina attended). Hilary reported on how the meeting had gone, and also noted, for the management group's benefit, that this was a good stimulus to consider revising the organisation's policy on how frequently it reviews and renews its policies (e.g. risk review), and strategy documents.

Hilary commented that Naomi had said that SISH has had someone to help them with an audit of company policies and processes, which had helped with financial management. It could also be useful to complete a skills audit of the trustees, to see what gaps most urgently need filling (e.g., around financial expertise), and to consider how service-user involvement is represented within the management group structure.

Given the financial situation, strategy and delivery plans appear to be key priorities for the organisation. Since fund-raising is critical, and the name-change has gone through, the group discussed the value and purpose of the next away day, which is usually held in late spring. The outcome of the Comic Relief application should be known by 21 or 22 May, so it was agreed that holding the away day after this decision would make the most sense. Christina offered the use of a facilitation kit (<http://www.ketso.com/>) for the group to use in its discussions. As the organisation does not have very much money at the moment, Christina noted that she would like to make a financial contribution towards the day (e.g., towards catering or room hire, as necessary).

Christina will email all the trustees a Doodle poll for Saturdays and Sundays after 22 May, to see which date is most convenient for everyone (action). As this is a sensitive time for those who have been given notice of redundancy, Hilary will broach this with the staff before forwarding the email to them (action).

TESS

There was nothing specific to report this month.

Hilary reminded the group that they can request written reports, or invite the staff to present at the meetings, about TESS, the helpline, training, etc. It was agreed that it would be useful to hear about each of these components of the organisation before the away day in June. Since we heard from Naomi in this meeting, it would be good to hear from Lucy or Fiona about TESS and Sarah re training at the April or May meeting. Hilary is to ask them about this (action).

HR

Hilary and Beth met with Fiona to discuss dropping one day per week, to which she agreed. Sarah has also dropped three hours. Lucy has been offered and accepted a new 1 day /week contract for April and May. She is still completing 3 hours' overtime per week, on fundraising opportunities, and the group agreed to continue this.

Redundancy notices need to be distributed to Fiona, Gisela and Hilary on Friday 14th March (action). Sarah will need to be given notice of redundancy four weeks before the date that redundancy should take effect.

Appendix 7 – Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 5 June 2014.

N. H. Lee

Minutes of Self Injury Support Management Group Meeting
Thursday, 5th June 2014

Present: Hilary, Nina, Gina, Beth, Lia, Christina, Briony, Sarah

Apologies: Gita. (Hilary said that she had not heard anything from Ellen, but it is possible that she still thought the meeting was next week)

The minutes of the May meeting were read and agreed. One small amendment was made as it was Christina who had raised the idea of Victoria Pendleton as a patron, not Lia.

Finance & Fundraising

Hilary talked about the Comic Relief funding, and said that they had still not received confirmation in writing but they had been told that it had been agreed in the meeting they had had with Comic Relief and Tudor Trust. She said that they had received information about the Start Up Day now that all the organisations Comic Relief have funded are invited to attend on 25th June.

Hilary said that they had agreed that Lucy and Fiona's hours would go back up from 1st June. There will be no change in hours for Hilary, Gisela or Sarah as the Comic Relief funding doesn't cover them.

Hilary said that Comic Relief had expressed concern about the core funding and strength of the organisation, and Hilary and Beth fed back on the meeting they had had with them and Tudor Trust.

Hilary said that they had been asked to contribute to a project for Volunteer Week – they have 160 characters to describe the organisation and it will be put up on a big screen, along with others. She said that she wasn't sure where it would be yet, but that Fiona was putting something together.

Trustees are to put together a paragraph on themselves and their experience – this will be useful for new trustees and also as part of the skills audit.

Nina asked about how it was going with Amazon and being able to sell Rainbow Journals? Hilary said that it had taken a really long time to get sorted, but they are now just asking for one last piece of information, which is a bill in the name of Self injury Support, and that she is just waiting for this to come in from SITA.

