

When the personal is not political: experiences of collective agency amongst participants in the domestic violence response in London, UK.

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Abstract

How are changing times impacting on the possibility of collective agency by actors and agencies responding to domestic violence against women in London? The struggle against the domestic abuse of women was grounded in the 1970s women's liberation movement under the rallying cry of 'the personal is the political'. Over time, the domestic violence (DV) response has become professionalised and mainstreamed, located in public sector agencies and charities, with small feminist groups challenging gender inequalities in different settings. These combined efforts are having no impact on the incidence of DV, and recent years have seen dramatic cuts in DV services. A snowball sample of 25 professionals, policy makers and activists across the DV response engaged in semi-structured interviews exploring their work experiences, particularly experiences of 'multi-sectoral collaboration', the professional instantiation of collective agency. Thematic analysis depicted an exhausted and divided sector. Nearly all informants saw DV as rooted in gender inequalities, and viewed collaborative working as essential for tackling its interlocking individual and social drivers. However, contemporary feminism was seen as completely irrelevant to the daily realities of professionals' work. The paper explores how the current economic, political and cultural contexts of interviewees' work experiences were hostile to the practice of multi-sectoral collaboration. Such contexts actively militated against collaborator solidarity, the inclusion of survivor voices and a social change orientation –preconditions for effective collective agency in tackling such a complex and multi-level social problem.

Introduction

Surviving or witnessing domestic violence (DV) against women by male partners affects the long-term mental and physical health of one in four people in the UK, constituting ‘the hidden epidemic of our time’ (Perry & Frampton, 2019). This paper focuses on violence by men against women in intimate heterosexual relationships. Almost one in three women aged 16-59 will experience violence by a partner in her lifetime, with two being killed by a current or former partner every week (ONS, 2019a). Whilst there is growing awareness that men are also victims of DV, in 2017 nine times more women than men were killed by their partner or ex-partner (ONS, 2019b). The violence men perpetrate towards women is of greater complexity and intensity (Myhill, 2017), and women constitute 89% of those subjected to four or more incidents of such violence (Walby & Allen, 2004). Whilst women are three times more likely to be arrested for incidents of abuse, Crown Prosecution Service data show that 93% of defendants in domestic abuse court cases are male, and 84% of victims are female (Hester, 2009).

Despite interventions by an army of public servants, professionals and activists, the problem of DV against women remains acute, with incidence rising since the 2008/9 financial crisis (Walby et al, 2016). There is recognition of the extent of the problem, and the responsibility of public and associated services to support vulnerable women. However, in the last decade of austerity, central government funding to local councils for DV services has more than halved (Local Government Association, 2018), with the closure or reduction of many services. Local refuges are unable to help three out of five abused women and four out of five abused ethnic minority women (Sisters Uncut, 2017). Survivors and children may have little alternative to remaining with a violent man, or going into unsafe temporary accommodation – with benefit cuts and food insecurity often facing vulnerable families and little mental health support for traumatised women and child survivors.

Historically the DV response in western societies was part of the highly politicised feminist Women’s Liberation Movement in the 1970s (Binard, 2017). Framed by the slogan ‘the personal is the political’, it viewed DV as the product of women’s lack of power relative to men in patriarchal societies, seeking to raise consciousness amongst female survivors and their allies to challenge gender inequalities as a pathway to tackling violence (Stanley & Wise, 1983). Over time, however, DV work became professionalised and depoliticised, often focusing on individual-level support of survivors and immediate families through interventions such as crisis management and counselling, with no reference to the wider gender inequalities that make women vulnerable (Lehrner & Allen, 2009). Furthermore, participants in the response (e.g. police, social services and criminal justice system) often operate with different, even contradictory, understandings of their goals (Hester,

2011) resulting in confusion and further distress for women they were designed to support (Thompson, 2020). How does this fragmentation and diversity challenge the understanding of the contemporary DV response as a social movement? What are the implications of this response for understanding the possibilities for collective agency in changing times?

This paper explores how changing social times are impacting on opportunities for collective agency at the inter-organisational level – focusing on factors that impact ‘multi-sectoral collaboration’ in the DV sector. In this paper, ‘multi-sectoral collaboration’ is understood as the professional strategic instantiation of the academic concept of collective action. Collective agency exists when different individuals or groups work together to achieve a common goal, and where the efforts of diverse actors and/or agencies are mutually reinforcing enough to say ‘the whole is greater than the sum of its parts’. Collective working is particularly important in relation to a problem such as DV because it has multiple interlocking causes (structural, community-level, social, psychological) necessitating a variety of collaborative responses. Can the range of diverse responses by London-based agencies and activists be seen as working together in ways that collectively advance their joint goal of ‘responding to the problem of domestic violence’?

