"Like having a perpetrator on your back": Violence in the Welfare System

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“Like having a perpetrator on your back”: Violence in the Welfare System

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2. None of the material contained in the thesis has been used in any other submission for an academic award.

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Speake

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Abstract

This thesis addresses the impact of the contemporary social security system on women living in England and Wales who are victims/survivors of rape and sexual abuse. It uses a triangular conceptualisation of violence, comprising direct, cultural, and structural violence, to explore the experiences of these women and to examine whether the social security system is involved in designing and implementing actions, decisions, practices and processes which are culturally and structurally violent and which prevent the women from meeting their basic needs, or living a "minimally decent life" (Miller, 2007).

There were four main findings from this research. First, that the social security system as an institution plays an active role in exacerbating women victims/survivors mental and physical health conditions and is moving women *further* from recovery. Second, that the social security system is implementing policies which are both *based on* and *involved in* producing and reproducing cultural patterns which systematically denigrated the women by misrepresenting and stigmatising their identities, decisions, and actions, that is, the system plays an active role in *misrecognising* the participants. Third, in their interactions with the social security system, the women continually had their experiences minimised and disbelieved: the social security system as an institution is actively involved in *invalidating* the women's accounts of themselves and their lives, often in order to deny them entitlement to support. Fourth, the women's relationship with the social security system is one frequently characterised by abuse: not only were their prior experiences of abuse mirrored in their interactions with the system, but the interactions were sometimes experienced as abusive in and of themselves.

By centreing the experiences of these victims/survivors of sexual violence and their interactions with the social security system, this thesis contributes to critical social policy literature and advances understanding of conditionality within the welfare system, and its impact on a marginalised group of women. It also furthers the scholarship of cultural and structural violence, *firstly*, by providing empirical evidence about how these phenomena occur in people's everyday lives and interactions, and *secondly*, by theorising these experiences as forms of misrecognition and invalidation. Finally, it has provided critical social policy with new conceptual tools to understand the experiences and impacts of the social security system.

The findings of this thesis are based on in-depth qualitative interviews, and a small number of written submissions, with 16 women who self-identified as victims/survivors of rape and/or sexual abuse and who had also reported experiencing problems with their benefit claims at some point since 2012. Participants were recruited through a number of different avenues from locations throughout England and Wales. The research was conducted from a critical realist standpoint and drew on feminist principles to inform the ethical approach underpinning the research.

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This thesis has been five difficult years in the making, and I would not have got to this point without the support of many people.

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Contents

List of abbreviations

BAME	Black and Minority Ethnic
BPD	Borderline Personality Disorder
CIC	Criminal Injuries Compensation
CRESR	Centre for Regional Economic and Social Research
DID	Dissociative Identity Disorder
DLA	Disability Living Allowance
DSU	Disabled Survivors Unite
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GP	General Practitioner
JCP	Jobcentre Plus
JSA	Job Seeker's Allowance
ME	Myalgic Encephalomyelitis
NDDP	New Deal for Disabled People
PIP	Personal Independence Payments
PTSD	Post-traumatic Stress Disorder
UC	Universal Credit
WCA	Work Capability Assessment
WRAG	Work-related activity group

1. Introduction

Preface

During my time working and volunteering at the Citizen's Advice Bureau in the early 2010s, I saw first-hand the ways in which poverty and marginalisation seemed to be exacerbated by social policy decisions at central government level. When I began work at Rape Crisis in 2013, I witnessed the significant negative day-to-day impact of the implementation of social security 'austerity' on many of the women using the service. Clients would arrive early to sit in the waiting room, sometimes for an hour or more before their appointments, because it was warm, and they could not afford to put the heating on in their houses. One woman would stock up with free biscuits from the kitchen when she had very little to eat at home. Others missed or phoned to cancel their counselling sessions because they had to attend a mandatory Jobcentre appointment or assessment. It was observing these moments, coupled with a developing knowledge of the social security system, that provided the impetus for this thesis.

1.1 Introduction

This thesis explores the impact of the contemporary social security system on women living in England and Wales who have experienced rape and/or sexual abuse. This focus was brought about by three factors, *firstly,* that social security reforms which have been implemented since 2010 were likely to make claiming benefits more difficult, *secondly,* that marginalised groups, particularly low-income women, were likely to suffer disproportionately as a result, and *thirdly,* that women victims/survivors of rape and sexual abuse's experiences have been largely neglected in critical social policy literature which has explored the impacts of social security policy reform. The following paragraphs will expand briefly on these points.

In 2012, Sharon Wright wrote that benefits "have become harder to claim that at any point since the establishment of the post-war welfare state, worth even less than before in relative terms and backed up by the harshest ever sanctions" (p. 319). The situation has only become more pronounced in the intervening years, as the social security system and public spending have been hit by successive rounds of cuts and austerity measures. George Osborne's 2015 Emergency Budget, for example, included the benefit cap, changes to the benefit up-rating mechanisms and levels, and a four year freeze on all working-age benefits which came into effect in April 2016 (McEnhill & Taylor-Gooby, 2018). Meanwhile, the impact of the changes made in the Welfare Reform Act of 2012 continue to be felt, and academics and activists alike have consistently highlighted the disproportionate impact of social security reform on marginalised groups – people with disabilities, black and minority ethnic (BAME) communities, people suffering from mental ill-health, those who are insecurely housed or homeless, lone parents, and those already living on low incomes and/or in deprived areas (see, for example, Ariss et al., 2015; Batty et al., 2015; Beatty & Fothergill, 2014, 2015; Cross, 2013; Dwyer et al., 2020; Fletcher, 2019; Mattheys, 2015; Mattheys et al., 2018; Reeve, 2017; Ryan, 2019). The consequences of this assault on the social safety net led Philip Alston - at the time, United Nations Special Rapporteur on extreme poverty and human rights - to comment that:

> much of the glue that has held British society together since the Second World War has been deliberately removed and replaced with a harsh and uncaring ethos. (Alston, 2019)

It has also become clear that it is women who have borne the brunt of austerity policies over the last decade (Howard, 2019; Pearson, 2019; Women's Budget Group, 2016). Women are more likely than men to be reliant on social security benefits, as they are more likely to have caring responsibilities, employment breaks, and lower pay (Howard, 2019). Any reduction in spending on social security, then, disproportionately impacts on women.

In February 2020, the Ministry of Justice issued a press release announcing a 50% funding uplift for specialist rape and sexual assault support services across England and Wales (Ministry of Justice, 2020). Funding for these services is to be increased by £4million pounds a year between 2020-2022, to £12million per year.[1] While this move goes some small way to redressing the chronic underfunding of rape and sexual assault services across England and Wales, it

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[1] At the time of writing, there was no new information to confirm whether this funding uplift would go ahead following the onset of the COVID-19 pandemic.

also comes at a time when the government is still presiding over a social security system which seemingly fails to provide victims/survivors of sexual violence who rely on benefits the support they need to live a "minimally decent life" (Miller, 2007).

Rape and sexual abuse are a pervasive problem in the UK, as in most societies around the world. Rates of childhood sexual abuse are difficult to determine, and most estimates are based on retrospective reports by victims/survivors when they reach adulthood (McNeish & Scott, 2018). However, the adverse outcomes associated with experiences of rape and sexual abuse, and particularly repeated victimisation and/or victimisation at a young age, are well established. These include acute physical health problems as well as long-term illness and disability; poor mental health; vulnerability to repeat victimisation; and socio-economic impacts, including lower levels of income (Allnock et al., 2015; Chen et al., 2010; Heger et al., 2002; S. Lee & Tolman, 2006; Maniglio, 2009; Pereira et al., 2017). The crossover between this list and that above describing those who have been impacted disproportionately by social security reform is telling. For women victims/survivors of rape and sexual abuse who are also dependent on benefits, then, the sustained retrenchment of social security is likely to be devastating.

The substantial and growing body of welfare literature from the last decade dealing with social security reforms and their impacts, however, has been relatively silent on the experiences of this marginalised group. One recent report from the Women's Budget Group highlights how the failings of the social security system in the UK are trapping women in violent and abusive situations (Howard, 2019), but does not directly address the impacts of the social security system in itself. Similarly, Purvin (2007), writing from a North American perspective, addresses how the US 'welfare' system puts low-income women at greater risk of domestic violence, but does not speak to the experiences of survivors of rape and sexual abuse, or the impact of the social security system beyond this exacerbated risk to violence. Kandaswamy (2010), also writing from the US, specifically addresses the violent nature of the welfare system in relation to black women living on social security, stating that: "there are important insights about the nature of state violence to be gained from a closer examination of the welfare system" (p. 254). However, her work is focused on theorising state power in relation to black women who have experienced domestic violence and does not deal with the experiences of survivors of rape and sexual abuse. This thesis addresses this lack of attention by placing the accounts of women victims/survivors of rape and sexual abuse regarding their experiences at the hands of the social security system in England and Wales at its centre.

1.2 Research objectives and questions

The broad objective of this thesis is to explore, understand and analyse the impact of the contemporary social security system on women living in England and Wales who have experienced rape and/or sexual abuse. The thesis aims to build a picture of the women's experiences at the epicentre of the 'violence triangle'.

The main research objectives, therefore, are as follows:

- to use an inclusive conceptualisation of violence to explore the experiences of the social security system amongst women victims/survivors of rape and sexual abuse;
- by using the concepts of structural and cultural violence, to take an approach which focuses on the systemic constraints which shape the daily lives of women victims/survivors;
- to explore how being a victim/survivor of sexual violence influences women's experiences of the social security system;
- to challenge narrow, individualised accounts of poverty or 'welfare dependency' which, through design or coincidence, blame the 'victim'.

In order to address these objectives, the following research questions are posed:

RQ1: How does claiming social security benefits during a time of austerity impact on women who have experienced rape and sexual abuse?

  - What are the material impacts?
  - What are the emotional and psychological impacts?

RQ2: How does increased conditionality (including tighter eligibility) impact on women's experiences the social security system?

RQ3: How do the processes associated with claiming (or attempting to claim) incapacity and disability benefits impact on women who have experienced rape and sexual abuse?

RQ4: To what extent and in what ways might the social security system compound marginalisation?

1.3 Research approach

This research takes as its starting point the assertion that there is a 'truth' to a sequence of events, a reality of what has happened to someone or been enacted against them, whether or not the truth is fully knowable or discoverable (Krauss, 2005, p. 767). This is particularly important in relation to research with victims/survivors of rape and sexual abuse: their experiences are not merely a matter of interpretation, and it would be insulting to the women who participated in this study to suggest that they were so. This research is predicated on the importance of social justice and sees any wholesale rejection of the notion of an objective social reality to be a highly a-political, and therefore, indefensible, stance. Further, while this research is clearly focused on abjection, or 'being done to' (Frost & Hoggett, 2008, p. 442), it is important to note that it does not intend to demean the importance of women's agency in negotiating their interactions with the social security system. Rather, by focusing upon what is *done to* the participants, it seeks to draw attention to what this marginalised group has had to endure in order to highlight the significant role which the government plays in inflicting suffering and compounding marginalisation, and to illustrate just how deeply this affects human experience (Frost & Hoggett, 2008, p. 455).

1.4 Contribution to knowledge

This thesis makes an important contribution to current knowledge by bringing a particular theorisation of people's experiences of the social security system and of conditionality: namely, that they can be understood within a framework of cultural, structural, and direct violence. Further, it adds to the scholarship on structural and cultural violence through the empirical application of these concepts to women's experiences, going someway to remedy the inadequacies of existing scholarship on these concepts by making explicit connections between theory and reality. This research brings an important perspective to critical social policy literature in its application of the concept of the 'violence triangle' to the experiences of a significantly marginalised group of social security claimants, and highlights the particular relevance of these concepts to this specific group of women. While there is a nascent movement within critical social policy to name social security 'austerity' as a form of violence, for example as 'institutional violence' (Cooper & Whyte, 2017), or structural violence (Grover, 2019; Wright et al., 2020), this research provides a comprehensive account of the social security system as a site where both structural *and* cultural violence are enacted, and interrogates the relationship between these forms of violence, and *direct* violence. Moreover, it moves beyond welfare literature which does not engage directly with the violence being perpetrated by the social security system as an institution, and by agents within in. In doing so, it rejects any deliberate or unintentional "sanitisation of language" (Galtung, 1990, p. 295), and sees potential in the act of being able to name violence wherever it occurs.

1.5 Structure of thesis

This thesis is comprised of eight chapters: this introductory chapter is followed by seven chapters as outlined here.

Chapter 2 traces the history of conditionality in the social security system over the past four decades, providing an overview of the continuity and change in the social security reforms implemented by Conservative, Labour, and the Coalition governments during this period. It then looks at the discursive strategies employed by governments to justify their social policy agendas; ethical and practical critiques of conditional welfare policy and considers the gendered impact of social security reform.

Chapter 3 sets out the analytical framework which builds on the work of Johan Galtung (1969, 1985, 1990) and his triangular conceptualisation of violence - comprising direct, structural, and cultural violence - in order to propose a framework within which the women's interactions with the social security system, and the relationship between these experiences and their experiences of rape and sexual abuse, can be understood.

Chapter 4 provides a detailed explanation of the research approach: how the study was conducted; why it was done this way; and what this means for the findings. It addresses the ontological and epistemological assumptions which underpin the research, the methodological and analytical decisions taken, the process and complexities of fieldwork, and the ethical considerations which were an integral component of the study from beginning to end.

Chapters 5, 6 and 7 present the research findings. Chapter 5 foregrounds the words and lived experience of the participants and presents the empirical findings of this study through an exploration of the women's experiences of navigating the social security system, managing their benefit claims, and the impacts on their daily lives. It discusses these impacts in the context of harm. Through this discussion, Chapter 5 seeks to demonstrate the ways in which the contemporary social security system is failing those whom, in theory, it is intended to support, by not providing them with the means to maintain or achieve even a modicum of economic or social security (Marshall, 1950). The next two findings chapters move to analyse the women's experiences in more detail through conceptualising these experiences within the framework of the 'violence triangle' and using the intermediary concepts of 'misrecognition' and 'invalidation'.

Chapter 6 begins to explore some of the more 'complex' harms created by the social security system, looking in detail at the devaluation and stigmatisation of the women's identities, roles, and contributions. This collection of harms can be best understood and conceptualised as the results of misrecognition. Chapter 6 will therefore explore the concept of misrecognition at length.

Chapter 7 looks in depth at the minimisation and disbelief of the women's accounts at the hands of the social security system, and how these can be understood as invalidation. Invalidation played a central role in the lives of the participants, and the harms it caused were profound.

Chapter 8, the concluding chapter, will summarise the research findings and explore a significant overarching conclusion, that is, the striking parallels between the women's experiences of abuse and their interactions with the social security system. It will reflect then revisit the analytical framework, the 'violence triangle', and reflect on its utility for understanding the experiences of the women interviewed for this research, drawing out some of the complexities in the relationship between the different types of violence. Finally, it will make explicit the key original contributions to knowledge contained in this thesis and outline some limitations and potential avenues for further research.