Nina asked for some figures about the monthly running costs of the organisation for fundraising purposes. Hilary said that they had some of this already, such as how much pays for 10 Rainbow Journals etc.

Hilary fed back on the finances. She said that she and Sarah will stay on reduced hours, which should get them to September/October so it is still a concern. Lucy has agreed to help with some fundraising now she is back on 3 days a week.

Christina asked if there was a way to be more creative to include more of the core costs in fundraising bids, such as providing Rainbow Journals, training etc. Gina said that the problem is that lots of the bids are capped anyway so it isn't easy to add these costs in. Christina said that this would maybe be more useful for corporate fundraising then. Hilary said that she was becoming more alert to what isn't actually core costs but specific to TESS or the Tudor Trust funding of Naomi's role, such as taking stationary and copying costs from those pots when they are for those projects.

Minutes of Self Injury Support Management Group Meeting Thursday, 5th June 2014.

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Appendix 8 – Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 10 July 2014.

Minutes of Self Injury Support Management Group Meeting
Thursday, July 10th 2014

Present: Hilary, Sarah, Gina, Christina, Gita, Nina

Apologies: Lia, Beth, Briony

The minutes of June were read, agreed and signed.

Naomi came to update the management group on the Self Injury Grassroots Groups Conference taking place on the 27th of October. They are making plans so that people can arrive mid-afternoon on the day before (26th). Christina might represent Self Injury Support at the conference.

Naomi was also able to get an experienced volunteer intern named Alix to volunteer 2 days a week to help with the conference.

It was decided that the conference will be discussed at all the next MG meetings until the event happens.

Finance and Fundraising

Comic Relief funding has been sorted as we have now received written confirmation for funding. They are to give £150k over a period of 3 years. Fiona attended their mandatory start-up day to learn about necessary procedures attached to funding such as forms, outcomes, KPIs, etc. once we get the start-up form then we will receive the funding.

Christina brought up the possibility of the Bristol University program for knowledge exchange with businesses. Christina asked if Hilary's position can possibly be funded one day a week as part of a potential research project.

Management Group

Policies - Christina suggested reviewing 3 policies a month and everyone should get a chance to read and review policies. Hilary suggested having them all in the same format. Gita said they should each contain information on preview date, name of person who reviewed it. Everyone agreed to this idea. NCVO website and Good Governance Guide both have useful information on charities' policies (however make sure information is for UK charities).

Risk Review - A few suggestions for amendment were made to the risk review.

Action: Stakeholder pensions - pensions rules changes need to be investigated so we know whether we have any obligations.

Action: Hilary to send Christina's bio as a sample for trustees to write their bios by the next meeting in August.

Skills Assessment - Hilary brought skills assessment tools/sheets from Naomi. It was agreed that we will conduct the MG when all trustees are present.

Logo - It was agreed that we will use the last amendment of the logo. It can always be altered later on if needed.

Website - Website title bar has a blue capital 'S' on it. It was discussed whether we should change it to the 3 leaves from our new logo.

Twitter Handle - There was a suggestion that we should change twitter handle from BCSW to the name Self Injury Support. Naomi and Charlotte are responsible for these activities.

Action: Hilary is to discuss this aspect of Twitter with Naomi and Charlotte.

Action: Hilary to ask Martin about changing the logo on the website.

Trustees Declaration of Eligibility form - Gita mentioned we should amend the 'financial interests' part of the

Minutes of Self Injury Support Management Group Meeting Thursday, July 10th 2014.

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Folded Groups

- use this list to check groups which people mention as possibly existing, or which are found on old lists



Area	Name of Group	Date & how we know
N. England Birkenhead (winnal mind).	SH Support Group.	17.5.06. Informed us in update form.
Lonashire, Scotland.	GASH Group around Self Harm.	4.7.06. No reply for two years & updating list.
Breaking Free	← we wide	e-mail. Lack of funding.
Liverpool	Steps	No reply since 2002.
Sunderland	Spea	No funding
Brighton	Threshold	"
Camthenshire	Flyover Project	No contact

Folded Groups

- Use this list to check groups which mention as possibly existing, or which found on old lists

Area	Name of Group	Date & how we know
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Lanarkshire Scotland	GASH Group around self harm	4.7.06 No reply for two years at updating list.
Breaking Free	UK Wide	Email. Lack of funding
Liverpool	Steps	No reply since 2002
Swindon	Spear	No funding
Brighton	Threshold	“
Carmarthenshire	Flynn Project	No contact

10.