The concept of collective agency plays a key role in public health. Early social cognition approaches regarded individual attitudes and motivations as determinants of health-enhancing behaviour change, locating agency for change – such as reporting /leaving an abusive man – within the individual (Conner & Norman, 2005). Later approaches located agency within collectives (groups of people rather than individuals) such as peer groups or communities, involving collaborative responses such as community mobilisation (Campbell & Cornish, 2010). On the political left of public health, the ‘gold standard’ strategy for mobilising collective agency has been the social movement, often informed by a critical reading of Freire (1973), and modelled on movements such as the South African Treatment Action Campaign (Robins, 2008) and the Peoples’ Health Movement (Narayan et al, 2020). Critical public health movements are defined in terms of three dimensions: networks of solidarity uniting vulnerable groups and their allies (Roggeband & Klandermans, 2017); a shared vision for change that is guided by the voices and experiences of vulnerable groups (Cornwall, 2011); and a social change commitment to challenging the power inequalities that drive ill-health (Snow et al., 2018).

These three dimensions characterised the Women’s Liberation Movement’s response to men’s violence (Haaken, 2010). Four decades later, this paper presents interviews with a diverse sample of actors in the DV response in and around London, between 2017 and 2020, to explore the role of these three dimensions in their accounts of their work.

Methodology

Following ethical approval from the Research Ethics Committee in the Department of Social Psychology at the London School of Economics, in-depth interviews, anonymous and confidential, were conducted with a convenience/snowball sample of 25 participants in the DV response (20 women, five men) with a range of experience in the public sector (policy-makers, police, social services, housing), the health sector (GP, psychiatrist, counsellors), the third sector (women's, men's and children's charities), feminist organisations and faith-based organisations (see Supplementary material, Appendix 1). Starting with the author's personal contacts, each informant was invited to nominate other participants from as many types of organisations/sectors as possible. Interviews – audio-recorded and transcribed – ranged from 32 to 174 minutes, averaging 70 minutes. Viewing social representations as common sense 'ways of world making' that people construct to orient and master their social worlds (Moscovici, 1973), the aim was to map out the range of social representations that underpin the work of 25 diverse actors in the sector - rather than drawing conclusions about individual players or particular professions or agencies.

An open-ended topic guide sought to elicit participants' understandings of the drivers of DV, and how they saw their own efforts impacting on DV; factors impacting multi-sectoral collaboration; and the relevance of feminism to their work/activism. These topics framed our thematic analysis of interviews (Braun & Clarke, 2013), and serve as descriptive headings in our presentation of findings below. Foucault (1979) argues that rather than trying to pinpoint discrete causes of social practices (in this case the practice of collaboration amongst different sectors in the DV response), it is useful to focus on the conditions under which they emerge. We use our informants' accounts of their experiences of multi-sectoral collaboration as a lens onto such conditions. The aim of this paper is to provide a picture of a complex social context rather than matching pieces of data to isolated academic concepts. However, given our interest in the role of social movements in critical public health, we map out this context with a view to highlighting the extent to which it supports or hinders opportunities for the solidarity, foregrounding of survivor voices and social change orientation often seen as the hallmarks of a social movement in critical public health.

Findings

Participants engaged deeply, often saying work was so hectic and fraught they seldom had time to reflect on it. Many were exhausted by working in what they described as a poorly funded sector representing an often traumatised group, sometimes with minimal supervision or support. Informants cited combinations of professional demands, feminist world-views and personal experiences of DV as motivating their work. Some encountered DV work as one of various routine demands of their jobs (e.g. social worker, imam). Others worked in specialist DV services (e.g. frontline DV support) or charities (e.g. policy think-tanks). Those who prioritised feminism referred to their roots in 1970/80s women's liberation, contemporary fourth wave feminism or growing up in feminist-oriented European countries.

The accounts given by the 20 professionals in our sample (in paid work in public sector, charities or professional settings e.g. counselling) were very different to those of the five feminist activists (three unpaid volunteers, a freelance campaigner and a self-employed consultant on DV projects). Findings from each group are presented separately.

Professionals

Representations of drivers of domestic violence and how to tackle it

Two professional interviewees (psychiatrist, addiction counsellor) saw violent conflict as an inevitable aspect of human nature, disagreeing that DV was linked to gender inequalities. The Pentecostal preacher said marital violence resulted when disobedient women refused to accept their God-given subservience to men. Despite differences in emphasis, all other informants referred to the relationship between DV and gender inequalities.