2. Conditionality in the UK Social Security System

2.1 Introduction

> The poverty of today's underclass differs appreciably from poverty in the past: underclass poverty stems less from the absence of opportunity than from the inability or reluctance to take advantage of opportunity. (Mead, 1991, p. 107)

The view exemplified by the excerpt above, that poverty stems not from lack of opportunity or from structural issues such as unemployment, has come to dominate political discourse, significantly influencing the welfare reforms carried out in the UK[2] over the last forty years. Decreasing eligibility, increasing conditionality, and harsher penalties for failing to meet requirements attached to benefit receipt are the three main features of changes made to the social security system during this period. Changes made in the past decade, following the Coalition government's Welfare Reform Act of 2012, have arguably amounted to a "radical transformation" (DWP, 2013, p. 3). However, they have also represented significant continuity with policy changes made by governments since the late 1970s. This review will examine the trend of what Dwyer (2004) calls "creeping conditionality" in the UK social security system over the last forty years, providing context for the thesis by giving an overview of the social security system with which participants were interacting.

It has been argued that conditionality features throughout the history of the welfare state (Powell, 2002). Indeed, under the incipient social security provisions of the early 20th century, people could be refused benefits if they were deemed to have engaged in immoral sexual behaviour, such as becoming pregnant as an unmarried woman (Gulland, 2019). However, the extent to which the principle of conditionality has become accepted and endorsed across the political spectrum in the UK arguably represents a "qualitative shift" (Dwyer, 2004, pp. 269-270),

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[2] This literature review outlines broad changes which have occurred in the social security system within the United Kingdom over the last forty years. However, it is important to note that welfare reform is, in some respects, experienced differently in the devolved administrations of Scotland, Wales and Northern Ireland (Patrick, 2017a). Following the Welfare Reform Act of 2012, the devolved administrations were given enhanced discretion in certain aspects of benefits reform (Birrell & Gray, 2014), and in some cases, the devolved administrations have acted to ameliorate the impacts of recent benefit reforms on their citizens. A fuller explanation of the discrepancies between England, Wales, Scotland and Northern Ireland is beyond the scope of this thesis. For recent discussion of these issues, see, for example, Birrell & Gray, 2014; Fletcher, 2019; Patrick & Simpson, 2020.

away from welfare rights and universalism, towards conditional entitlement and limited eligibility. Conditionality is now a central organising principle of the social security system (Dwyer & Wright, 2014). This chapter will begin with a discussion of the ideological and ethical justifications and rejections of conditional social security policy, discussing the changing consensus which has brought us to the present day. The chapter will then briefly trace the history of conditionality in the social security system since the late 1970s, with a short summary of the continuity and change in social security policy from the Conservative governments of Margaret Thatcher and John Major to the 'Third Way' approach taken by New Labour under Tony Blair and Gordon Brown. It will then focus on the social security policies implemented by the Coalition government of 2010 – 2015 and the Conservative governments from May 2015 to the current regime, considering their impacts on marginalised groups, specifically on people with disabilities. This section will also make reference to the concomitant narratives and discourses of austerity which have become "powerfully anchored" within the public imagination during this time (Jensen, 2013, p. 61). Finally, the chapter will consider the gendered impact of welfare reform and cuts to social provision, focusing on how women have been disproportionately affected by the changes implemented since 2010.

2.2 The politics of conduct or the politics of class? Ideological justifications of conditional welfare policies

British sociologist T.H. Marshall's seminal essay on citizenship, published in 1950, is often cited by contemporary authors when discussing the modern welfare state and the changing concept of citizenship (see, for example, Dwyer & Wright, 2014; Patrick, 2017b; Reeves & Loopstra, 2017). Marshall's conceptualisation of citizenship is divided into three elements: civil, political, and social. The social element is "of a different order", as it comprises:

> the whole range, from the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in society. (Marshall, 1950, p. 30)

Marshall contended that the right to welfare should be universal and unconditional, thereby lessening income inequality but also “equalising” status and diminishing the stigma attached to the lower classes and the poor (Marshall, 1950, pp. 37-38). Similarly, Richard Titmuss, an eminent British social policy academic and contemporary of Marshall, argued for universal entitlement to welfare, centred on a rights-based approach. He asserted that welfare and services used only by the poor not only become poor services, but that their use also become stigmatised and can involve “the infliction of a sense of inferiority” (Titmuss, 1968, p. 41).

Dwyer argues that, fifty years later, these ideas - which were central to the “conceptual architects of the welfare state” - had come to be viewed as outdated, and had been widely condemned by neoliberal governments since the 1970s (2004, p. 267). While behavioural explanations of poverty, paternalist approaches to the problem of ‘the poor’, and distinctions between ‘deserving’ and ‘undeserving’ populations have been a feature of British political and policy understanding since the Elizabethan Poor Laws and beyond (Pemberton, Fahmy, Sutton, & Bell, 2016, p. 23; Patrick, 2017a, p. 39) these ideas have re-emerged in recent decades. In the 1980s in both the USA and the UK, socially and economically conservative thinkers such as Lawrence Mead and Charles Murray became influential in welfare policy, arguing that an over-generous welfare state and unconditional social security benefits had helped to create a welfare dependent ‘underclass’, contributed to the breakdown of law and order, and led to “moral decay” (Mead, 1991; Hickson, 2010, p. 138). Mead (1991) argued that the poverty experienced by this so called ‘underclass’ was distinct from the poverty of the past in that it stemmed not from the absence of opportunity, but from the inability or unwillingness of the poor to take advantage of opportunities (p. 107), or what he described as “the puzzling reluctance of the poor to do more to help themselves” (ibid., p. 111). Attributing success or failure to a decline in traditional values and the increase in single parent families, he also asserted that “what matters for success is less whether your father was rich or poor than whether you knew your father at all” (ibid., p. 113).

This conceptualisation of poverty presupposes a particular response, which in the case of the New Right theorists such as Murray and Mead is linked to the idea of "libertarian paternalism" (Standing, 2011) in welfare policy. New paternalist arguments may concede that components of welfare conditionality, such as benefit sanctions, can cause short-term hardship, but they argue that these are in the best interests of claimants in the long run because it will encourage them to escape poverty and thus free themselves from welfare dependency (Watts et al., 2014, p. 15). Policies which promote unconditional entitlement to benefits have come to be seen as entrenching dependency and encouraging worklessness, and are unpopular both politically and with the general public (Dwyer, 2004, p. 268; Patrick & Brown, 2012, p. 2). Notions of 'fairness', 'reciprocity' and 'responsibility' have become central in media and policy discourse, which asserts that nobody should get "something for nothing" (DWP, 2013) and which depicts those in receipt of welfare as 'the enemy', 'undeserving', 'scrounging', and often fraudulent, who are exploiting 'good' tax-paying citizens through their perceived unwillingness to work (Garthwaite, 2011, p. 371). These developments might be seen as a culmination of what Morrow et al., (2004) described as:

> [A] move away from a collectivist 'rights oriented' society where the state has some responsibility towards its citizens, to an individualist 'responsibility obsessed duty state' where social problems are seen as personal failures. (p. 360)

Thus there has been a rejection of any rights-based vision of social citizenship and entitlement to welfare which is unconditional (Crisp, 2008, p. 176; Watts et al., 2014, p. 15) in favour of a morally prescriptive, neoliberal interpretation of citizenship which sees paid work as the only route to full citizenship (Patrick & Brown, 2012, p. 3). In this formulation, conditional forms of social security, including behavioural conditionality, are seen not only as unproblematic, but as the only acceptable way of administering welfare (Crisp, 2008, p. 176; Dwyer & Wright, 2014, p. 29; Patrick, 2014, p. 716). In short, conditional and punitive forms of welfare are seen as necessary to protect people from their own poor decision making (Watts et al., 2015, p. 15). The influential ideas of New Right thinkers, then, heralded a new era of more socially conservative policies in the UK and engendered social security policies which were concerned with the "politics of conduct rather than class" (Mead, 1991, p. 111).

2.3 Critiques of conditional welfare policy

While conditional forms of welfare have become the generally accepted mode of delivering social security benefits in the UK, there has been a profusion of evidence-based research which contests these policies, for myriad reasons. Grounds for dissent include disagreement with the conceptualisations of poverty and unemployment on which they are based, concerns about the detrimental consequences of such policies, and a wholesale rejection of the premise of conditional welfare. This section will give an overview of some of the main arguments which have been made against conditional welfare policies on both ethical and practical grounds.

The refutation of individual behaviour or failings as an explanation for poverty and unemployment is a recurrent theme in the literature critiquing conditional welfare models. Many authors highlight structural causes of unemployment, contesting the existence of cultures of worklessness and welfare dependency (e.g. Crisp, 2009; Crisp & Powell, 2017; Goodin, 2002; Jensen, 2013; Macdonald et al., 2014; Patrick, 2014). Authors also reject conditionality with reference to the debatable morality of such an approach, given the (often dire) consequences for those impacted (e.g. Adler, 2018; Alston, 2019; Dwyer et al., 2018; Patrick, 2017a). The moral case against benefit sanctions, in particular, and conditionality more generally, is often based on a liberal approach to citizenship (such as that of Marshall, 1950), which sees social security – or at least a minimum standard of welfare - as a right, regardless of culpability or responsibility (Watts et al., 2014, p. 15). Some authors also point to the inequity in criticising and cutting forms of welfare for the poor, as well as prescribing behavioural conditions to which they must adhere, at the same time as forms of social welfare for the wealthy are ignored and even increased (Chunn & Gavigan, 2004; Farnsworth & Irving, 2012).

The disputed efficacy of conditionality in achieving its stated goals is also highlighted by scholars who reject this approach. There is little robust evidence to support the assertion that the conditionality and sanctions attached to social security receipt assist in moving people into sustainable or stable employment (Dwyer et al., 2018; Patrick, 2017a; West Dunbartonshire Citizens Advice Bureau, 2014; Wright, 2012). While the sanction regime, for example, is undoubtedly reducing the number of those claiming benefits, there is evidence that rather than moving into employment, claimants are instead joining the growing number of people in ‘unknown destinations’ – neither in employment nor claiming any benefits (Ariss et al., 2015; Watts et al., 2014, p. 8). A Work and Pensions Committee report published in November 2018 criticised the sanctions regime introduced in 2012 on the basis that it found no evidence that harsher sanctions encouraged claimants to get into work or increase their earnings, concluding that “[a]t best, evidence on the effectiveness of sanctions is mixed, and at worst, it shows them to be counterproductive” (Work and Pensions Committee, 2018, p. 18). Furthermore, the report highlighted the “disproportionate impact” of sanctions on people with disabilities and mental health issues (ibid., pp. 29 – 31). The significant negative impacts of social security reforms in general on marginalised groups has also brought widespread condemnation from academics (see, for example, Adler, 2018; Alston, 2019; Batty et al., 2015; Cross, 2013; Lowe & DeVerteuil, 2020; Reeve, 2017; Watts et al., 2014). In addition, as Slater notes, there is a substantial literature evidencing the negative effects of paternalist welfare reforms involving sanctions in the USA, showing that far from reducing the numbers of people living in poverty, they instead:

> [R]emove them from welfare rolls, expand dramatically the contingent of the working and non-working poor, and affect their daily existence negatively in almost every way imaginable, aggravating extant class, racial and gender fractures in society. (Slater, 2012, p. 960)

Indeed, there is growing evidence that far from encouraging people to seek work, sanctions disrupt meaningful job-seeking (Batty et al., 2015; Slater, 2012, p. 960). Adler (2018) further argues that benefit sanctions are “ineffective and disproportionate, cause a great deal of injustice, are incompatible with the rule of law, and are, in no way, fit for purpose” (p. 19).

The paucity of evidence to support the efficacy of welfare conditionality and welfare-to-work programmes, and the overwhelming evidence of the deleterious impacts of harsh conditionality measures on marginalised groups, has led some authors to argue that it is ideology, not evidence, that is the driving force for the government's welfare reforms (see, for example, Hudson-Sharp, Munro-Lott, Rolfe, & Runge, 2018; Reeve, 2017; Wright, 2012). As Wright (2012) states in relation to the design and implementation of welfare-to-work programmes:

> it has been demonstrated that ideology has consistently outweighed evidence [...] Policy-makers have pressed ahead with reforms regardless of evidence that policies are unlikely to have the stated intended effects. (Wright, 2012, p. 320)

The preceding sections have explored the concept of conditionality, looking at ethical and practical justifications and critiques of conditional social security policies. The sections which follow will expand briefly on the history of the welfare state in the UK since the 1970s in order to look in more detail at some key policy changes made during this period.

2.4 The governments of Margaret Thatcher and John Major

The beginning of the shift in policy towards reduced eligibility and increased conditionality in the UK welfare state can be traced back to the 1970s, and the rise of neoliberalism (Offe, 1982, p. 67). As noted above, successive Conservative and Labour governments have been influenced by right-wing social commentators and academics from the US who have argued that overgenerous welfare has led to social decay and cultures of dependency and worklessness among the poor and the 'underclass' (Mead, 1991). Indeed, Lawrence Mead, the prominent American social and public policy academic and architect of the 'underclass' theory, was invited by the Coalition government formed in 2010 to advise on welfare reform in the UK (Standing, 2011, p.31).

Margaret Thatcher's government (1979-1990) played a pivotal role in bringing about a change in the political and public mood about how poverty and unemployment should be dealt with, and firmly rejected the so called "prevailing post-war consensus" which advocated a comprehensive and inclusive welfare state (Hickson, 2010, pp. 135-136). During the 1980s, there was an increasingly voiced view among right-wing politicians and commentators that the 'over-generous' welfare state had led, variously, to moral decay, the breakdown of law and order, and cycles of deprivation, where one generation after another in many families were choosing not to work (ibid., p. 138). As Hickson notes, this hardening of attitudes and approach towards the unemployed signalled the beginning of a ‘workfare’ agenda which was gradually strengthened throughout the 1980s (2010, p. 141) and is central to the current formulation of the social security system in England and Wales (Fletcher & Wright, 2018; Hamilton, 2014). The ‘Restart’ scheme, introduced in 1986, was the first clear attempt at introducing ‘workfare’: it obligated those who were on unemployment benefits for longer than 6 months to attend a ‘Restart’ interview at a Jobcentre to prove the steps they had taken to find employment (Hickson, 2010; Patrick, 2017a). The 1986 Social Security Act also decreed that benefits could be withheld for six months if a claimant could be deemed responsible for losing their job (Dominelli, 1988). Under the Act, the penalty period (or sanction) for “intentionally” losing a job was increased from six weeks to twenty-six weeks (ibid., p. 51). Eligibility for Unemployment Benefit was also gradually and systematically reduced (Hickson, 2010, p. 141).