There is a lot of ambivalence around the realities of what is actually happening in self injury. By this we mean that although the woman may feel she is cutting out something 'bad', the reality means that she not only shows us how 'bad' she feels but by cutting, reinforces the anger, thus showing herself how really despairing she feels. This may serve to intensify her feelings of worthlessness (what some would call making it worse).

This can set off a pattern or vicious circle which may be repeated frequently.

But let's look at the reality, how else can she express this anger? Society refuses let her and is content to allow women to feel the 'victims'. We have Hospital units which could be an answer - but hopelessly in the end they do not allow that which is necessary from occurring; acceptance of the person as a whole, feeling individual. By not allowing safe expression (may drug if necessary) and by not encouraging patients the right to choose their care, they unconsciously reinforce the 'victim' pattern.

Sadly there is little understanding and other help available and from our findings, little in long term therapy.

10.

There is a lot of ambivalence around the realities of what is actually happening in self injury. By this we mean that although the woman may feel she is cutting out something "bad, the reality means that she not only shows us how "bad' she feels but by cutting, reinforces the anger, thus showing herself how really despairing she feels. This may serve to intensify her feelings of worthlessness (what some would call making it worse).

This can set off a pattern or vicious circle which may be repeated frequently.

But let's look at the reality, how else can she express this anger? Society refuses let her and is content to allow women to feel the 'victims'. We have Hospital units which could be an answer - but hopelessly in the end they do not allow that which is necessary from occurring; acceptance of the of the person as a whole, feeling individual. By not allowing safe expression (may drug if necessary) and by not encouraging patients the right to choose their care, they unconsciously reinforce the "victim' pattern.

Sadly there is little understanding and other help available and from our findings, little is long term therapy.



WHY DO PEOPLE SELF-HARM?

There are many reasons someone might self-harm. Those reasons can change over time. What helped you survive at one point in your life may now happen in response to something else. Self-harm doesn't happen 'for attention' or 'for no reason'. It usually happens because something feels too much, too painful, too overwhelming - or sometimes, too numbing. People tell us that self-harm can be a way of:

- Coping with intense emotional pain and making it feel more manageable
- Releasing feelings that are trapped inside, like anger, shame or self-hatred
- Feeling something when everything feels numb
- Feeling real, grounded or present
- Keeping suicidal thoughts from escalating
- Regaining a sense of control in chaotic or unsafe situations
- Responding to intrusive thoughts or voices
- Surviving circumstances that feel impossible
- Cleansing or ridding yourself from a feeling of pollution

For many people, self-harm is not about wanting to die. It's about trying to cope. Trying to stay. Trying to get through. Your reasons are your own. They make sense in the context of your life.

IN THEIR OWN WORDS:

"The compulsion was like a choice to survive... but the emotional dysregulation had to be contained, or I would have lost my mind. I had to if I was going to survive. At least, that's what it felt like."

"I wanted to feel something, but also to feel numb. Wanting to feel in control, but also to be dominated. I think I wanted connection, while at the same time to deny that I was even human."

These experiences can feel complicated and contradictory. That doesn't mean they aren't real. Or valid.

Exploring Your Own Reasons

Understanding what self-harm does for you can help you feel more choice and control around it. This isn't about judging yourself or forcing change. If it feels safe to do so, you might reflect on:

- When did I first start harming myself? What was happening in my life then?
- How did self-harm help me cope or survive in the past?
- What feels frightening, overwhelming or hard without it?
- How do I feel just before I hurt myself?
- How do I feel afterwards?
- Are there patterns or situations that increase the urge?
- What feelings might I be expressing, or avoiding?
- What might feel easier in my life without self-harm?
- What would I want more of instead?