Many men are taught that masculine dignity or superiority is threatened by an independent wife. There are particularly strong identity pressures on younger men who may struggle to relate to themselves in the current social and political climate. (Imam)

It's capitalist patriarchy - the imbalance of power, economically, socially between people – where value is given to strength and rationality and force at the expense of emotions and relationships. Because of this imbalance women are seen as subservient to men. That's reflected in pay, access to resources. Which kind of seeps into personal relationships. (Child therapist)

In marked difference to the feminist activists, however, all these informants – explicitly or implicitly – portrayed gender inequalities as incontestable givens. Their work focused on ameliorating the violent *effects* of such inequalities. This was done through individual-level counselling or short-term ‘interventions’ by public sector or charities, funded by and framed by the agendas of government or big business donors. They did not see their work as tackling DV’s root *causes* in the gendered distribution of political, economic or psychological power. There was a marked disconnect between their structural diagnoses of the roots of DV and their narrower commitments to individual or family-level interventions, or programmes to ‘educate children about healthy relationships’ (as if the impacts of social inequalities could be averted through information and training).

Views and experiences of multi-sectoral collaboration

Besides the Pentecostal and Muslim clerics, who believed marital problems were best resolved within religious communities, and had little knowledge about relevant state or third sector agencies, every other professional emphasised the importance of multi-sectoral collaboration – the professional equivalent of social scientists’ notion of ‘collective agency’. This emphasis reflected informants’ understandings of the complex nature of DV – in terms of its multi-level drivers (from individual to social), the positioning of overt violence within less visible webs of coercive control, and their view of the DV experience as a multi-layered journey, with women and children usually requiring different types of support, at any one moment, and also over several years – as they progressed towards a life free of violent men.

Whilst several informants referred to occasional examples of successful collaboration between different professional sectors (e.g. police, social workers, charities), these were said to result more from inter-personal relationships between individual collaborators than being the outcome of institutional priorities. These personal relationships took great commitment and energy to build yet were often short-lived due to high staff turnover and the short life cycle of many funded projects. The overall consensus was that the obstacles to effective collaboration were overwhelming.

Economic/political context: conditions of funding

Many obstacles related to a combination of inadequate public funding for DV work, and funding being offered under divisive conditions – with heavy competition amongst DV agencies for dwindling funding sources. Many informants dwelt on the role of austerity on effective professional responses, leading to simplistic or partial responses which failed to take account of the complexity of DV:

The biggest blow to the DV response has been austerity. Look at its impact on police work - the decimation of officers and support services infrastructure. People are so pressured they are seldom able to tease out the complexity of cases of stalking, harassment and so on. If a husband has broken her glasses, an officer might just label this as criminal damage. No time for an investigator to follow up to find out that she can't drive without glasses, so can't get to work or to the doctor. (Police staff)

The impact of austerity also meant extreme pressures on professionals, with inadequate support.

Professionals are being asked to look at more and more issues without the right training and supervision (Child Therapist)

With such a burden of work things are left to reach crisis before people take action. (Family Charities)

Several commented that in scrambling for funding, each agency sought to elevate their own partial specialist lens and priorities as superior (rather than complementary) to those of other specialists. This resulted in patchwork funding of particular services, and the erosion of others in particular localities, depending on who was most successful in the funding race. This led to a competitive and fractured environment.

People hold good ideas to themselves rather than sharing them. It's a protectionism, a fear that a move towards more integrated systems could lead to redundancies. People are fearful for their jobs and keen to make the case that their service is more deserving of continued funding than others. (Family Charities)

Organisations work in siloes, all trying to help, but undermining each other all the time, intentionally or unintentionally. (Counselling charity)

Informants also regretted how reductions in funding from local or national government had led to an increase in large non-specialist health and welfare organisations. These practiced economies of scale and squeezed out smaller specialist services. The latter had developed organic responses to the ways problems manifested in local circumstances, and painstakingly developed good working relationships with related local organisations and people. This reduction of specialist services meant survivors were often directed to services that were not trained to support them.

Universal agencies lack understandings of the problem. If a flat is in a woman's name, but the perpetrator has agreed to pay her rent and fails to do so, the housing office will say she has made herself and children intentionally homeless. Yet if the woman is controlled by the

violent perpetrator, she may feel too frightened to challenge him on these things. (Survivor Charity)

The shortage of funding also led services to set higher thresholds for accessing help, leaving many women and children unsupported.