The succeeding government, led by John Major, introduced several reforms which further increased the conditions placed upon the unemployed in return for receipt of benefits (Patrick, 2017a). One of the final changes made during John Major’s time as prime minister was the introduction of Job Seeker’s Allowance (JSA) in 1996. JSA was a clear and significant move towards stricter conditionality, with benefit claims more rigorously scrutinised, particularly for the long-term unemployed, and the additional requirement that claimants were ‘actively seeking work’ rather than simply ‘available for work’ (Adler, 2018, p. 26). There were also several changes to disability and sickness benefits during John Major’s premiership. In 1992, Attendance Allowance was revised and Disability Living Allowance (DLA) was introduced, with the stated aim of extending help to those with care and mobility needs who did not previously qualify for disability benefits (Sainsbury et al., 1995, p. 1). DLA had two components – care and mobility – with the care component paid at three different rates (high, middle, and low), and the mobility component paid at two rates (high and low) (Machin, 2017, p. 437). DLA was assessed on the basis of a claims form which was filled in by the claimant themselves, supported where necessary by their GP or other healthcare professionals (ibid., p. 436). Invalidity and Sickness Benefits were replaced in 1995 by Incapacity Benefit, with commentators suggesting that the intention was to curtail the numbers of people claiming such benefits by introducing more restrictive qualifying criteria (Piggott & Grover, 2009, p. 161), therefore reducing their rapidly increasing cost (Prior, McGilloway, Herron, & Donnelly, 1998, p. 71). This change sparked apprehension within disability rights groups, who were concerned that the replacement benefit would lead to reduced monetary entitlement for new claimants, fewer people found to be eligible (ibid.), and crucially - for the context of this thesis - that the model of 'incapacity' to be used as a tool to assess an individual's ability to work was:

> completely contrary to current thinking which conceptualizes 'ablement' and 'disablement' as an effect of a combination of age, education, physical and mental attributes, rather than of a single physical or mental characteristic. (Prior et al., p. 71)

2.5 New Labour: more of the same?

Dwyer (2004) talks in detail about the "creeping conditionality" continuing during the years of Tony Blair's New Labour government, which came to power in 1997. Under advisement from sociologist Anthony Giddens, Blair's government became a strong proponent of the 'Third Way' position, ostensibly rejecting old divisions of 'right-wing' and 'left-wing' politics and claiming to appeal to the political centre (Powell, 2000). According to Giddens, the central motto of Third Way politics was "no rights without responsibilities" (Dwyer, 2004, p. 266). This philosophy clearly had an important bearing on social security policy, and the principle arguably came to underpin New Labour's welfare reforms, which increased conditionality for social security as well as in other areas of social provision (ibid., 2004, p. 266). This was apparent in the creation of the 'New Deal', a workfare programme for the young unemployed, single parents, and people with disabilities (Dwyer, 1998, p. 499). In bringing single parents and people with disabilities into 'welfare-to-work' schemes, New Labour in fact went further than the previous Conservative governments, by extending the principles of conditionality to new groups of claimants (Patrick, 2017a, p. 43).

The 'New Deal for Disabled People' (NDDP) initiative, launched in 1998 as a small pilot programme and extended nationally in July 2001 (Aston et al., 2005), allocated funds to projects designed to 'help' disabled people back into the workforce. Indicating a certain continuity with the introduction of Incapacity Benefit by the previous Conservative government, the NDDP project focused very much on the disabled individuals' need for change, while ignoring structural and environmental barriers to disabled people's participation in the workplace (Drake, 2000, p. 426). The New Labour governments were also keen to tighten eligibility for benefits and reduce the overall social security budget through a number of additional measures, including fraud investigation, the abolition of some benefits and a tightening of access to others, and proposals to compel claimants to attend job interviews (ibid., p. 428). The shifting focus of the assessment for Incapacity Benefits away from demonstrating incapacity and towards evaluation of the claimant's ability to work (ibid., p. 429) was particularly significant for what came next.

In 2008, Employment and Support Allowance (ESA) was introduced for new claimants of income replacement benefits for reasons of sickness or disability (Piggott & Grover, 2009, p. 161). In their discussion of the 2006 Green Paper 'A new deal for welfare: empowering people to work' which heralded the introduction of ESA, Grover & Piggott (2007) highlight the "individualized solutions to non-employment" approach taken in the paper, which assumes that it is a "poverty of aspiration" on behalf of claimants, not lack of jobs, nor (in the majority of cases) genuine impairment, that is preventing their participation in the paid labour market (p. 736). The Green Paper also outlined several perceived issues with the administration of IB: that too many people were able to claim it; and that too few moved off it (ibid.). ESA was designed to remedy these alleged problems. Grover and Piggott also emphasise the potential for discrimination again women, and disabled women in particular, in the new ESA formulation. They conclude that the Green Paper constitutes:

> [A] set of policy proposals that in contrast to empowering sick and disabled people to work is likely to oppress them by expecting them to be like able-bodied workers without addressing the social and institutional basis of disablement. This is because the proposals are structured through

> myths seemingly handed down through generations of policy making in the Poor Law tradition, rather than through the lived realities of sick and disabled claimants. (Grover & Piggott, 2007, pp. 743–744)

Following the launch of ESA in 2008, the Work Capability Assessment (WCA) was introduced to replace the Own Occupation Test and the Personal Capability Assessment (Grover & Piggott, 2010). The WCA was considered to be a significantly more rigorous assessment than its predecessors, largely because it was to be carried out by medical professionals from a private-sector provider contracted by the DWP, rather than being based on the views of the claimant’s general practitioner (GP). It would therefore be grounded purely on medical considerations, rather than any wider socio-economic context (ibid., p. 268). Following a WCA, claimants are placed in one of three groups: the Support Group, who receive ESA without any conditions; the Work-Related Activity Group (WRAG) in which claimants are mandated to take part in work-related activity or face financial sanctions; and those who are judged fit for work, and instead invited to apply for JSA (Patrick, 2017a, p. 44).

As Hickson (2010) notes, what stands out when considering the welfare changes made by New Labour, is the continuity with what had initially been termed a ‘Thatcherite’ approach: “New Labour, if anything, went even further than the Thatcher and Major governments in terms of extending the reciprocity principle in the welfare state” (p. 144). The “ideological distance” travelled by New Labour in a relatively short amount of time (Dwyer, 2004, p. 281) is significant. As Dwyer argues, a “whole-hearted endorsement” by a British Labour government of highly conditional welfare policies would have been inconceivable in the 1970s and 1980s (2004, p. 270). As Heron and Dwyer argue, then, Labour's supposedly ‘new’ approach, rather echoed older ideas about the causes of, and solutions to, poverty, and was “set firmly within a moral framework of self-help and individual responsibility” (1999, p. 101). The changes made by New Labour, however, seemingly extreme at the time and constituting a major “qualitative shift” (Dwyer, 2004) in social security policy, have been overshadowed and superseded by the sweeping reforms made by the Coalition and Conservative governments from 2010 to the present day.

2.6 Coalition and Conservative Governments of 2010 – present day: "dismantling the social safety net"[3]?

While, as demonstrated above, conditionality attached to receipt of social security benefits has been steadily increasing over the last forty years, the welfare state in the UK has arguably nevertheless undergone a "radical transformation" (DWP, 2013, p. 3) since the formation of the Cameron-Clegg Coalition Government in 2010 and the Conservative governments which have succeeded it. A preoccupation with reducing the welfare benefits bill has formed a central part of the government's economic strategy (Beatty & Fothergill, 2017, p. 950), and vast reductions in spending across the entire welfare system have been justified by the widely promoted 'necessity' of austerity. Significant changes have been made to social security benefits, with further decreasing eligibility and ever-increasing conditionality constituting the two major features of the regime, while government, media and popular discourse have focused on ending the "something for nothing" culture (DWP, 2013).

This section will briefly highlight some key social security policy reforms enacted by the Coalition and Conservative governments - particularly those which impacted the women who participated in this research - before examining some of the discursive strategies employed by the government and the media to justify these changes, and, finally, focusing on some of the lived impacts of both policy and discourse on vulnerable and marginalised groups.

The Welfare Reform Act 2012 introduced a range of measures which further tightened eligibility criteria, intensified conditions attached to benefit receipt, and strengthened punitive consequences for failure to meet such requirements. The maximum possible length of a sanction was increased to three years, and sanctions were extended to apply to those in the WRAG of ESA, as well as those on JSA (Patrick, 2017a, p. 45). Repeat sanctions were also made to run consecutively rather than concurrently, and 'hardship payments' were made repayable (Webster, 2019, pp. 317–318). Eligibility for contributory ESA for those

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[3] (Alston, 2019, p.8)

in the WRAG was also time-limited to one year (Patrick, 2017a, p. 46), and as of April 2017 the Work Related Activity Component was abolished for new claimants, bringing the weekly payment for those in the WRAG in line with JSA (Bate et al., 2017). The Welfare Reform Act 2012 also provided the legislative framework for Personal Independence Payments (PIP), and in 2013, the Coalition government began the roll-out of PIP, which was to replace DLA for claimants of working age (Machin, 2017, p. 435). Eligibility for PIP is assessed through a formal medical assessment, and the rate at which the two components of mobility and 'daily living' are paid depends on the number of points awarded (ibid., p. 438). Each component now has only two possible rates - standard or enhanced. Frequent reassessment to determine ongoing eligibility has become a feature of both PIP and ESA for many claimants (Lowe & DeVerteuil, 2020; Mattheys et al., 2018). Meanwhile, Universal Credit, the Coalition's flagship social security policy, was introduced to replace six existing benefits for working age people: Income Support, Income-Based Jobseeker's Allowance, Income-Related Employment Support Allowance, Housing Benefit, Child Tax Credit and Working Tax Credit (Dwyer & Wright, 2014, p. 27). Universal Credit is delivered as a single monthly payment, ostensibly intended to mimic 'the realities' of paid work. It is paid directly to claimants, and it extends the principle of conditionality to those in work (Millar & Bennett, 2017, p. 171). Originally intended to be fully operational nationwide by 2017, recent delays have pushed the full roll-out timetable back yet again - at the time of writing - to 2024 (BBC News, 3rd February 2020). The Resolution Foundation reported in 2017 that the Universal Credit system is less generous than the one it replaces, and "although the extent of gains or losses vary across family types and their precise circumstances [...] we expect working families to be, on average, £625 a year worse off", with single parent families more likely to lose than gain (Brewer et al., 2017, p. 27). In addition to these changes, the introduction of the benefit cap, which sets a maximum that can be received on 'out of work' benefits, and the two-child limit for the child element of tax credits,[4] have contributed to creating a system which is inflicting poverty on those dependent on it – with particularly severe consequences for women and single mothers (Lammasniemi, 2019, p. 370).

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[4] Unless a third or subsequent child was conceived through sexual assault, an exception which has been dubbed "the rape clause".

As Wright observed in 2012, "benefits have become harder to claim than at any point since the establishment of the post-war welfare state, worth even less than before in relative terms and backed up by the harshest ever sanctions" (p. 319). This reality, as demonstrated in the preceding paragraphs, has only become more pronounced during the intervening years. Furthermore, the reforms in the social security system are taking place concurrently with significant and sustained cuts to public services:

> Distinctive to the current recession are simultaneous cuts to public spending and social welfare systems […] in the context of extremely hard financial times and increasing economic stress, especially for those at the bottom of the social ladder, there is simultaneously a rolling back, rather than investment in, welfare safety nets; as well as political and public discourse which is at best unsympathetic and at worst potentially vilifying of the poor and the socially excluded. (Samaritans, quoted in O'Hara, 2015, p. 213)

The following section will explore some of the discourse which surrounded and sought to legitimate the social security reforms which were being implemented in this period.

2.7 Sticks and stones may break my bones, but words will never hurt me?: stigmatising discourse and the power of adding insult to (material) injury

> Words *do* hurt. Words *are* powerful […] words do have the power to wound. With repetition, they gain a life of their own, impart meaning, discursively elevate some while sending others to the margins, and have a profound impact upon our lives and on the social policies most important to us. (Cassiman, 2008, p. 1690)

There is a wealth of literature on the discursive strategies employed by recent UK governments in order to justify their social policy agendas. As many authors highlight (see, for example, Patrick & Brown, 2012; Parr, 2016) there is some continuity between the moral discourses employed by New Labour and those promoted by the Coalition government and subsequent Conservative governments around welfare reform, poverty, and social security receipt. Clearly, as was indicated at the beginning of this chapter, there is a long history behind "moralising subtext[s]" attached to social policy agendas and the distinction between the 'deserving' and 'undeserving' poor (Patrick and Brown, 2012, p. 2), going back to the Elizabethan Poor Laws (Cassiman, 2007, p. 53). However, stigmatising discourse about benefit claimants has arguably become more mainstream, more acceptable, and more vitriolic under the Coalition and Conservative governments (Pemberton et al., 2016; Patrick and Brown, 2012). Some of the main discursive strategies employed by successive governments since 2010 in relation to benefit claimants, poverty, and the social security system are introduced below.

Pemberton et al. (2016, p. 23) refer to three discursive strands which comprised the Coalition government's rhetoric on poverty, drawn in particular from some of the most vocal Conservative cabinet members, such as Iain Duncan Smith, and the right-wing think tank, the Centre for Social Justice. The three strands are identified as: behavioural 'pathways' which indicate an individual's vulnerability to poverty (such as family breakdown and addiction); 'worklessness', in which overgenerous social spending encourages individuals and families to forgo work in favour of a life on benefits; and finally a moral discursive strand which makes a stark distinction between those who contribute (through paid work) and those who are dependent on welfare and are therefore considered as 'not contributing' (ibid., pp. 23-24). More generally, the distinction between 'deserving' and 'undeserving' benefit claimants, between 'strivers' and 'shirkers' or 'scroungers' has become paramount in both government policy and media narratives (Pashkoff, 2014; Morrison, 2019; Garthwaite, 2011), and the alleged "moral and motivational deficiencies" (Wright, 2012, p. 321) of claimants has been brought sharply into focus, at the expense of highlighting the structural causes of poverty, unemployment and underemployment. As Macleavy argues, the austerity regime of the government, nowhere so manifest as in welfare reform, is "essentially punitive and betrays classic signs of 'blaming the victim' without addressing underlying structural causes and barriers" (2011, pp. 364-5). Arguably, by restricting access to the resources necessary to fulfil basic needs to certain sectors of our society, the message is sent that such individuals are inferior (Eldridge & Johnson, 2011, p. 387). The threat of destitution is very real, but the discourse has laid the groundwork to justify this eventuality, and to present it as legitimate. This legitimation will be discussed further in Chapter 3 in the context of cultural violence.