Take your time. You don't have to answer everything at once. Exploring this can take courage. If self-harm has been part of how you survived, it deserves understanding - not shame. **You are not broken. You adapted. And you deserve support that meets you where you are.**

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Bibliography

Primary Sources

Oral Interviews:

Bishopsgate Institute Archives, BCSW/1/4, Clare Shaw interviewed by Rosie Wild, 20 July 2021

Bishopsgate Institute Archives, BCSW/1/6, Fiona Macaulay interviewed by Rosie Wild, 7 July 2021

Bishopsgate Institute Archives, BCSW/1/8, Jenny Smith interviewed by Elin Dukes, 3 August 2021

Bishopsgate Institute Archives, BCSW/1/10, Gisela Wrest interviewed by Jessica Milton, 6 August 2021

Bishopsgate Institute Archives, BCSW/1/15, RW02 interviewed by Rosie Wild, 16 June 2021

Bishopsgate Institute Archives, BCSW/1/16, EW01 interviewed by Ellen Wilson, 14 June 2021

Bishopsgate Institute Archives, BCSW/1/17, Sal Ball interviewed by Hannah Horan, 15 July 2021

Bishopsgate Institute Archives, BCSW/1/18, Sarah Bishop interviewed by Sophie Saunder, 25 June 2021

Bishopsgate Institute Archives, BCSW/1/19, Sarah Howard interviewed by Ellen Hammett, 23 June 2021

Bishopsgate Institute Archives, BCSW/1/21, Suzanne Pearson interviewed by Rosa Tyhurst, 9 August 2021

Archival Sources:

Bishopsgate Institute Archives, BCSW/2/2, Local Needs Analysis Project, 2000

Bishopsgate Institute Archives, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, *Women and Self Injury*, 1990

Bishopsgate Institute Archives, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, *Women and Self-Injury: a survey of 76 women*, 1995

Bishopsgate Institute Archives, BCSW/2/4, Lois Arnold Projects/ Mental Health Foundation, Cutting out the pain conference, 26 September 1995

Bishopsgate Institute Archives, BCSW/2/11, Unsuccessful Funding Applications, 4 February 2005

Bishopsgate Institute Archives, BCSW/3/9, Women-only services – secondary research, 2000-2011

Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 9 January 2014

Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 13 March 2014

Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 5 June 2014

Bishopsgate Institute Archives, BCSW/4/6, Management Group Meetings, 10 July 2014

Bishopsgate Institute Archives, BCSW/4/29/7, Folded Groups, 1998-2007

Bishopsgate Institute Archives, BCSW/5/1, Telephone Data Book, February 1988-September 1990

Bishopsgate Institute Archives, BCSW/6/3, Correspondence regarding closure and pictures of volunteers, 2 July 2010

Bishopsgate Institute Archives, BCSW/6/3, Correspondence regarding closure and pictures of volunteers, 1 March 2011

Bishopsgate Institute Archives, BCSW/6/8, Practical Information for volunteers, *SHOUT*, 1, July 1994

Bishopsgate Institute Archives, BCSW/6/8, Practical Information for volunteers, *SHOUT*, 2, January 1995

Published Primary Sources:

Babiker, Gloria, and Lois Arnold, *The Language of Self-Injury* (The British Psychological Society, 1997)

Department of Health, *Closing the Gap: Priorities for Essential Change in Mental Health* (Department of Health, 2014)

Department of Health, *Modernising Mental Health Services: Safe, Sound and Supportive* (Department of Health, 1998)

Department of Health, *The NHS Plan: A Plan for Investment, A Plan for Reform* (Department of Health, 2000)

Department of Health, *Women's Mental Health: Into the Mainstream* (Department of Health, 2002)

Department of Health, *Working for Patients* (HMSO, 1989)

Harrison, Diane, *Vicious Circles: An Exploration of Women and Self-Harm in Society* (GPMH, 1994)