Agencies are so under-resourced, they have to develop ways of excluding people e.g. if you change your story about what happened to you, you are no longer eligible for housing. Yet there are many reasons why a woman will change her story. (Frontline support worker)

Several informants said responses were shoe-horned into short-term funding and evaluation cycles, expected to yield measurable outcomes in short time-frames. Such intervention designs paid little respect to the need for the painstaking and long-term nature of building professional networks most likely to optimise support work with women. Professionals scrambled to meet, for instance, government funder demands for programmes to yield measurable results within their four-year election cycle. What counted as desired outcomes were often what professionals deemed inappropriate for DV work. A psychiatric social worker spoke of developing a promising approach to therapy using attachment theory with survivor-perpetrator couples who had experienced early separation from immigrant parents. She spoke of her frustration when funding was offered on condition that this therapy helped clients to find jobs. The demands of this funding culture often defied informants' understandings of the rationale for intervention.

Agencies compete to be as cheap as possible. A recent commissioner meeting told us that success would be measured by how much money would be saved by the intervention: women going to the GP less, using police and public services less. Yet if you help a woman to realise she is being abused, she is surely going to use a lot more public services for a period of time until she stabilises. Programmes are evaluated by how cheap their intervention is – rather than addressing the needs of beneficiaries. (DV consultant)

Fragmentation of the survivor journey

Scarce and short term funding led to fragmentation of the support available to women. Thus, for example, an agency might get short term crisis support to remove a woman and children from a dangerous man, but not for helping her deal with problems that arose once the immediate crisis was over and she was battling to reconstruct her shattered life and settle her traumatised children in a new setting.

*Services often don't seem to recognise that leaving is only the first step on a journey.
(Addiction counsellor).*

Superficial services were reported as yielding superficial results for survivors.

Agencies are driven by their own priorities, all asking women to do different things. Since this is impossible, we all effectively drive her back to the perpetrator. Women are offered a random array of sticking plaster responses. The social workers may help a woman to leave the relationship, then walk away – without any efforts to build her self-confidence – leaving her still feeling she has no value in the world, and vulnerable to further violence from her old or future partners. (Survivor charity)

Top-down programmes serve to silence survivor voices

Several professionals said that a key obstacle to inter-agency collaboration was that their work was driven by the agendas of top-down government policies or funding commissioners, with survivor voices playing little or no role in the design and implementation of plans.

Agencies would wait to see which priorities were flagged up in government policy documents, and then race to produce project proposals that reflected these – rather than tailoring their work to the needs of their service and its clients.

Often a project will be funded because it ticks the boxes that somebody in a lofty castle had decided needs to be ticked, and survivors' needs get lost in the process. I think there's a lot of people fighting for little pots of money. I think there's lots of people thinking they know best and we've kind of got now a lot of in-fighting that goes on in amongst women's services where there's a lot of distrust. It goes against what we're trying to do as a whole. (Survivor Charity Director)

This Survivor Charity Director said that a serious commitment to tailoring services to the 'experiences of real women in content' would necessarily have put collaboration at the heart of services and policies. She was particularly scathing about the exclusion of survivors from the public sector's Multi-Agency Risk Assessment Conferences (MARAC'S) for example. These are attended by a wide range of relevant professionals – such as police, social workers, housing officers and psychiatrists – to discuss how best to protect people at risk of serious harm from a partner, ex or family member.

I can't think how it can help a woman to have everyone talking about her behind her back. Nothing in MARAC is designed to increase women's own sense of control over their lives, or prioritises this as a desired outcome. (Survivor Charity Director)

This view was echoed by professionals associated with charities, mental health work or themselves survivors of DV. They all believed that the aim of the DV response should be to help women take control over their own lives, whilst steering them into social conditions in which this became possible.

You can't tell a client what to do. An abuser tells their victim what to do. We can't step into that role. Furthermore if you tell someone what to do you may generate resistance. Women who have been controlled don't always know how to make choices or decisions. If you are told negative things about yourself all the time, you start to believe them. Good work has to work with women to come to realise that they have a choice. (Frontline Support Worker)

The work of a handful of professionals in the voluntary and charity sectors explicitly involved helping women formulate their own views and preferences. One was the counsellor from an Anglican Pregnancy Advice Centre (men often begin or escalate their violence when their partner becomes pregnant) whose organisation saw their role as giving pregnant women the space to decide what they themselves wanted to do, and to “stand beside them” as they actioned these plans.

Such an ear for women's voices in framing DV responses was possible in organisations that worked with women in small-scale, one-to-one settings. It was more complex in larger policy organisations dependent on externally driven policies and associated funding. A large NGO policy specialist commented that, despite their best intentions to amplify survivor voices, their organisation's survival relied on government policy to “give us a steer as to what our work should focus on”. Such alignment was essential to give their funding proposals legitimacy with both government and large private sector funders. This was despite their scepticism about the qualifications and motivations of government players.