2.8 "Women bear the brunt"[5]: the gendered impact of social security reform and public sector spending cuts

A significant body of evidence (see, for example, Bennett & Sung, 2013; Howard, 2019; Pearson, 2019; Women's Budget Group, 2016) has demonstrated how the spending cuts and social security reforms imposed since 2010 have disproportionately impacted on women. Analysis by the House of Commons Library following the 2016 Budget found that, cumulatively, 86% of savings made in the period between 2010-2020 will have "come from women's pockets" (Women's Budget Group, 2016, p. 3). Women - and particularly disabled, low-income and BAME women - are particularly reliant on benefits and tax credits and are therefore harder hit by social security reforms which have restricted eligibility and decreased the value of these benefits (Macleavy, 2011; Pashkoff, 2014; Pearson, 2019). This situation can be attributed to a number of reasons, including the significant burden of unpaid labour which women bear, such as child-rearing and greater responsibilities for caring, and the structural inequalities which disadvantage women in the paid labour market (Ariss et al., 2015, p. 29).

A crucial starting point for understanding the impact of social security retrenchment on the women who took part in this research is the acknowledgement of the ingrained social and economic inequalities which women face. Women on low incomes and those who have experienced sexual and/or domestic violence are more likely to rely on state funding in two ways: both through the welfare state, and through state funding for women's organisations (Purvin, 2007, p. 207). Through this "double dependence" on state support, women on low incomes who have experienced sexual and/or domestic violence are doubly vulnerable to the budget cuts imposed by successive governments since 2010. Women have been further disadvantaged by drastic reductions in public sector roles, where they are over-represented in the workforce (Pashkoff, 2014). For women living in poverty who have also experienced direct forms of violence, the impact of austerity is also magnified in other ways: the realities of poverty intensify the impact of sexual and domestic

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[5] (Pearson, 2019)

violence; while decreasing income and benefits reduces the resources that women have to mitigate the short-term and the long-term effects of violence (Purvin, 2007, p. 188); and cuts in funding to women's organisations further decrease the likelihood of women being able to escape from, or recover from, abusive situations (Vacchelli et al., 2015). Furthermore, the consequences of sexual and domestic violence can affect women's ability to comply with the ever more stringent conditions attached to benefit receipt, increasing the likelihood of deepening poverty (Purvin, 2007, p. 189).

2.9 Conclusion: from "creeping conditionality"[6] to "ubiquitous conditionality"[7]?

This chapter has provided political and policy context for the thesis through a discussion of the changing social security landscape in the UK over the last 40 years, and of the steady intensification of the concept and application of conditionality which has characterised these reforms. While we can see clear evidence of continuity in reforms made by both Conservative, Conservative-led and Labour governments since the early 1980s, the pace, breadth and depth of the changes made since 2010 have had profound and far-reaching impacts: we have now arrived at what Dwyer and Wright (2014) call "ubiquitous conditionality". We have explored some of the discourse which has legitimised social security retrenchment, and how Chunn & Gavigan's observation, writing from Canada over 15 years ago, that "welfare fraud has become welfare *as* fraud" (2004, p. 294, emphasis in original) has become ever more relavant in the UK in the here and now. Finally, the chapter considered the gendered impact of social security reform and its disproportionate impact on low-income women. In his report on his recent visit to the UK, Philip Alston, at the time, United Nations' Special Rapporteur on extreme poverty and human rights, concludes that:

> By treating work as a panacea for poverty while dismantling the social safety net, the Government has created a highly combustible situation that will have dire consequences, especially if and when there is *prolonged economic contraction*. (Alston, 2019, p. 9, emphasis added)

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[6] Dwyer (2004)

[7] Dwyer & Wright (2014)

This account of the political and policy context is essential in order to situate the participants' experiences of the social security system. The next chapter will consider the potential of using a triangular conceptualisation of violence as a framework within which to *understand* these experiences.

3. Analytical Framework: The ‘Violence Triangle’

3.1 Introduction

That the women interviewed for this research had been subjected to violence is without doubt. The analytical framework developed here, however, aims to use a broad conceptualisation of violence to explore whether, beyond direct, interpersonal violence, participants are also subject to other, more insidious forms of violence. These forms of violence are named here as 'structural violence' and 'cultural violence', following the work of Johan Galtung (1969, 1985, 1990). Along with direct violence, these two types of violence form the 'violence triangle' (Galtung, 1990). This chapter explores the concepts of cultural and structural violence, considers the distinction between the two, and suggests that the 'violence triangle' could provide a useful analytical framework for understanding the experiences at the hands of the social security system of women victims/survivors of sexual violence.

How do we define violence? The most commonly understood, layperson definition of violence is a narrow definition, of violence as force, as an act – normally between one or more persons or groups – that involves the deliberate infliction of physical injury (Bufacchi, 2005, p. 195). Bufacchi (2005) distinguishes between violence as force, and violence as violation; or, violence defined narrowly, and violence defined more broadly. The feminist movement arguably led the way in highlighting the "multi-faceted nature of violence" (Morgan & Björkert, 2006, p. 442) as early as the 1960s, by including psychological and emotional abuse as part and parcel of domestic violence.[8] A comprehensive conceptualisation of violence is proposed by Iadicola & Shupe, comprising "any action or structural arrangement that results in physical or nonphysical harm to one or more [persons]" (2013, p. 26). Meanwhile, Johan Galtung's "radically expansive" definition of violence (Biebricher & Johnson, 2012, p. 209) posits that violence is present "when human beings are being influenced so that their actual

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[8] Recognition of psychological forms of violence is increasingly mainstream and, over half a century later, has recently been written into law in the UK: the Serious Crime Act of 2015 in England and Wales recognised coercive and controlling behaviour as a form of abuse and designated it an offence; the Domestic Abuse (Scotland) Act 2018 came into force in April 2019 and makes similar provisions, under which 'coercive control' is considered a crime. In Northern Ireland (NI), The Domestic Abuse and Family Proceedings Bill, which is currently (as of September 2020) in the Committee Stage in the NI Assembly and it is expected that Royal Assent will be granted in April 2021 (Savage, 2020).

somatic and mental realizations are below their potential realizations" (Galtung, 1969, p. 168). Galtung readily admits, however, that this definition might "lead to more problems than it solves" (ibid., p. 168), potentially broadening it so far as to render it unusable.

With this caveat in mind, this chapter will further explore comprehensive conceptions of violence, and argue that the concepts of structural and cultural violence provide a useful framework for understanding the contemporary social security system in England and Wales in relation to women who have experienced rape and sexual abuse. The first half of the chapter will explore, in depth, the concept of structural violence, considering some related concepts, different definitions, development of the concept, contemporary uses, and critiques. The chapter will then explore the concept of cultural violence, and the links between structural and cultural violence. Finally, the chapter arrives at the definitions of structural and cultural violence to be used in this thesis, through a discussion of social harm and the basic needs approach.

3.2 What is structural violence?

> Structural violence is often enacted through technocratic systems and procedures for 'managing' the poor, which have become normalised and taken-for-granted as simply 'how things are done around here' (Hodgetts et al., 2014, p. 2038)

The term 'structural violence' has been applied in many different academic disciplines since it was introduced by Johan Galtung in 1969 within the field of peace studies research (Ho, 2007). In his seminal piece 'Violence, Peace and Peace Research', Galtung seeks to establish the meaning of 'peace', with particular reference to the concepts of 'positive' and 'negative' peace. He argues that despite the absence of obvious war, or physical, inter-personal violence, violence can nonetheless continue to be done to people in peacetime, though it is rarely recognised as such. The concept spans the whole spectrum of social sciences (Galtung, 1990, p. 303), and has been utilised in the fields of anthropology (Farmer, 1996, 1999, 2004, 2005), political science (Biebricher & Johnson, 2012; Dilts et al., 2012; Vázquez-Arroyo, 2012), geography (Shaw, 2019), criminology and sociology (Eldridge & Johnson, 2011; James et al., 2003; Montesanti & Thurston, 2015), as well as in public health (Beckerleg & Hundt, 2005; DeVerteuil, 2015; Lowe & DeVerteuil, 2020; Whittle et al., 2015) and medicine (Banerjee et al., 2012; Choiniere et al., 2014; Ho, 2007; Roberts, 2009). The sections which follow will provide a short account of Galtung's work on structural violence, before discussing further development and application of the concept, including the work of medical anthropologist Paul Farmer.

3.2.1 Related concepts of violence

While this chapter is concerned with the concepts of structural and cultural violence, there are a number of overlapping ideas that it is worth reviewing briefly as they provide important context for the discussion which follows. Scheper-Hughes and Bourgois provide a comprehensive list of potential terms which might provide useful material to be considered by those seeking to explore and expand the scholarship on structural and cultural violence:

> Bourdieu's (2000) "symbolic violence" (and his related notion of "misrecognition"), Taussig's (1986, 1992) "culture of terror," his "space of death," and his emphasis on Walter Benjamin's "state of emergency [as] the rule," Conrad's (1969) "fascination of the abomination," Arendt's (1963) "banality of evil," Levi's (1986) "gray zone," Basaglia's "peace-time crimes" (Basaglia, Scheper-Hughes, and Lovell 1987), Scheper-Hughes's (1996) "everyday violence" and "invisible genocides," Farmer's (2003b) "pathologies of power;" Kleinman, Das, and Lock's (1997) "social suffering," Agamben's (2000) "impossibility of witnessing," Foucault's (1978) "bio-power," and our "violence continuum" (Scheper-Hughes & Bourgois, 2004, p. 318)

We might add to this the concepts of 'social murder' and 'institutional violence'. Social murder is the phrase used by Friedrich Engels (1845/1971) in his dissection of the conditions of the working class in England during the 18th century:

> When one individual inflicts bodily injury upon another such injury that death results, we call the deed manslaughter; when the assailant knew in advance that the injury would be fatal, we call his deed murder. But when society places hundreds of proletarians in such a position that they inevitably meet a too early and an unnatural death, one which is quite as much a death by violence as that by the sword or bullet; when it *deprives thousands of the necessaries of life*, places them under conditions in which they cannot live -- forces them, through the strong arm of the law, to remain in such conditions until that death ensues which is the inevitable

> consequence -- knows that these thousands of victims must perish, and yet permits these conditions to remain, its deed is murder just as surely as the deed of the single individual; disguised, malicious murder, murder against which none can defend himself, which does not seem what it is, because no man sees the murderer, because the death of the victim seems a natural one, since the offence is more one of omission than of commission. But murder it remains. (Engels, 1845/1971, p. 63, emphasis added)

Significant disparities in life expectancy rates in the UK between those areas with the lowest income and those with the highest have persisted into the 21st century, indeed, the gap widened between 2001 and 2015, with a Longevity Science Panel report from 2018 finding that "income deprivation, as estimated from state benefits and largely associated with unemployment, is the strongest independent predictor of mortality rates in a neighbourhood" (2018, p. 3). The concept of social murder, then, is arguably not entirely redundant in the modern-day UK.

Meanwhile, Cooper and Whyte employ the concept of institutional violence, which they describe as "the ordinary and mundane violence that make [sic] up the lived experiences of austerity; the lived experience of feeling humiliated, anxious and vilified" (2017, p. 23). Another relevant concept is Pierre Bourdieu's theory of symbolic violence, which refers to the indirect cultural mechanisms and symbolism which work to legitimise and obscure power relations in any given society (Jenkins, 1992, p. 104). Symbolic violence is powerful precisely because it is unseen and unrecognisable for what it is (Morgan & Björkert, 2006). The links to the concepts of cultural and structural violence are readily apparent: it could be argued that symbolic violence equates loosely to cultural violence, while the unequal power relations which it legitimates are a form of structural violence.

This brief exploration of some of the overlapping and intersecting concepts demonstrates that these ideas have not been overlooked or dismissed. However, a triangular conceptualisation of violence, which highlights and interrogates the relationships between different forms of violence, is used in this thesis because of its potential for providing better insight into the experiences of women victims/survivors of sexual violence in navigating the social security system. That is not to say that the terms structural and cultural violence could not, perhaps, be substituted for one or other of the terms cited above. Rather, the broad articulation of the 'violence triangle 'by Galtung is seen as particularly relevant for this thesis, which will therefore employ the same terms. This is not to say that the thesis adopts Galtung's theory wholesale, and the limitations of the concept as employed by Galtung and other scholars are acknowledged (see section 3.3.3), particularly in terms of how it is operationalised, and subsequent developments of the concept are explored below. Indeed, in the early stages of data collection it became apparent that such a broad analytical framework was too blunt a tool to explore the processes of structural and cultural violence in the social security system, and as such, a refinement of the analytical framework was necessary (see section 3.7). However, the terminology and broad conceptualisation of a 'violence triangle' introduced by Galtung provides a useful and relevant framework to guide this work.

3.2.2 The work of Johan Galtung

Galtung rejects a narrow definition of violence which limits the understanding of violence to the intentional use of direct physical violence. For him, violence is "anything avoidable that impedes personal growth" which may equally take the form of the deprivation of "goods", as the infliction of "bads" (Galtung, 1981, p. 67). The difference between the *actual* and the *potential* is identified here as the violence, providing that the difference is *avoidable*. For example, if people starve to death in a society with an abundance of food, violence is committed, whether or not this violence can be traced back to a particular actor (Vázquez-Arroyo, 2012, p. 214). Similarly, where life expectancy is decades apart for the poorest and the richest in a society,[9] violence is present (Galtung, 1969, p. 171). In naming starvation as violence, Galtung has already expanded the commonly understood definition.

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[9] In 2012 to 2014, life expectancy for new-born boys was almost 9 years higher in Kensington and Chelsea (among the ten areas in the UK with most disposable household income per head) than in Blackpool (among the twenty areas of the UK with least disposable income per head) (Office for National Statistics, 2015).

Moreover, violence need not be defined solely as somatic, or bodily, incapacitation, such as physical injury or death (ibid., p. 168) but, Galtung argues, can also relate to mental, emotional, or spiritual aspects of human life. When we move from somatic aspects of human life and health to mental aspects, the definition becomes more complex. Galtung argues that consensus over what constitutes good mental or spiritual health is far harder to obtain than consensus about physical health (ibid., p. 169). This point is illustrated by Galtung's assertion that to deprive people of cultural stimuli can also be considered a form of violence (Galtung, 1981). This arguably extends the definition of violence beyond what many would consider useful for the purposes of analysis. However, to exclude violence which leads to psychological and emotional harm is to discount many forms of suffering: as Bulhan, for example, argues, the "narrow view of [violence as] physical injury or damage often neglects the long-term somatic, psychological, and social consequences of systemic violence" (1985, p. 133). Indeed, psychological forms of violence have been identified as equally or more damaging than physical forms (Bufacchi, 2005; Morgan & Björkert, 2006).