National Mental Health Development, *Working towards Women's Well-Being: Unfinished Business* (NMH DU, 2010)

'Publications of Bristol Crisis Service for Women', Women Listening to Women, (2022) <<https://www.womenlisteningtowomen.org.uk/publications.html>> [5 April 2026]

Ross, Maggy, 'Shocking Habit', *Company*, September 1988. Women's Magazine Archive <<https://bris.idm.oclc.org/login?url=https://www.proquest.com/wma/magazines/shocking-habit/docview/2519685937/sem-2?accountid=9730>> [accessed 12 December 2025]

Contemporary Articles and Book Chapters:

Bartlett, Annie, 'Women's Mental Health: Into the Mainstream', *Psychiatric Bulletin*, 27 (2003), 361-363

Coleman, Eva, and Anne Guildford, 'Threshold Women's Mental Health Initiative: Striving to Keep Women's Mental Health Issues on the Agenda', *Feminist Review*, 68 (2001), 173-177

Drake, Robert F., 'Professionals and the Voluntary Sector' in *The Social Construction of Community Care*, ed. by Anthea Symonds & Anne Kelly (Macmillan, 1998)

Kessel, Neil, 'Self-Poisoning – Part I', *British Medical Journal*, 2 (1965), 1265-1270

Kreitman, N., A. E. Phillp, S. Greer and C. R. Bagley, 'Parasuicide', *British Medical Journal of Psychiatry*, 115 (1969), 745-747

Pao, Ping-Nie, 'The Syndrome of Delicate Self-Cutting', *British Journal of Medical Psychology*, 42 (1969), 195-205

Stengel, Erwin, 'Enquires into Attempted Suicide (Abridged)', *Proceedings of the Royal Society of Medicine*, 45 (1952), 613-620

Stengel, Erwin, Nancy Gwendolen Cook and Irving Kreeger, *Attempted Suicide: Its Social Significance and Effects* (Chapman and Hall, 1958)

Tantam, Digby, and Jane Whittaker, 'Personality Disorder and Self-wounding', *British Journal of Psychiatry*, 151 (1992), 451-464

Wilton, Tamsin, 'Chapter 2 Madness and Feminism: Bristol Crisis Service for Women', in *Feminist Activism in the 1990s*, ed. by Gabriele Griffen (Routledge, 1995)

Online Sources:

Margaret Thatcher, interview with Douglas Keay, 'Aids, Education and the Year 2000!', *Woman's Own*, 31 October 1987, transcript available at:

<https://www.margaretthatcher.org/document/106689>. [accessed 14 April 2026]

'Recovery in the Bin', Recovery in the Bin, [February 2016] <

[https://recoveryinthebin.org/#:~:text=Recovery%20In%20The%20Bin%20\(RITB\)%20is%20a,**Not%20putting%20anyone%20under%20pressure%20to%20recover**>](https://recoveryinthebin.org/#:~:text=Recovery%20In%20The%20Bin%20(RITB)%20is%20a,**Not%20putting%20anyone%20under%20pressure%20to%20recover**>) [accessed 15 April 2026]

'Self Injury Support', Companies House (2002) < <https://find-and-update.company-information.service.gov.uk/company/04429818>> [accessed 7 April 2026]

'Why Do People Self-Harm?', SIFT, [2026]

<<https://sift.org.uk/wp-content/uploads/2026/03/Why-do-people-self-harm.pdf>> [accessed 14 April 2026]

Secondary Sources

Abrams, Lynn, *Oral History Theory* (Routledge, 2016)

Alcock, Pete, 'Voluntary Action, New Labour and the "third sector"' in *The Ages of Voluntarism: How We Got to the Big Society*, ed. by Matthew Hilton and James McKay (Oxford University Press, 2011)

Bornat, Joana, 'A Second Take: Revisiting Interviews with a Different Purpose', *Oral History*, 31 (2003), 47-53

Chaney, Sarah, and Jeanette Copperman, 'Women Listening to Women: Radical Reflections on Self-Injury Support', *British Journal of Social Work*, 53 (2023), 1742-1750