Our goals are to amplify the voices of women and children in all our work – research, campaigns, advocacy and policy interventions. This is relatively unusual in the DV response.... It's a real concern that government players don't understand the realities of most peoples' lives, or make efforts to listen to their stories – in the end it's all about votes and short-term power gains ...and many of the men in charge do not understand DV or see it as a priority. (NGO Policy Specialist).

Relevance of feminism to their work

Professionals were unanimous that feminist activism and thinking were very distant from their daily work. Even deeply committed feminists said that they and like-minded colleagues were rarely, if ever, able to make links between their feminist awareness and the daily realities of their work.

We do talk about patriarchy in meetings with other organisations. But then its: 'How do you make anything different happen when you are living in a society governed by patriarchy?' and 'The people who make the decisions are ultimately part of patriarchy, and part of the problem?' ... I am sure the woman's movement is out there, but you don't tend to hear about it. Even the feminists I have heard about, they don't seem to be the strong campaigning voices they used to be. (NGO Policy Specialist)

Several informants said the funding climate was actively hostile to feminist perspectives. Charities were very constrained by the 'gender-neutral' ideological framework in which government funding was offered – in a climate where funders were reluctant to be seen to discriminate against men, or to deny that men were also victims of DV. One spoke of how her charity had to mute their goal of helping survivors understand the nature of toxic masculinities, as a pathway to helping them recognise the potential for violence in future relationships.

Commissioners want gender neutral organisation that will support men and women equally. They don't want women's services or feminist services. Lots of historically feminist agencies have had to become very neutral to sing to the commissioner's tune. (Survivor Charity Worker)

Many informants commented that divisions amongst feminists were leaving the sector without a coherent political voice, or a unifying vision to unite players.

Debates about trans women, white vs intersectional feminisms. No one even agrees what a woman is any more. You have to state your camp, which goes against the point of what women's movements were all about. We silence each other and leave the men to have a grand old time. "There you women go," they say, "we'll just leave you lot to fight each other". People just want to talk to or tweet people who believe the same as them. We take offence at everything. As women we are sort of eating ourselves. (Survivor Charity Worker)

A black professional spoke of the irrelevance of feminism to her life and work:

The feminist movement in the UK is very different now to the past. It's become a very English, middle class, white woman's view of feminism. (Family Charity Worker)

Despite its current absence/ lack of relevance to their daily work, several professionals did acknowledge the huge historical impact of earlier feminist activism in the development of the DV response.

Compared to how things used to be for women, there have been many positive changes. Politicians putting things into place to support them. Laws changing in a way that make things better for them. (Frontline Support Worker)

They argued that there was an urgent need for a louder feminist voice to revitalise what they saw as the floundering DV sector:

The Women's Movement was historically a catalyst for everything that has happened in the field of DV intervention and policy from the government. But government strategy is currently completely apolitical. In policy documents and strategies, there has been virtually no change in content for 20 years through Labour, Coalition and Tory governments. Nowhere in any of it is sexual inequality foregrounded as something to address. There is a vital need for greater feminist perspectives to push forward a macro-level framework, to get people to realise that this isn't a gender neutral issue. (Police staff)

As DV funding becomes less and less, activism has to become more and more of the solution. (Prison Housing Worker)

When asked if they saw their work as contributing to a united social movement against DV, only one professional agreed. An NGO-employed frontline DV support worker, she had come into DV work through her own experience of having an abusive partner. The confidence with which she spoke may have been driven by her personal ability to bridge the gap between survivor and professional, and her employment by a privately funded feminist DV charity:

We [myself, my colleagues and my NGO] are the woman's movement. Women supporting women and advocating for women. The women we deal with have been stripped of their rights and our work is opening their eyes that they have got equal rights to their partners. Some women still believe that men are more powerful than women. It's making them see this is not the case. (Frontline Support Worker)

The psychiatrist and the addiction counsellor, referred to above as two of the three informants that did not see any link between DV and gender inequality, expressed some surprise at the question.

My role is to help the person in front of me. I wouldn't be helping my patient if I was trying to change the world at the same time. (Psychiatrist)

Most others saw the potential importance of a movement uniting professionals and feminist activists to respond to DV, regretting the de-politicisation of the problem in the dominant public sphere.

Some voluntary sector and specialist DV agencies identify with the goals of the women's movement insofar as they see their role as one of empowering women – and are encouraged by the thought of a movement united by shared passion and belief that change is possible. But the reality is that we are still in the patriarchal system, designed to shut women down and silence us (NGO Policy Specialist)

Wider cultural context: social representations of DV and survivors

Several informants said that wide social stigmatisation of DV intensified the difficult context of their work. One called it the 'Cinderella subject':

It's the difficulty of looking directly at something so rotten about people. Most people have got some experience of DV themselves or amongst people they know – it's both something known to them yet something they don't want to think about - there's a kind of horror about it. It's very rare they will talk about it. Yet others are fascinated by it – it's a dark subject. Others just don't want to know. It's polluting, in case it touches them and they get caught up in the nastiness of it. (DV Researcher)

Several informants referred to the 'raw emotions' elicited by DV.