Importantly, for Galtung, structural violence does not necessarily involve any identifiable actor as the perpetrator. In the case of interpersonal or direct physical violence, we can identify a subject (perpetrator), object (victim) and action (the violent act itself) relationship (Galtung, 1969, p. 171). According to Galtung, if we focus only on cases where we can identify both subject and object, we are ignoring a great deal of violence in which we cannot always identify this subject-action-object relation, because the violence is "built into the structure" (ibid., p. 171). Nevertheless, individual actors need not be absent for the violence to be structural. For Galtung, structures "are settings within which individuals may do enormous amounts of harm to other human beings without ever intending to do so, just performing their regular duties as a job defined in the structure" (Galtung, 1985, p. 145).

3.2.3 The concept of structural violence post-Galtung

Building on the work of Galtung, a number of authors have argued that structural violence can be seen in the mortality, morbidity, incarceration and relative poverty rates of different groups living in the same society (Bulhan, 1985; DeVerteuil, 2015; J. Gilligan, 1999; B. X. Lee, 2016; Roberts, 2009; Whittle et al., 2015). Pool and Geissler further specify the groups most likely to be the victims of structural violence, defining it as "the constraints on behaviour and options imposed by institutionalized inequalities in wealth and power on those who are underprivileged: namely women, the poor, those of colour" (Pool & Geissler, 2005, p. 63).

Those working from a feminist approach similarly state that structural violence affects women disproportionately around the world (Anglin, 1998). In 1989, Brock-Utne developed the concept of structural violence from a feminist perspective to include "patriarchal structural violence" (Mazurana & McKay, 2007), highlighting the impact of this violence on women. Patriarchal structural violence is said to be embedded in societies, political systems, and economies globally (ibid.). As Rose (2015) later argued, the vast majority of law and legal systems are inherently patriarchal: they are founded by men, with men as the norm and women as the 'other', and they work in the interests of men and to the detriment of women (p. 35). Legal and administrative structures are often complicit in creating and sustaining behaviours which perpetuate injustices against women, notably in respect of welfare provision. Furthermore, Rose argues, conventional legal understandings of violence are based on "a male, single-incident-based model of victimisation" which ignore the realities of sexual and domestic violence as a part of a "system-wide subordination of women" (ibid., p. 32). Rose advocates for the use of a 'crimes against humanity' framework in tackling intimate partner violence, which sees intimate partner violence not just as an individual, interpersonal crime, but recognises the "state, institutional [and] organisational element[s] in its perpetration and perpetuation" (ibid.). These observations provide ample justification for taking an approach which focuses on women's experiences.

Medical anthropologist and physician Paul Farmer is considered a leading advocate of the concept of structural violence (Roberts, 2009). Farmer uses the term structural violence as a "broad rubric" describing systematically exerted violence, which includes extreme and relative poverty and social inequalities, as well as more acute forms of violence (Farmer, 2005, p. 8). His work looks at the ways in which the life choices and opportunities of his patients are structured by racism, sexism, and poverty, and in turn, how these social forces structure risk of exposure to some of the most extreme forms of suffering, such as rape and torture (Farmer, 1996). He has consistently applied the concept to his work in medical anthropology and social medicine, starting with his research with people living with HIV/Aids and tuberculosis in Haiti. He gives examples of some of the adverse outcomes *associated* with structural violence, such as "death, injury, illness, subjugation, stigmatization" (Farmer, 2004, p. 308). He further describes structural violence as "structured and *stricturing.* It constricts the agency of its victims" (ibid., p. 315, emphasis in original). However, he stops short of providing a definitive definition. Farmer's work, therefore, typifies many of the tensions in the concept of structural violence, which will be discussed below in section 3.3.

3.2.4 Contemporary literature on structural violence, austerity and welfare

There is a growing body of literature in critical social policy engaging with the concept of structural violence (see, for example, Bond & Hallsworth, 2017; Bruck & Garthwaite, 2020; Cooper & Whyte, 2017; Grover, 2019; Pring, 2017; Shannahan, 2019; Shaw, 2019; Wright, Fletcher & Stewart, 2020). The literature explores the links between this type of violence and a prolonged period of austerity in the UK which has seen a profound retrenchment of the public sector and the welfare state, and rising poverty (Shannahan, 2019).

Cooper and Whyte's (2017) edited collection, 'The Violence of Austerity' brings together campaigners, writers, and academics to examine the ways in which austerity can be understood as a "profoundly violent set of policies" (p.23). Cooper and Whyte use the term 'institutional violence' to describe a form of violence which is ordinary, mundane, and bureaucratised (ibid.). In his contribution, John Pring of the Disability News Service describes the work capability assessment as "possible the most violent and discriminatory tool ever handed to a government department" (Pring, 2017, p. 51), citing the rising number of deaths of claimants following assessment. Bruck and Garthwaite

(2020) use the term structural violence to characterise the impact of austerity on the day-to-day operation of a foodbank, whereby access to a basic necessity is being made increasingly difficult and dependent on neoliberal notions of 'deservingness'. Wright et al. (2020) discuss the "relentless social suffering" (p. 286) created by the increasingly punitive nature of the British social security system, concluding that "[w]elfare reforms have made the process of claiming benefits socially abusive" (p. 291). However, Wright et al. hold that the harms engendered by the benefit system only merit the description of 'social murder' or 'institutional violence' when they include physical harm or threats to life. Redman and Fletcher (2021) draw inspiration from Bauman's (1989) focus on the 'psycho-social processes' which facilitate institutional violence, using this as a tool to demonstrate how employees in Jobcentre Plus and Work Programme services are encouraged to implement social security reforms with harmful consequences. Redman and Fletcher conclude that the "(re)intensification of stigmatising welfare narratives" (p. 16) has played a pivotal role in facilitating the delivery of institutional violence on the front line. While they do not use the terminology of cultural and structural violence, many similarities can be drawn between these conclusions and the broad 'violence triangle' framework used in this thesis. Grover (2019) argues that social security austerity can be understood as structural violence – it helps to reproduce unequal distribution of power and resources, and these damaging consequences are both known and avoidable (p. 339). From a Marxist perspective, he argues that conditionality and sanctioning are part of 'violent proletarianisation', controlling the reserve army of labour (p. 343). Drawing a connection from Engels' concept of 'social murder' to Galtung's concept of structural violence, Grover argues that social security austerity is leading to social murder, through the suicide, suicide attempts, and forced destitution of claimants.

Shannahan (2019) suggests that Galtung's triad of violence provides an invaluable intersectional lens for understanding poverty. He argues that welfare reform, such as the introduction of Universal Credit, exemplify the structural violence of austerity – whereby the impoverishment of people already living in poverty is built into British government policy (p. 247), and describes how this is justified by discourse which blames the 'poor' for their own poverty, that is, by cultural violence. Shannahan holds that poverty itself is a *form* of structural violence, rather than the cause of such poverty. In the wake of COVID-19, public health scholars have also increasingly used the term structural violence to explain the disproportionately deadly impact of the pandemic on low-income and BAME communities (Samra et al., 2020).

This burgeoning literature, which is starting to frame people's experiences of social security as structural or institutional violence, clearly provides an important backdrop for this thesis. However, it is still in its infancy and so this thesis provides crucial additional evidence of the violence of the contemporary social security system, contributing insights that will help develop and deepen knowledge in this area.

The concept of structural violence is perhaps most commonly understood, then, as a form of violence 'done to' (usually marginalised) individuals or social groups by powerful social actors, institutions, or structures, which constrains their choices and prevents them from meeting their basic needs. According to this definition, if inequality exists within a society, with different living standards and opportunities available to people dependent on their economic and/or social status, we can say that structural violence is *present*, or has *occurred.*

However, although this may give us an alternative way to look at inequality and to see the violence in social structures, it arguably gets us no closer to what the structural violence is *doing*, *how* it creates those inequalities, *where* the violence itself may actually lie or occur, and whether or *how* we can ascribe blame to powerful social actors, groups or institutions which *perpetrate* structural violence, and perpetuate inequality and discrimination. The following section will elaborate on the potential limitations in the existing conceptualisations of structural violence.

3.3 Limitations of the existing conceptualisations of structural violence

Scholars who raise issues about the ambiguities and conceptual limitations of the concept of structural violence argue that, while it may provide a useful rhetorical tool, it is simply a catch-all term for other forms of injustice, and is therefore analytically vague (Parsons, 2007, p. 176) and conceptually limiting (Wacquant, 2004). Indeed, Galtung himself acknowledges that the term ‘structural violence’, as he defines it, can be used interchangeably with ‘social injustice’ (Galtung, 1969, p. 171). This raises challenges for operationalising the concept through empirical research to understand the processes via which structural violence is enacted. As such, this is a key concern for the study on which this thesis is based. Thus, while Galtung’s work is clearly useful in terms of the theoretical definitions of violence and the introduction of the ‘violence triangle’, his conceptualisation does not lend itself to analysis of the ways in which structural and cultural violence might be perpetrated, or how they operate through individual and group human interaction. As a scholar of peace research, his focal point when discussing structural and cultural violence is often the societal, national, or international level, and concerned with, for example, market forces and imperialism. Moreover, as cited above, his definition of structural violence is not dependent on the presence of harm, which arguably broadens the definition of violence so far as to render it ineffective as a tool for analysis. The thesis therefore has to take Galtung’s work as providing a broad concept to guide the research, rather than a detailed theory to ‘test’.

Contemporary use of the concept has also often been ambiguous, with some scholars using Galtung’s expansive definition, others seeking to bound the meaning more tightly, and yet others using very little definition at all. Eldridge & Johnson (2011) state that “systematic inequalities in the distribution of resources within a society that contribute to “avoidable deaths” or to unequal opportunities *signify the presence of structural violence”* (p. 386, emphasis added). Meanwhile, Leech (2012) contends that “structural violence *manifests* itself in many ways, but its common theme is the deprivation of people’s basic needs as a result of existing social structures” (p. 11, emphasis added). Karlberg (2012) asserts that structural violence “refers to the gradual deprivation of basic human needs or the violation of basic human rights, *as a result* of unjust and inequitable social structures” (p. 3, emphasis added). Banerjee et al. (2012) state that the concept “*draws attention* to the role that institutions and social practices play in preventing people from meeting their basic needs *or* realizing their potential” (p. 391, emphasis added), while for Hodgetts et al. (2014) “[s]tructural violence *denotes* methodical and often subtle processes through which social structures disadvantage and harm certain groups of people" (p. 2038, emphasis added). Moreover, where the definition is implicit but not clarified, it has sometimes been used in different ways within the same piece of work. This arguably signals, as Parsons (2007) states, that the scope of the definition is too wide (p. 175). Bourgois and Scheper-Hughes, commenting on Paul Farmer's work, argue that "for academics whose battles are fought primarily in theoretical and epistemological arenas, Farmer's use of the term "structural violence" remains too much of a black box. The concept needs to be elaborated, complicated, and diversified – perhaps even redefined" (2004, p. 318).

Clearly, to be analytically useful, the definition and use of the concepts need clear boundaries. Reviewing the structural violence literature, four main tensions can be identified, each of which is addressed in turn below. Briefly, these pertain to *firstly*, whether structural violence lies in the *causes* of harm*,* or the *consequences,* i.e. the harm itself; *secondly,* the role of agency; *thirdly*, whether or not we can identify specific 'victims', perpetrators or *authors* of structural violence; and *fourthly,* whether *intention* is a relevant factor in naming violence. Highlighting and understanding where these tensions and ambiguities lie helps us to identify where further development and clarification of the concept of structural violence might be needed.

3.3.1 Cause or consequence?

The central tension in the use of the term structural violence is the question of whether the violence itself is identified as *cause* or *consequence.* Or, to put it another way, does the violence lie in the *harm* itself, or the *cause* of the harm? In the literature, cause and consequence are often conflated in definitions of structural violence. This may be the most significant reason why the concept of structural violence has been described as "vague, no doubt, and tricky to use" (Høivik, 1977, p. 59). We can illustrate this issue with the example of poverty. For example, Lee (2016) states that "increasing poverty is *attributable* to structural violence" (p. 111, emphasis added), while on the same page he quotes Gandhi who declared poverty *to be* "the worst form of violence" (ibid., p. 111). Cassiman

(2006, 2007) talks about the violent *nature* of the poverty experience; DeVerteuil (2015) states that structural violence "*comprises* forces such as poverty" (p. 218, emphasis added), while Gupta (2013) advocates thinking about poverty *as a form* of violence (p. 689). This small selection of examples demonstrates a fundamental problem in using structural violence as a tool for analysis. The approach taken in this thesis, elaborated below, maintains that issues such as poverty are the harm resulting from the violence, and not the violence itself.

3.3.2 The role of agency

Tension between the concepts of structural violence and agency is often evident in structural violence literature. This is perhaps unsurprising, given the centrality of the problematic relationship between individual agency and social structures in the social sciences in general (Farmer, 1996, p. 281). Lack of agency is a common theme in a number of the studies which apply structural violence to specific areas such as public health and welfare (see, for example, Roberts, 2009; Kandaswamy, 2010; James et al., 2003; Davis, 2008; Swanger, 2007; Frost & Hoggett, 2008). This thesis takes the view that use of the term structural violence, however, does not seek to deny or negate the importance or power of human agency. Rather, use of the term is intended to show up the greater structural constraints that marginalised groups experience on the exercise of that agency (Ho, 2007). This can be concisely summarised in the assertion that "agency is compromised by structural violence" (Roberts, 2009, p. 37).

Indeed, those living in poverty are often deliberately (mis)constructed by media and government discourse as dependent, unable to act in their own best interests, and as lacking agency, in opposition to the model of the active, independent citizen (Frost & Hoggett, 2008, p. 439). In their discussion of human agency and social suffering, for example, Frost and Hoggett argue that the 'welfare subject' is constrained both by the social structural oppression that they experience, and the inner (emotional and psychological) suffering that results as a consequence of living with such oppression (ibid., p. 440). Welfare subjects, they argue, use their agency primarily in seeking to cope and survive. In short, the welfare subject's capacity for agency, and the forms of agency that are available to them, are inhibited by structural violence (ibid., pp. 439-441). For example, when faced with the option of accepting paid work in a role that one knows will be detrimental to one's mental health or placing oneself at risk of punishment via a fiscal sanction, a benefit claimant evidently has little genuine 'choice'. In this context, Frost and Hoggett argue, the language of choice and empowerment is at best inappropriate, and at worst, intentionally misleading.