Chaney, Sarah, *Psyche on the Skin* (Reaktion Books, 2017)

Copperman, Jeanette, and Sarah Chaney, 'The politics of recovery: Women's mental health activism in the UK, 1986-2002, with a focus on Bristol Crisis Service for Women', *History of the Human Sciences*, 38 (2025), 152-173

Cresswell, Mark, and Tom Brock, 'Social movements, historical absence and the problematisation of self-harm in the UK, 1980-2000', *Journal of Critical Realism*, 16 (2017), 7-25

Crichton, Paul, Havi Carel and Ian James Kidd, 'Epistemic injustice in psychiatry', *BJPsych Bulletin*, 41 (2017), 65-70

Crook, Sarah, 'The Women's Liberation Movement, Activism and Therapy at the Grassroots, 1968-1985', *Women's History Review*, 27 (2018), 1152-1168

Crozier, Ivan, review of Chris Millard, *A History of Self-Harm in Britain* (2015) and Sarah Chaney, *Psyche on the Skin* (2017), (8 June 2017), <<https://www.histhum.com/book-review-essay-psyche-on-the-skin-and-a-history-of-self-harm-in-britain/>> [accessed 7 April 2026]

Dunn, Alison, 'Demanding Service of Servicing Demand? Charities, Regulation and the Policy Process', *The Modern Law Review*, 71 (2008), 247-270

Hacking, Ian, 'Making up People' in *Beyond the Body Proper: Reading the Anthropology of Material Life*, ed. by Margaret Lock and Judith Farquhar (Duke University Press, 2007)

Hilton, Matthew, James McKay, Nicholas Crowson, and Jean-Francois Mouhot, *The Politics of Expertise: How NGOs Shaped Modern Britain* (Oxford University Press, 2013)

Hilton, Matthew, Nick Crowson, Jean-François Mouhot and James McKay, *A Historical Guide to NGOs in Britain: Charities, Civil Society and the Voluntary Sector since 1945* (Palgrave Macmillan, 2012)

Klein, Rudolph, *The New Politics of the NHS* (Radcliffe, 2006)

Kritsotaki, Despo, Vicky Long and Matthew Smith, *Deinstitutionalisation and After: Post-War Psychiatry in the Western World* (Springer International Publishing, 2016)

Lamb, Robert, *Promising the Earth* (Routledge, 1996)

Mahoney, Kate, *Feminist Mental Health Activism in England, c. 1968-95* (Manchester University Press, 2023)

McCarthy, Helen, review of Matthew Hilton, *The Politics of Expertise: How NGOs Shaped Modern Britain* (2013), *Twentieth-Century British History*, 26 (2015), pp. 165-167

Millard, Chris, *A History of Self-Harm in Britain: A Genealogy of Cutting and Overdosing* (Palgrave Macmillan, 2015)

Millard, Chris, 'Attempted Suicide: Its Social Significance and Effects by Erwin Stengel and Nancy Cook, with Irving Kreeger', *BJPsych Advances*, 30 (2023), 134-136

Millard, Chris, 'Making the cut: The production of 'self-harm' in post-1945 Anglo-Saxon psychiatry', *History of the Human Sciences*, 26 (2013), 126-150

Mold, Alex, 'Making the Patient-Consumer in Margaret Thatcher's Britain', *The Historical Journal*, 52 (2011), 509-528

Newbigging, Karen, 'Mainstreaming Gender Equality to Improve Women's Mental Health in England', in *The Psychology of Gender and Health*, ed. by Maria del Pilar (Academic Press, 2017)

Oliver, Michael, *The Politics of Disablement* (Macmillan, 1990)

Rose, Hilary, and Steven Rose, *Genes, Cells and Brains: The Promethean Promises of the New Biology* (Verso, 2012)

Savage, Olga, and Brian Pratt, 'The History of UK Civil Society', *INTRAC Briefing Paper*, 38 (2013), 1-20