It's challenging to process the raw emotions of DV. Unless you actively look for DV, it's easy to choose not to see it. It's hard to talk about, makes you feel vulnerable. Emotions are contagious, sometimes you are exhausted, you feel you don't have the time or emotional reservoir.... And you can be overcome with frustration seeing the same pattern of abuse repeated from generation to generation. Feels it's almost impossible to fix. (GP)

The ineffectiveness of the overall DV response was also attributed to pessimistic social stereotypes of survivors as impossibly damaged individuals addicted to returning to their abusive partners. Such views 'blamed the victim' rather than acknowledging that the help available to women was not fit for purpose, with fragmentation of responses, top-down responses not tailored to women's needs, and poor understandings of the problem.

Professionals can't always see that the advantages of leaving are medium to long term, but the disadvantages are often immediate and quite bad. Leaving doesn't necessarily lead to a woman being safer, initially it's often the exact opposite. Leaving without financial support, having to persuade children to give up their school and their friends and move far away.

(Police staff)

Survivors often don't want to engage with services because they feel they have been badly treated by professionals in the past, judged by a system that is not supportive of them. (Child therapist)

Representation of domestic violence as an intractable problem

Whilst many informants could remember particular positive experiences of helping individual women, their overall view of the wider context of their work led them to see the problem of DV as intractable.

People are tired, fighting the same battles for so long, feels like we're going backwards ... I go and interview women and practitioners to write strategies, yet I could probably write my reports without speaking to anybody because I would be saying the same things, and making the same recommendations that I would have done ten years ago.... always the same gaps, the same challenges, the same recommendations (NGO Policy Specialist)

Activists

Representations of drivers of domestic violence

Compared to their professional counterparts, the five feminist activists (three in volunteer activist networks, and two freelancers in women's projects) provided more elaborated accounts of patriarchy and directed their activism at the need for large scale restructuring of the intersecting gender, ethnicity and class inequalities they saw as drivers of DV, rather than simply ameliorating its impacts.

The Economic Equality Activist saw DV as a by-product of the current organisation of a state and economy in which the exercise of violence served as a key strategy for exerting power in the private and the public realms. Within such contexts men were often psychologically ill-equipped to deal with "the contradictions and difficulties of being a person", with women socialised to play the role of "absorbing their emotional excesses" in a dynamic that sometimes fed into conflict and violence. The goals of her activism were to fight for the "repurposing of the state" such that power became

linked to what she described as the feminine principles of care and collectivism rather than ownership, competition and violent domination.

I have a vision of a feminist politics that is powerful and transformative, one that grows a caring society where power is not equated with the ability to dominate or exert violence – and where material and economic realities are not such that you had to be tied to someone who was hurting you in order to survive. Let’s understand power in terms of a different mode of being in the world, such that survival does not need to be achieved through violence and domination. (Economic Equality Activist)

Representations of pathways between activism and tackling domestic violence

The volunteer activists located their work as part of an interlocking series of London-based feminist activist networks associated with fourth wave feminist ideals – each working in their own way to ‘be the change they wanted to see’, through their commitment to pre-figurative intersectional politics both within their organisations and in the public domain. These groupings tended to have within-organisational cultures which were framed around the concept of ‘safe spaces’, inclusive of all eligible participants of every ethnicity and social class (one group welcomed people identifying as women only, others included anyone supportive of women). Meetings and activities were arranged around a flat hierarchy – decisions by consensus only, no ‘expertise’ (e.g. one group did not allow references to academic books), no leaders, no dominant voices. In the public domain these networks engaged in grand gestures of protest – closing bridges, occupying buildings – or in high profile marches protesting against patriarchal social relations. Public protests always sought to foreground the voices and experiences of refugee/immigrant women, black and minoritised women and trans people – often with the least access to support - who had been subjected to abuse. Yet such women were seldom available to attend regular network meetings, which often tended to be dominated by women who were white and/or university educated.

Obstacles to the impact of feminist activism on domestic violence

The DV freelancer referred to the absence of a strong activist voice challenging the de-gendering and de-politicisation of the mainstream DV response, saying that professionals – if they talked about social inequalities at all – referred to gender equality rather than women’s liberation.