3.3.3 Intention

The question of agency is pertinent not only in relation to the 'victims' of structural violence, but also to the perpetrator(s). Does harm have to be intended for an act to be considered violent? For Galtung, structural violence is "un-intended harm done to human beings" (1985, p. 145). Structural violence can certainly operate independently from any individual or collective desire to cause injury to an individual or social group: for example, it could stem from a desire to maintain or maximise wealth or power (Lee, 2016, p. 111). Whereas Galtung specifies that structural violence is unintended, others contend that it is violence *regardless* of intent. Kirmayer argues that structural violence is not "primarily about individual choice - it is built into the functioning of impersonal (bureaucratic, technocratic, and automatic) systems and applied to whole classes of people without regard to the characteristics of any individual case" (Kirmayer, 2004, p. 321). Similarly, DeVerteuil (2015) states that "the abandonment and 'letting die' of structural violence can be intentional [...] but it is neither targeted nor coordinated, nor does it have a particular author"[10] (p. 218). Meanwhile, Bulhan argues that "only a small fraction of human violence can be explained in terms of intent" (1985, p. 134). The power of naming violence - regardless of whether harm was intended - is clear, as he goes on to explain:

> Many actions and conditions that cause harm may not necessarily be intentional, but their consequences are no less devastating. Indeed it is one thing to emphasize intent - hence the perspective of the actor and

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[10] In August 2015, the Department for Work and Pensions (DWP) in the UK, after several freedom of information requests, released mortality statistics for Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance. Though these statistics do not show cause of death, and the DWP therefore argue that direct causation cannot be established, 80 people per month died shortly after being declared 'fit for work' (DWP, 2015) Mounting evidence has suggested a direct link between government policy and these deaths (Ryan, 2015).

> perpetrator - and quite another to emphasize consequences - hence the perspective of the acted-upon and victim. (Bulhan, 1985, p. 134)

Bulhan's observation is crucial to this research. Throughout this project, we are concerned first and foremost with the perspective of those who are impacted by contemporary social security policies in England and Wales, and not the perspective of those who author, legislate or enact these policies. We do not presume to know their intent beyond what can be gleaned from publicly released statements on social security reform. For the purposes of this research, it does not matter whether harm was the intent – it is the consequences that are significant. We align ourselves, therefore, with those who see the value in naming violence *irrespective* of intention. This brings us to the inextricably linked issue of whether or not structural violence can be perpetrated by identifiable actor(s).

3.3.4 Identifiable perpetrators or 'victims'

Perpetrators

For some, the definition of structural violence seems to preclude an identifiable perpetrator, as the violence is built into the structure of society (Galtung, 1969). For others, however, the notion of *structural* violence does not entail "the absence of particular interests being at work in these structures, nor does it entail the absence of individuals and agents *as their vehicles*" (Vázquez-Arroyo, 2012, p. 214, emphasis added). In their discussion on the 'violence of austerity', Cooper & Whyte highlight an important issue when seeking to assign blame:

> [I]f we are looking for people to blame for the violence of austerity, we may not get very far. In front of the very obvious rogues' gallery of politicians who designed this agenda – and refused to change course when its human consequences were in clear view [...] stand the armies of civil servants, government departments and Local Authorities. And in front of them stand the armies of private officials in companies like G4S and ATOS and public officials in benefit offices and housing trusts. (2017, p. 23)

Arguably, we must be able to name violence even when we cannot identify an individual perpetrator, where responsibility is shared, and where accountability is hard to assign. However, the *authors* of violence[11] need not remain anonymous. Indeed, it is important that where they can be identified, they are, and that they are held to account, whether the author is an individual, a government department, a corporation. Furthermore, as discussed above, structural violence need not be targeted, coordinated, or intentional to be defined as such, but this does not preclude such motives from being present. The key contention is that the harms resulting from structural violence are not "the result of accident or of force majeure" (Farmer, 1996, p. 271), they are the product, direct or indirect, of human decisions. What is more, they are correctable and preventable through human agency, and for this reason we argue that violence, not injustice, is the proper term (Lee, 2016, p. 110). In using the word violence, we reject any "deliberate sanitisation of language" (Galtung, 1990, p. 295).

'Victims'

Controversy also arises over whether individual 'victims' of structural violence can be identified. In an early attempt to operationalise the concept through a discussion of potential and actual life expectancy, Høivik (1977) states that "we can recognize structural violence only at the collective level", as the victims of structural violence are social groups, not individuals (p. 60). Similarly, for DeVerteuil (2015) "structural violence is […] always in the service of wider societal goals and experienced collectively" (p. 217). It can be strongly argued, however, that while we can certainly identify social groups who are at greater risk of being subject to structural violence, as discussed above, this does not prevent attention being focused on the impacts of structural violence on the individual. For this thesis, both collective and individual experiences of structural violence will be significant.

As noted above and further explored below, the definition of structural violence developed in the thesis posits that the violence itself is located in the *causes* of harm, not the *consequences,* or the harm itself. Thus, we are interested in the

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[11] The 'authors of violence' is a term that was used to refer to the political and military figures who conceived and organised massacres in the Guatemalan Civil War (1960-1996), among other conflicts, and is used to highlight the need to identify not only foot soldiers who committed the direct acts of violence but also those who ordered them to commit those acts.

actions, decisions, practices, and processes which have caused harm. Consequently, the possibility of locating identifiable perpetrator(s) of the structural violence is not precluded. However, nor is it necessary. Moreover, the perpetrator may be an organisation or department, rather than any individual actor.

As alluded to in the introduction to this chapter, the boundaries between the concepts of structural and cultural violence are not always clear. Before we go into further detail on the definition of structural violence employed in this thesis, the sections below will explore the concept of cultural violence, examine the links between the different forms of violence, and provide some salient examples.

3.4 Cultural Violence

'Cultural violence' is the third point in Galtung's triangular conceptualisation of violence. It is cultural violence, Galtung argues, that makes direct and structural forms of violence "look, even feel, right – or at least not wrong" (Galtung, 1990, p. 291). Galtung conceptualises cultural violence as any aspect of culture that serves to justify or legitimise structural or direct violence. Cultural violence is formed from the narratives and ideologies produced by and embedded in social, legal and political institutions, such as the family, the education system, religion, the judicial system, the media, and the government (Montesanti & Thurston, 2015).[12]

It is worth noting that in the literature, cultural violence is at times conflated with structural violence. For example, James et al. (2003) state that *structural* violence "encompasses the conscious and non-conscious views, attitudes, and actions that create every day social realities" (p. 130), thus merging the two concepts. While structural violence relies in many ways on cultural violence for legitimation, the two concepts are, in theory, analytically distinct, and can exist separately from each other.

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[12] While Montesanti & Thurston employ the term 'symbolic violence', in the context of their article the definition is interchangeable with cultural violence.

Examples of 'cultural violence' as defined by Galtung are often discussed in literature on structural violence, whether or not they use his particular terminology. James et al. (2003), discussing structural violence in relation to interpersonal and intrapersonal violence, touch on the ways in which structural violence is accepted, promoted and integrated into the "collective psyche" through the formation of particular stereotypes and cultural bias, which in turn engenders discrimination and other forms of direct violence (p. 132). Morgan & Björkert (2006) explore the relation between symbolic violence and direct violence in the experiences of women subject to sexual and domestic abuse. One example they give of a manifestation of symbolic violence is that of 'safety advice' leaflets aimed at women, disseminated by the Home Office and other institutions. The advice, they argue, "plays on and exacerbates women's fear of crime [...] subjecting women to a form of social control" (p. 448). Moreover, advice that is focused solely on women's danger in public spaces ignores that women are at greatest risk of violence in or 'of' the home, whereas statistically, young men are more likely to be attacked in public spaces (ibid., p. 450). Furthermore, such literature implicitly places responsibility for victimisation on the individual. Morgan & Björkert argue that this is a form of symbolic violence "in that the status quo is maintained by reiteration of the dominant position — that it is incumbent on women to take precautions rather than on men to take control (of themselves)" (p. 449). This chimes strongly with the identification of victim-blaming narratives as a form of cultural violence, which is explored below.

Farmer (1996, 2004) discusses the ways in which (outcomes of) structural violence, such as poverty and inequality, are justified by notions of 'cultural difference' which blame the poverty of those groups and individuals on their own cultural failings (Farmer, 1996, p. 277). This point is illustrated by Hodgetts et al. (2014) in their discussion of the welfare system in New Zealand, where they question the policy and news discourses which focus on the 'maladjusted' behaviour of welfare claimants and speak of the 'deserving' and 'undeserving poor', instead of acknowledging the structural inequalities which disadvantage them (p. 2039). Echoing this view, Kandaswamy (2010) interrogates the concept of the 'sympathetic victim' in the eyes of the state and the media in the US context, in contrast to the vilification of so called 'welfare queens', often women of colour who are seen as 'undeserving' of their welfare claim and are denigrated for their alleged laziness and promiscuity (p. 255).

Similar victim-blaming stereotypes and "problematic dualisms between the deserving and undeserving poor" (Hodgetts et al., 2014, p. 2039) are explicit in discourse in England and Wales around poverty, unemployment and social security policy. Marginalised individuals and groups are held responsible for their own circumstances and deemed a 'drain on society', as we are constantly reminded in the vitriolic discussion in the UK mainstream press, of 'strivers vs. scroungers', and the persistent characterisation of benefit claimants as 'feckless' and 'irresponsible' (Batty & Flint, 2013; Garthwaite, 2011; Mckenzie, 2015). Demonisation of the 'other' (Lister, 2015; Sayer, 2005b) and use of binary opposites are instrumental tools in blaming the victim. Indeed, the notion of structural violence is arguably the antithesis of current government and media discourse in England and Wales. These victim-blaming narratives, and the neoliberal emphasis on self-reliance and personal responsibility (Garland, 2015; Hughes, 2015; Patrick, 2017a; Wacquant, 2010), could be seen to constitute a form of cultural violence as defined by Galtung. It is important to recognise the immense power that these forms of cultural violence wield in legitimising structural violence. In societies where neoliberalism is the dominant model of political and economic relations, justifications for poverty and inequality which discount structural factors can seem all-pervading, as Farmer argues:

> Structural violence now comes with symbolic props far more powerful – indeed, far more convincing – than anything we might serve up to counter them; examples include the discounting of any divergent voices as "unrealistic" or "utopian", [...] and what some see as the criminalization of poverty in economically advanced countries. (2004, p. 317)

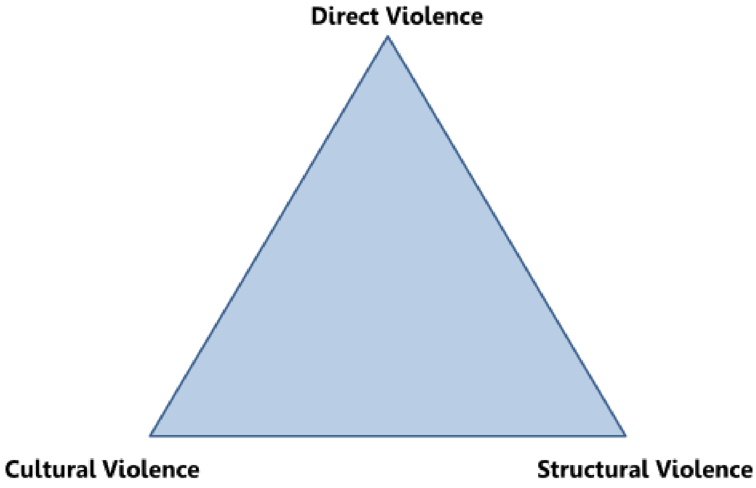
Nevertheless, dismissing a task or theory just because of the radical implications (Sayer, 2011) seems imprudent. Strongly rejecting individualised narratives which focus on behaviour or culture, Farmer states:

> What these victims, past and present, share are not personal or psychological attributes – they do not share culture, language or race. Rather, what they share is the experience of occupying the bottom rung of the social ladder in inegalitarian societies. (Farmer, 1996, p. 263)

Farmer's refutation of victim-blaming explanations for poverty, inequality, and human suffering (Bourgois & Scheper-Hughes, 2004) aligns with the approach taken in this thesis, which is an unequivocal rejection of victim-blaming in all its guises.

3.5 Defining structural and cultural violence

Figure 1: Galtung's 'violence triangle'



Galtung's triangular conceptualisation of violence is proposed here as a framework to explore the possibility that the contemporary social security system in England and Wales "systematically foster[s] physical harm and emotional distress among groups of vulnerable individuals" (Whittle et al., 2015, p. 155). The violence triangle can be positioned in six different ways, each altering the emphasis slightly:

> When the triangle is stood on its 'direct' and 'structural' feet, the image invoked is cultural violence as the legitimizer of both. Standing the triangle on its 'direct violence' head yields the image of structural and cultural sources of direct violence. Of course, the triangle always remains a triangle – but the image produced is different, and all six positions (thee pointing downward, three upward) invoke different stories, all worth telling. (Galtung, 1990, p. 294)

Instead of closely adopting Galtung's theories and definitions of cultural and structural violence, however, rather the terminology and broad conceptualisation of a 'violence triangle' is seen to provide a useful and relevant framework for this research, and this study will subsequently help to shape and develop that conceptualisation. As stated above, in an iterative process, the framework was refined and developed as data collection and analysis progressed (see section 3.7).

3.5.1 A definition of structural violence

The value of using a broad conceptualisation of structural violence in order to highlight "the brutality in taken-for-granted arrangements" (Farmer, 2004, p. 321) should not be dismissed. However, as indicated above, the definition of structural violence developed here sees analytical value in a concept that is a little more tightly bounded. The position taken in this thesis is that "process and outcome must remain analytically distinct" (Pemberton, 2016, p. 27). The harm itself, the consequence, or the outcome, therefore, is treated as distinct from the structural and/or cultural violence which caused it. Moreover, structural and cultural violence will be treated as theoretically distinct concepts. Whether it is possible to distinguish between the two through an empirical application of the concepts is to be determined through this research and will be a key area for reflection in the conclusion of this thesis.

Having considered the critiques and identified four main tensions apparent in the academic literature on the concept, a *working definition* of structural violence might refer to the (institutional/administrative/political/economic) actions, decisions, practices and processes that prevent an individual or social group from meeting their basic human needs, thus causing avoidable harm, building on Pemberton's (2016) work on 'social harm' and Miller's (2007) 'basic needs' approach. Here we depart from those scholars who name poverty or racism, for example, as forms of structural violence. The structural violence is identified here as the *cause* of that poverty or racism, that is, the "actions, practices or processes" (Pemberton, 2016, p. 27) that produce, reproduce, and sustain those harmful outcomes. The concept of structural violence, we argue, should not be so broad in scope as conceived by Galtung. Instead, it should be reserved to refer only to those actions, decisions, practices, and processes which prevent people from meeting their *basic* human needs (as defined below) and therefore cause an identifiable, avoidable harm, rather than anything which increases the distance between the *potential* and the *actual*.

3.5.2 Basic human needs and harm

As a point of departure, we take Galtung's advice where he states that in seeking to define violence, "[t]he best approach is probably to root violence in the concept of basic human needs" (Galtung, 1985, p. 146). From a peace research and development perspective, Galtung (1990) identifies four classes of basic needs: survival needs; well-being needs; identity and meaning needs; and freedom needs. Meanwhile, from psychology, Maslow's classic "hierarchy of needs" (1943) proposes five basic needs which are arranged in a hierarchy, often depicted as a pyramid, comprising physiological; safety; love and belonging; esteem; and self-actualisation needs. These five needs are sometimes separated into lower-order and higher-order needs (Maslow, 1943); deficiency and growth needs (Noltemeyer et al., 2012); or basic, psychological and self-fulfilment needs (McLeod, 2020). However, controversy exists over where the line should be drawn between lower- and higher- order needs, or deficiency and growth needs, with Noltemeyer et al (2012) placing both esteem and self-actualisation needs in the growth or higher-order needs category, while McLeod (2020) designates only self-actualisation as a higher-order or growth need.