The DV response was set up in the 1970s by volunteers, and services with charitable funding, independently of government. Then government stepped in, offering to fund services for each woman they supported. This was the ‘death of the women’s sector’. They would only get funding if they abided by government policies. Women’s services were so desperate for

money, they didn't think through the compromises they would have to make. Nowadays most women's services staff hate the word 'feminism', they don't want to engage with it. We urgently need to radicalise women, build a feminism about collective liberation rather than individual choice. (DV consultant)

She spoke of the denigration of feminists in many DV fora.

We have an entire sector that has been depoliticised, unwilling to engage with issues like gender socialisation. At workshops of DV professionals, feminism is negatively associated with hairy bodies, being militant, being aggressive, hating men, being a lesbian.... There may be some truth in this. If you want to effect change you can't be likeable. Being likeable and wanting to empower women are not the same thing. (DV consultant)

Overall, activists' accounts portrayed feminism in terms of divisions, between different brands of feminism, and between feminism and 'the experiences of real women'. They strongly opposed the role of 'mainstream feminists' in shaping the public face of the DV response. They abhorred how particular elite, often white, women politicians had become the media's 'go to' feminist commentators, often speaking on behalf of sex workers, trans women, refugee/immigrant women and black and minoritised women – rather than opening up spaces for them to speak for themselves.

These individual politicians take the space of the women they claim to represent. Yet what they say is often very disconnected from those women's lives. A product of their whiteness and their class, they define what forms of womanhood they are prepared to support, and push resources in that direction. (Economic Equality Activist)

As with the professional frontline worker referred to above, the activist most scathing about feminism's irrelevance to DV work was from a working class background, and a survivor of DV. She was deeply critical of the over-intellectualisation of contemporary feminism, and of the DV sector's regulation by government and big business donors, as well as its disconnection from voices and everyday experience of survivors.

Feminism has been hijacked by a small in-group of middle class philosophical feminists in universities. If you ask them what are core feminist issues, they say trans rights or period poverty. Very seldom male violence. They have nothing to offer the sector – compared to the Women's Liberation days when women's liberation involved engaging with real women. I can't see any link between the things philosophical feminists talk about and my daily work experience of men killing and raping women. Compared to a few decades ago, working class

women have little access to feminist consciousness raising. Women who ran refuges did it in their spare time because they had suffered themselves and/or cared about other women. The response has lost its link to lived experience. (DV consultant)

Our informants also referred to black women's organisations that had been a powerful voice in earlier years, but were less visible. Feminist organisations were deeply aware of the preponderance of white, educated and/or younger women, frequently discussing ways to tackle it.

Feminist DV groups are too often dominated by white, educated women despite their analysis that many immigrant, BAME, transgendered and sex worker women may have the least access to resources to respond to DV. Yet it's privileged women that have time to attend meetings on evenings and weekends. And nowadays, even the most committed feminist groups are small, don't have any visible impacts that I can see on DV policies or the provision of DV services. We would be stronger with participation of a wider range of women. Only a mass-based movement built on women's anger and rage – larger and more representative – could force the government to take women's needs more seriously. (DV Activist)

This activist further commented that whilst London-based women's activist networks had "a small hard core" of regular attendees, broader membership often tended to turn over very quickly. "With a flat hierarchy of no leaders, this does not always bode well for institutional memory". This led to a lack of continuity in organisations' efforts and a stop-start rate of momentum.

The (older) feminist campaigner was despondent about the achievements of feminist DV activism:

If you have been a DV campaigner, you often find yourself saying the same thing again and again at risk of burnout. You can't keep saying the same thing on the same topic over a long time. In DV there is a stuckness, even a going backwards (e.g. with closure of refuges). In politics, you have to move from issue to issue (e.g. from DV to abortion to ...), you can't stay fighting the same issue over 30 years, you do what you can and then you move on. (Feminist campaigner)

In short, whilst activist informants all engaged with energy and commitment they were uncertain that their efforts would lead to the large social movement building that might lead to meaningful change.

For radical social change you need large masses of angry people making loud demands. Some young women are assertive, angry, political. But too many are complacent – they forget that only 100 years ago we didn't have the vote. Only in the 1970s were serious efforts

made to legislate for equal pay for equal work. Feminism has a bad press. And we live in a culture compounded by a broader dislike of people who make demands, who work together in groups, who get angry. Women are on dangerous ground, we aren't wary enough of hanging on to our hard won gains, let alone improving our situation. (DV Activist)

Discussion

What does the DV response teach public health scholars and activists about the possibilities for collective agency in the rapidly changing social conditions of the 21st century? Critical public health activists often regard the social movement as the gold standard strategy for the exercise of collective agency against health-damaging social relations. Given the roots of the UK's DV response in the 1970's Women's Liberation Movement, with its rallying call of 'the personal is the political', interviews were conducted with contemporary professionals and activists in London to explore the extent to which the response can still be considered a social movement.

Findings highlight the impacts of the current denial of the political nature of the personal in the social institutions and wider public sphere in which the contemporary DV response is enacted. This denial actively militates against the three criteria for the practice of collective agency by a social movement: a sense of solidarity amongst survivors and their allies, the foregrounding of survivor voices, and a shared commitment to social change through challenging the gender inequalities that frame violence against women.

What light does our study throw on the nature of the 'changing times' that frame the possibilities for collective agency? Elsewhere we have broadly characterised these changing times in terms of two particular impacts on British society since the economic crisis of 2008 (Cornish et al., 2018). The first is the intensification of individualistic neo-liberal institutions that take little account of the impacts of social inequalities on well-being. The second is the resurgence of intolerant and exclusionary politics – in a rapidly changing social-political environment that is often hostile to progressive social justice activity. Such conditions go hand in hand with a growing government unwillingness to recognise or respond to women's gendered disadvantage in economics, education, politics, the law and the media (LSE Commission, 2015).

Our study illustrates the 'changing times' of relevance to our particular interest, the DV response, through its depiction of the way in which the economic, cultural and political social conditions impact the working conditions of our particular informants, and its focus on how these conditions

enable or limit the possibility of multi-sectoral collaboration (the professional instantiation of collective agency). *Economically*, professionals spoke of the difficulties of multi-sectoral collaboration in a context of free-market style competition for scarce funding for social services in conditions of austerity, in a public health ethos that often subtly shifts responsibility for self-care from a social issue to an individual one, and searches for 'quick fix' solutions to complex social problems. This creates a divisive environment in which potentially collaborating organisations compete for ever smaller pots of money to fund their work – framed by the top-down agendas of government and big business funders rather than the needs of their client base.

Culturally DV remains a stigmatised social issue that generates social awkwardness and pressures towards avoidance rather than engagement with the problem - by professionals, government and wider society. Feminism, initially a key driver of the movement, has a far more divided and muted voice than was the case in the 1970s/80s, given the current discrediting of feminism in a public sphere where the multiple micro-aggressions of everyday sexism portray women's efforts to resist gender inequalities as distasteful or amusing (LSE, 2015).

Despite most professionals' views of the association between DV and gender inequalities, the contexts of their work offer little space to act on this insight. Feminist activists – drivers of the DV response in earlier days - have little visible social presence in the UK and no longer provide a guiding vision for the DV response as was the case in the heady days of the 1970s. Feminists are often divided as gendered power inequalities take ever more complex forms and where the ever-shifting relationships between men and women are increasingly open to multiple interpretations. This has led to a silencing of their historical voice in the DV response, a stark shift from the 1970s where (rightly or wrongly) it was still possible for women from diverse backgrounds to be seen as having common grievance. The early movement's assumption that diverse women could be united by their shared experience of domestic violence may indeed have been the naïve over-simplification that many contemporary feminists would say it was, given the complex intersectionalities of ethnicity, class and gender. But the early feminists' rallying cry - 'the personal is political' - served as an inspiration and vision and source of solidarity for the early response, markedly absent from the accounts of our contemporary informants.

These cultural factors frame a *political* context of social denial of the urgency of the problem, and inadequate public pressure on local and national government leaders and funding commissioners to reverse the current reduction of DV funding and services – leaving professionals battling to stem the tide of a pressing social problem with fewer and fewer resources. The DV response battles on in the

absence of a vision to link their short-term attempts to support individual survivors and their families to a wider political agenda to tackle the underlying drivers of the problem.

Optimistic social commentators have long called for a politics of hope rather than despair in social environments that are hostile to emancipatory and critical social movements (Solnit, 2018; Holloway, 2010). They argue that so long as there are individuals or small groups who recognise the need to tackle social injustices, the possibility of social change remains alive. They see the waxing and waning of united progressive movements over time as held together by fine threads of continuous quiet and invisible work by small handfuls of committed individuals in the quieter years or decades. Our study did indeed find such small handfuls of deeply committed professionals and activists who understand the social drivers of women's vulnerability in relationships and the need for substantial social change to tackle these. However it also highlighted the massive obstacles to effective collaboration between these groups. It gives no indication as to how these fragments of critical insight might coalesce into a larger, more powerful voice, capable of larger-scale and more powerful collective action in the future. At this moment directions and prospects for the effective re-mobilisation of a large-scale movement for more equal redistribution of gendered economic, political and cultural power, and a large-scale reduction of violence against women, remain uncertain.

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