There is considerable overlap between the ideas outlined above and the work of David Miller (2007). Miller's basic human needs approach defines harm in relation to the (withholding of) conditions necessary for a "minimally decent life", maintaining that a person is only harmed when "she is unable to live a minimally decent life in the society to which she belongs" (Miller, 2007, p. 3). Miller's delineation of the difference between a minimally decent life and a 'flourishing life' is central to the definition of structural violence adopted here, which stops short of Galtung's "radically expansive" definition (Biebricher & Johnson, 2012):

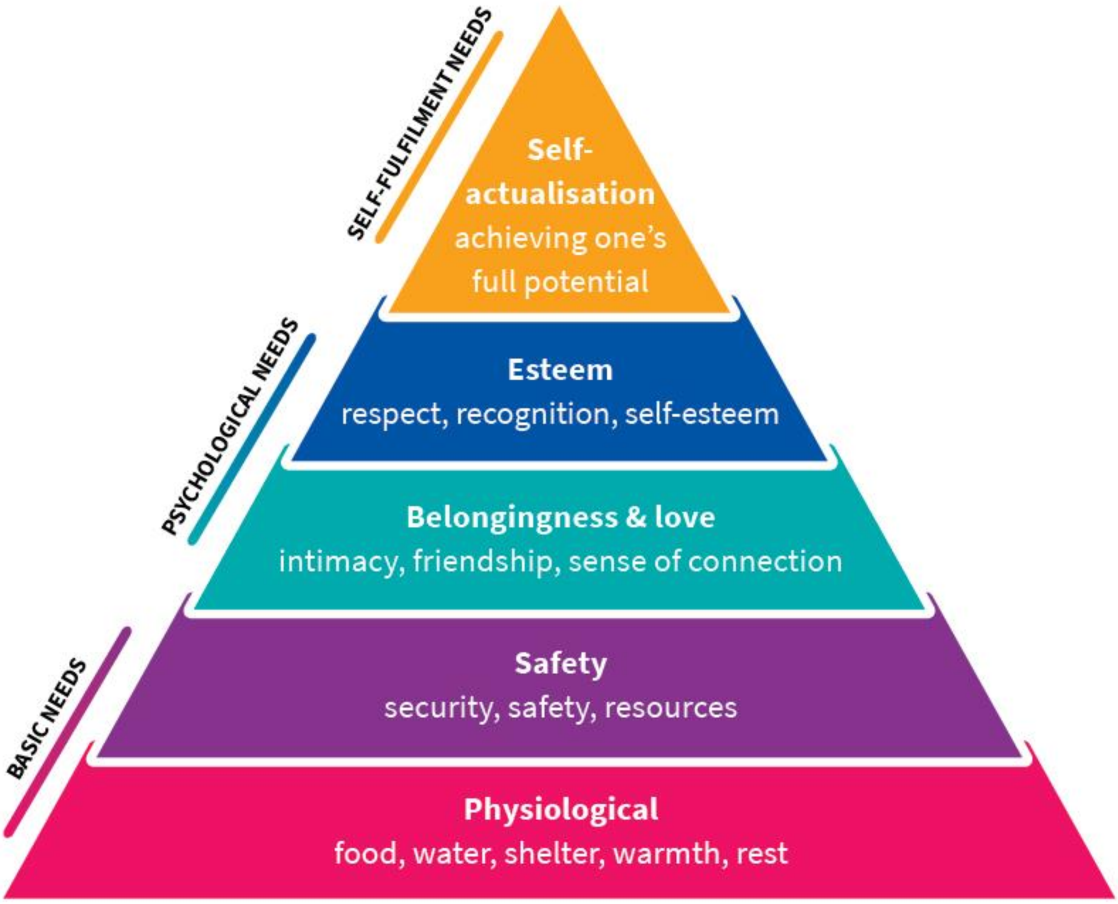
> Human beings [...] can be harmed by being denied the conditions of social existence. I shall capture this idea by saying that *a person is harmed when she is unable to live a minimally decent life in the society to which she belongs.* A minimally decent life, I should stress at once, is something less than a flourishing life. To live a flourishing life means being able to develop and exercise whichever capacities someone deems to be most important – there are many ways to flourish, and in general they cannot be combined, so a person must choose which form of human excellence she wants to achieve. The conditions for minimal decency, by contrast, are the same for everyone in a given set of social circumstances. Let me give some examples drawn from societies like my own. *A person must be able to support herself without begging, that is have access to income sufficient to feed and clothe herself; she must have a secure home to go to; she must have the opportunity to marry and raise a family; she must be able to plan for the future, including her old age, without fearing that she will become destitute; she must be able to move around outside her immediate neighbourhood; she must be able to enter public places without fear of being abused and assaulted; and so forth.* These conditions, and others like them, define a baseline that everyone should reach regardless of whether they are able to achieve higher forms of flourishing above it. Someone who only reached the baseline would have a pretty dull life. Nonetheless, unlike those who fell below it, he would not feel degraded, socially excluded, worthless etc. (Miller, 2007, pp. 3-4, emphasis added)

Miller refers explicitly to material harms, for example, lack of access to sufficient income. He also alludes to more ‘complex’ harms, such as feelings of degradation and worthlessness. Both material and more complex psychosocial harms (Allsopp & Kinderman, 2017) are explored in the chapters 5, 6 and 7. In a footnote to his paper, Miller further elaborates on the relational nature of the harms which arise from being unable to meet the conditions of a minimally decent life:

> The reference to a minimally decent life illuminates needs because it draws attention to the fact that the needs in question are not the needs of a person considered as a *biological creature in isolation from others*, as the needs for food and water are. They are the needs of a person who belongs to a community and who *views her life through the lens of that community*. If she cannot support herself or appear in public without shame, she will be regarded by others as an outsider, and she will very likely see herself in the same light. These needs are needs only because the person in question has internalised the norms of her community, and will lose self-respect if she fails to meet them. *Thinking about what it means to lead a minimally decent life brings out this social-psychological aspect of many human needs*. (Miller, 2007, p. 11, emphasis added)

Miller's insistence on the importance of the *social* is potentially significant for understanding the hardships suffered by the women interviewed for this project. The similarities between Maslow's (1943) love and belonging and esteem needs and Miller's emphasis on the social-psychological aspect of many human needs is apparent. A distinction between a minimally decent and a flourishing life is also arguably comparable to the distinction between basic and psychological needs (or 'deficiency needs') and self-fulfilment (or 'growth needs') outlined above. In this formulation, then, basic and psychological needs (physiological, safety, love and belonging, and esteem needs) would have to be met in order to access a minimally decent life, whereas the realisation of self-fulfilment needs ('growth needs' - here only comprising self-actualisation, following McLeod, 2020) would be deemed necessary to access a 'flourishing' life. If people are deprived of the ability to meet their basic and psychological needs, and thus a minimally decent life, then they are harmed. The following diagram, adapted from Maslow (1943) and McLeod (2020) illustrates the conceptualisation:

Figure 2: Hierarchy of Needs



Source: adapted from Maslow (1943) and McLeod (2020). Designed by Berie at Dot Ink

So, we can now refine the definition further and say that structural violence comprises the (institutional/administrative/political/economic) actions, decisions, practices, and processes that prevent an individual or social group from meeting their basic and/or psychological needs, denying them access to a minimally decent life, and thus causing avoidable harm. This definition arguably avoids the trap that Bufacci (2005) highlights, of broadening the definition of violence so far as to make it 'meaningless'.

3.5.3 A definition of cultural violence

The definition of cultural violence adopted here uses Galtung's definition as a starting point: that is, those aspects of culture, "the symbolic sphere of our existence" which can be used to justify or legitimise direct and structural forms of violence (Galtung, 1990, p. 291). However, cultural violence arguably does not only create harm as a result of its legitimation of other forms of violence. The definition used here, therefore, further draws on Montesanti & Thurston's definition of 'symbolic' violence, which "refers to the ideologies, words, nonverbal behaviors or communications that express stereotypes, hegemonies and *create humiliation or stigma*" (2015, p. 3, emphasis added), and which are produced by and embedded in social, legal, and political institutions. In this thesis, Central to this thesis are the examples of rape culture, victim-blaming (both as it applies to sexual violence and poverty/unemployment) and narratives which create and perpetuate stigma and humiliation around poverty and benefit receipt.

3.5.4 A note on agency and abjection

It is of critical importance to emphasise that this research does not intend to belittle the importance of women's agency in negotiating their interactions with the social security system, or in resisting the constraints put upon them by structural inequalities. Rather, by using the concepts of structural and cultural violence, this project aims to interrogate those actions, decisions, practices, and processes of the social security system which affect these women's lives and their ability to exercise their agency freely. The following observation is fundamental to this research:

> By focusing upon abjection we recognize that we are deliberately accentuating negative elements from the complex matrix of internal and external relations that make up the self: a non-unitary self with parts which refuse, resist, subvert and seek to change. We believe the negative has an important place, particularly for a critical social policy. We seek to draw attention to what subaltern groups in society have to endure not as a recipe for despair but to illuminate the ugliness of social injustice and to illustrate just how deeply it affects human experience. (Frost & Hoggett, 2008, p. 455)

The intention is that by using the concepts of cultural and structural violence it will allow us to explore how institutional policy decisions and implementation are "transcribed onto the bodies of the vulnerable" (Whittle et al., 2015, p. 155). Moreover, it will encourage us to look at the links between the lived experiences of the women in this study, and wider social shifts in policy, economy, and law:

> Austerity measures and substantial cuts to social programmes and services designed to 'balance the books' are generally not named as violent acts [...] Yet, as we will see, such acts epitomise an abusive relationship between the state and families in need, intensify the hardships families face, and wound and degrade people. (Hodgetts et al., 2014, p. 2038)

3.6 Refining the analytical framework and developing the 'violence triangle'

The initial stages of data analysis revealed that the proposed analytical framework - the violence triangle and the concepts of structural and cultural violence - was not sufficient on its own to provide the tools necessary for a detailed analysis of the generated data. Rather, intermediate concepts were needed with which to analyse and understand the participants' experiences and the role of the social security system in perpetrating these forms of violence. These were developed through the generation of themes from the data, which coalesced into two major conceptual findings from this research: that the women were subjected to both 'misrecognition' and 'invalidation' by the social security system, and that these are core components of the processes of structural and cultural violence.

Misrecognition is defined here as cultural patterns that systematically denigrate certain social groups by misrepresenting and stigmatising the identities, decisions and actions of individuals belonging to those groups (adapted from

Fraser, 1999, p. 37 and Pemberton, 2016, p. 31). A detailed explanation of how the concept of misrecognition is understood, used, and defined in this thesis - in dialogue with the work of prominent contemporary theorists of misrecognition as well as with the data – is laid out in Chapter 6.

The term invalidation is used to describe a broad phenomenon which was found to be highly significant for the women who participated in this research. Drawing on the work of Hassouneh-Phillips et al. (2005), Linehan (1993) and Salter (2012) and on the data from this study, it is suggested that we can distil acts of invalidation into two categories – minimisation, and disbelief. Further detail on the concept of invalidation and its particular significance to victims/survivors of rape and sexual abuse is set out at the beginning of Chapter 7.

While, therefore, the participants' experiences of misrecognition and invalidation and the harms arising from these experiences are *findings* from this research, the ways in which these concepts interact with the analytical framework necessitates a brief discussion here. As detailed above in section 3.5, cultural violence refers to those discourses which produce and perpetuate the stigmatisation of particular social groups, while structural violence describes institutional practices and processes which prevent people from meeting their basic needs – both result in the denial of access to a minimally decent life, and cause avoidable harm. Through acts or processes of misrecognition and invalidation, individuals and social groups are subject to denigration and cultural bias, and they can also be prevented from meeting their basic needs. For example, the denigration of out-of-work benefit claimants as 'scroungers' in government discourse can deny members of this social group access to respect and recognition – or the 'esteem needs', which are necessary components of a minimally decent life. Similarly, the framing of the majority of benefit claims as fraudulent, when encoded in social security policy and practice as continual disbelief, can lead to the withholding of the resources necessary for people to meet their basic needs. Both misrecognition and invalidation, then, are part of the makeup of cultural and structural violence: they prevent people from living a minimally decent life, and in doing so, cause myriad avoidable harms.

In the violence triangle, misrecognition and invalidation might be seen as instruments or mechanisms through which cultural and structural violence are perpetrated, and which both, in turn, legitimise direct violence. We will return to the advances that this thesis has made to the concepts of cultural and structural violence through the inclusion of the intermediary concepts of misrecognition and invalidation in detail in the concluding chapter.

3.7 Conclusion

The discussion of structural and cultural violence outlined in this chapter has sought to provide a comprehensive account of the proposed analytical framework to be used to analyse the empirical data generated during the course of this research. However, the definitions of structural and cultural violence arrived at here are not intended to be considered static; "rather, it is hoped that [my work] will contribute to the development of the concept[s], through empirical application and subsequent refinement" (Pemberton, 2016, p. 34).

Amartya Sen, writing the foreword for Paul Farmer's book 'Pathologies of Power: Health, Human Rights and the New War on the Poor', states that "a phenomenon can either be characterized by a terse definition or described with examples", with Farmer definitively following the latter approach (p. xiii). Sen argues for the benefits of the 'exemplification' approach in exploring the concept of structural violence:

> A rich phenomenon with inherent ambiguities calls for a characterization that preserves those shady edges, rather than being drowned in the pretense [sic] that there is a formulaic and sharp delineation waiting to be unearthed that will exactly separate out all the sheep from all the goats. (Sen, 2005, p. xiv)

Meanwhile, Bourgois and Scheper-Hughes maintain that scholars of structural violence "still need to disentangle the causes, meanings, experiences, and consequences of structural violence and show how it operates in real lives" (Bourgois & Scheper-Hughes, 2004, p. 318). This thesis hopes to respond to this call by providing greater clarity and empirical application of the concept of structural violence *and* cultural violence.

Before turning our attention to the main body of the thesis, the next chapter will set out the methodological approach taken during the course of this project, in order to provide a clear audit trail of what was done, and why.

4. Methodology

4.1 Introduction

In this chapter I will present the research design, decisions and processes which have ultimately led to my findings: essentially, it is an extended (and qualitative) answer to the maths teachers' constant refrain to their students: "show your working out!". The chapter will make explicit the epistemological and ontological assumptions underpinning this piece of research, set out ethical considerations, explore and justify the critical realist approach adopted, and outline some basic feminist research principles that informed the methodology. It will also describe the research and analytical processes employed, and the issues that arose, and will reflect on self-care and my positionality in relation to the participants and the research project. Reflections on ethical issues and practice and self-care will also be interwoven throughout the chapter, signalling that these considerations are not a discrete, one-time task, but rather should be subject to continual attention and deliberation.

The research methodology was necessarily influenced by particular ontological and epistemological positions, as well as my political beliefs. This research has drawn on perspectives from critical realism (see section 4.1.2) and good ethical practice derived from feminist research principles (see section 4.1.1). The tenets of critical realism broadly align with my conceptualisation of reality and social truths. I believe there is a truth to what my participants have experienced: their experiences of rape and sexual abuse are not merely a matter of interpretation, there is also an external reality to the events which have led them to identifying as victims/survivors. Equally, there is an external reality to the processes involved in claiming social security benefits, despite competing interpretations of the situation from different actors involved. I find it necessary, as a feminist researcher and someone who believes strongly that my research should further social justice and emancipatory goals, to reject any position which equivocates about the existence of social realities. I would find it insulting to the victims/survivors who have spoken to me during the course of this research to cast their accounts as merely one 'version' or 'interpretation' of events. Indeed, I find a wholesale rejection of the notion of an objective social reality to be a highly a-political, and therefore, indefensible, stance.

4.1.1 Ethical considerations: drawing from feminist approaches to research

A commitment to good ethical practice was embedded in the project, with particular emphasis on the avoidance of harm, gaining fully informed consent, and confidentiality. My approach, developed from my time working in an organisation dedicated to supporting victims/survivors of sexual violence, closely mirrors the 'ethics of care' approach as defined by Carol Gilligan:

> the importance of everyone having a voice, being listened to carefully (in their own right and on their own terms) and heard with respect. An ethics of care directs our attention to the need for responsiveness in relationships (paying attention, listening, responding) and to the costs of losing connection with oneself or with others. Its logic is inductive, contextual, psychological, rather than deductive or mathematical. (Gilligan, 2011)

The women who participated in my study belonged to a marginalised social group and were potentially particularly disempowered through their life experiences. Feminist approaches to practice and ethics, which give particular attention to power relationships in research and work with marginalised and disempowered groups, often women, were therefore relevant for this project. Research interviews focusing on marginalised populations and sensitive topics may be characterised as intense, distressing and emotionally painful by participants (Wolgemuth et al., 2015, p. 353). They also raise the possibility of emotional distress for the researcher (Dickson-Swift et al., 2009, p. 64), which will be discussed in detail below. A feminist approach to interviewing, however, in which the interviewer seeks to reduce the hierarchy in the interviewer/interviewee relationship, normalise participants experiences, and communicate warmth, empathy and support to participants, has been highlighted as an approach which may provide participants with increased opportunity for catharsis and having their experiences *validated*[13] (Campbell, Adams, Wasco, Ahrens, & Sefl, 2010, p. 77; Wolgemuth et al., 2015, p. 354). One example from the project supports this. Sarah's note to me, included in her follow up written submission, was poignant:

> The only other thing I wanted to add was thank you for this. It's both a really useful project societally and personally it's had a massive effect on me I did not anticipate. It took me a while to return this because it made me think about so much stuff in a new way and helped me have a huge

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[13] The issue of (in)validation took on particular significance later in the research process as will be demonstrated in Chapter 7.

> breakthrough in therapy. And that breakthrough has put me in a place where I am likely to be able to accept a job offer having thought I would never work again! So thank you again!

However, this response also highlighted the potential impact of taking part in a research project which dealt with sensitive and personal issues that were inextricably bound up with the women's mental health. In this case, the impact was evidently positive. That is not to say that this would always be the case, and this raises questions about the imperative to 'do no harm'. This is explored further in sections 4.4.3 and 4.4.5 towards the end of this chapter.

The potential tensions involved in being guided by the political and ethical concerns of feminist scholarship, while also adopting the philosophical principles of a critical realist approach, have been discussed in depth by Parr (2015). As Parr argues, if research is to make authoritative knowledge claims, we cannot merely use the "accurate representation" of women's voices as our evidence. Rather, we must create a dialogue between their experiences and the sociological conceptualisations to which we have access, in order to produce research which is both recognisable to the research respondents, and has the ability to make social-scientific truth claims, and therefore, implications for policy and practice (2015, pp.203-204).

4.1.2 Adopting a critical realist approach

Critical realism is a philosophical approach that combines ontological realism and epistemological constructionism, and was first used in this sense by Donald Campbell in 1974 (Maxwell, 2012). Outside the United States, critical realism is most often associated with British philosopher Roy Bhaskar (ibid.). Bhaskar's approach is predicated on the desire to set aside the 'false oppositions' between objectivism versus subjectivism, and between structure versus agency (Houston, 2001, p. 852).

Traditional positivist approaches in sociology contend that we can collect data about observable events and phenomena, and use empirically collected data to test theory (Danermark, Ekstrom, Jakobsen, & Karlsson, 1997, p. 116). Social constructionist approaches advance the view that social reality is constructed by each of us as individuals, and that we cannot, therefore, neutrally observe events or phenomena or 'collect' data about social realities or material truths (Jacobs & Manzi, 2000, p. 36). Rather, we produce data and construct knowledge through the research process. While it critiques both positivist and constructionist approaches, critical realism concurs with many aspects of the constructionist or interpretivist evaluation of positivism (Fitzpatrick, 2005, p. 3). Critical realism notes the important contributions made by social constructionism in highlighting the role of human subjectivity, meaning-making and agency as an indispensable starting point in social science research (Houston, 2001, p. 841).

Critical realist critiques of constructionism often make the distinction between the 'strong', 'radical' or 'idealist' version of constructionism, and what has sometimes been depicted as the 'soft' or 'weak' version of constructionism (Matthews, 2009, p. 345). The 'strong' constructionist approach has been criticised for rejecting any form of truth or objective fact, leading to paralysing relativism in which no account of social reality can be asserted to be better or worse, or more or less true, than another (Jacobs & Manzi, 2000, p. 38; Oliver, 2012, p. 4). 'Soft' or 'weak' constructionism on the other hand, is grounded in a more circumspect approach, as described by Jacobs and Manzi (2000). This approach maintains that reality "is socially constructed, but does not entirely reject the notion of an objective understanding of "truth"" thus rejecting the claim that "the material world itself is contingent *solely* on our perception" (Jacobs & Manzi, 2000, p. 38, emphasis in original). While critical realists accepts that there are multiple perspectives which can be brought to bear on any part of the social world, they do not agree to take all accounts as equally valid, and recognise the possibility of distorted perception (Houston, 2001, p. 851). Critical realism also critiques social constructionism for a tendency towards relativistic assumptions and a narrow focus on human agency, which can lead to the power and influence of social structures being neglected, and which preclude the possibility of emancipatory forms of research, limiting its potential for practical applications to social problems (Houston, 2001; Fitzpatrick, 2005, p. 9).

Critical realists further argue that there is more to the social world than an agent's understanding or perception of it, and that real structures can impose themselves upon agents, both in a way that they do not understand and without an agent's knowledge of their existence (Williams, 2003). A critical realist perspective, therefore, advances the view that the world is not composed "merely of events (the actual) and experiences (the empirical) but also underlying mechanisms (the real) that exist, whether or not detected, and govern and facilitate events" (Deforge & Shaw, 2012, p. 85). Thus, "while individuals and communities might construct interpretations of events that reflect relative values and interests, the underlying phenomena do not rely on them for existence" (Cupchik, 2001, para.3). Both positivism and 'strong' constructionism, then, are held by critical realists to be versions of the "epistemic fallacy", whereby our knowledge of the world, or what we take reality to be, is substituted for what the world really is (Archer, 2002, p. 12). Instead, critical realism delineates the difference between the reality of the social world (the 'intransitive realm', which is relatively enduring), and our knowledge of this world (the 'transitive realm', which is more fleeting) (Deforge & Shaw, 2012, p. 86). As noted above, critical realism, therefore, embraces ontological realism and epistemological constructivism (Maxwell, 2012).

The epistemological position underpinning the study was that there is a 'truth' to a sequence of events, a reality of what has happened to someone or been enacted against them, whether or not the truth is fully knowable or discoverable (Krauss, 2005, p. 767). Therefore, while I believe that my interviews produced data, or situated knowledge, rather than "excavating facts" (Mason, 2002, p. 67), I do nevertheless believe that social reality exists independently of people's beliefs about it, and that social structures pre-exist human agency, and have a causal influence on how we behave: in short, that structures are able to both enable and constrain agency (Matthews, 2009, p. 352; Fitzpatrick, 2005, pp. 9-10).

There is a clear coherence between the tenets of critical realism and the use of the concepts of structural and cultural violence that provide the analytical framework for this study. Both acknowledge, as stated above, that there is more to the world than an agent's understanding of it: that structures can impose themselves on agents in ways they do not perceive or understand (Cassiman, 2006, p. 97; Williams, 2003). Both recognise that phenomena, events, and processes may have tendencies to produce certain outcomes, but that these are contingent and context specific (Cassiman, 2006; Oliver, 2011). Crucially, both acknowledge that the life chances of women and men remain "marred by gross structural inequality, poverty and racism" (Clegg, 2006, p. 311). Further, both hold a commitment to research which recognises the need for transformation of real structures (DeForge and Shaw, 2012) and to research which promises, at least, the *possibility* of social improvement (Matthews, 2009).

The relevance of critical realism for this thesis, rather than informing the selection of particular research methods or "providing a unique set of methodological instruments" (Parr, 2010, p. 154) is four-fold. *First,* is its function from an ethical standpoint, as alluded to above: that is, as a rejection of the relativism of 'strong' constructionism which might lead us to conclude that no account of a social 'event' (for example, a rape) can be judged as better or worse than another. *Second*, it aligns with my approach to theory generation and with the use of Galtung's triangular conceptualisation of violence. *Third*, is its strength in defending causal explanations. While I am cautious about expressing my findings in these terms, Maxwell (2012) argues that any use of terms such as 'impacts', 'influences' and 'produces' indicates the presence of a causal argument, whether or not one chooses to use that particular - often avoided - terminology (p. 42). The conclusions drawn in this thesis about the *impacts* of particular policies and processes enacted through the social security system are clearly context-specific and contingent. Each of the individual participants might have responded differently to a different assessor, and what was triggering and traumatic for some would not be so for others. Nevertheless, it would be disingenuous to pretend that I am not making causal claims when I write, for example – as I will in later chapters of this thesis - that attending medical assessments for incapacity and disability benefits is associated with deteriorations in mental health for the research participants. *Fourth*, as Maxwell argues:

> The main implication of realism for qualitative data collection is that data are usefully seen, not simply as "texts" to be interpreted, or as the "constructions" of participants (although they are this), but as evidence for real phenomena and processes (2012, p. 103)

4.2 Research process

This research was conceived from the outset as a qualitative project - in line with the critical realist epistemology adopted, and guided by feminist research principles - which would seek to understand the experiences of women victims/survivors of sexual violence and their interactions with the social security system. The project involved gathering in-depth qualitative data from 26 interactions with 16 women who self-identified as victims/survivors of sexual abuse and had experienced problems with their benefit claims. Data was generated mainly through face-to-face interviews, but also included a small number of written submissions and one telephone interview. The specifics of these interactions are discussed below in section 4.2.5. Given the sensitive nature of the topic, and the detailed, in-depth data that I sought to generate, informal, semi-structured or un-structured interviews were chosen as the most appropriate method for gaining insight into the experiences of the participants. These have often been designated "conversations with a purpose" (Burgess, 1984). While I do not claim that it is possible for me to fully understand the meanings and experiences of the respondents, or to transmit their unmediated views in this thesis (Kitzinger & Wilkinson, 1997, p. 572; Roulston, 2010, p. 203) my approach is consistent with two of the central tenets of qualitative epistemology: that face-to-face interaction is the "fullest condition of participating in the mind of another human being, understanding not only their words but the meanings and the meaning as understood by the individual themselves"; and that "one must participate in the mind of another human being in order to acquire social knowledge" (Krauss, 2005, p. 764).

4.2.1 Recruitment

Initially, I intended to recruit women from one gatekeeper organisation, a rape and sexual abuse counselling service in South Yorkshire, where I had previously been an employee, and which had already committed to supporting my research project. The original eligibility criteria for participation specified women aged 18+, who were currently claiming or had recently (in the previous 12 months) claimed any out-of-work benefit and had been subject to a benefit sanction. I planned to conduct between 1-3 in-depth qualitative interviews with between 12 and 15 women over a 7 to 8-month period. In the end, fieldwork continued for considerably longer, with the first face-to-face interview taking place in May 2017, and the final face-to-face in May 2018. A follow up telephone interview was also conducted in May 2018, and the final piece of data to be included was received in September 2018, in the form of a follow-up email from Sarah.

I prepared a gatekeeper organisation information sheet (see Appendix 1) which I distributed to all counsellors and Independent Sexual Violence Advisors at the initial gatekeeper organisation, and I also briefed staff members individually wherever possible. The first point of contact with potential interviewees was through the recruitment flyer (see Appendix 2)[14] which was distributed by some counsellors and also displayed in the communal areas of the gatekeeper organisation. I booked a room in premises during opening hours for two weeks, so that if any client expressed interest in the research, I would be available to speak to them immediately.[15]

However, recruitment proved considerably more difficult than expected, given that I began the project with an engaged and enthusiastic gatekeeper organisation. Potential issues that I identified at the time in my research diary included the reluctance of many counsellors at the organisation to give the

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[14] The recruitment flyer was adapted, when necessary, for recruitment through different organisations, and went through several iterations

[15] This proved contentious as other organisations in the building often used the room as a private space for interviews, and as it was usually free, many staff members did not use the building-wide booking system to reserve the space. I often vacated the room so that other building users were not inconvenienced and waited instead in the common kitchen/library area.

information to their clients, ostensibly over questions of relevance; capacity issues for staff at the gatekeeper organisation; clients having too much to deal with to engage with research; and the possibility that no client would be interested or eligible to participate. I have since reflected that although the board of trustees and management team were supportive and eager to facilitate the research, much of the actual groundwork necessary to recruit participants to the study was dependent on the bank counsellors. The bank counselling team all worked part-time, and many were not as engaged or enthusiastic as the core office staff team and management. My fieldwork diary from this period indicates frustration and high levels of anxiety over recruitment issues.

Two solutions to the low take-up were devised. Firstly, it was decided that the eligibility criteria would be extended vis-à-vis the respondent's benefit claim. I therefore amended the call (and recruitment leaflet) for participants to include women victims/survivors of sexual violence who were claiming any combination of disability, incapacity or jobseeker's benefits, who had also experienced problems with their claim(s) since 2010, irrespective of whether they had been sanctioned.[16] Secondly, I decided to recruit women across the country using a number of different channels. I began by contacting other women's counselling services in South Yorkshire via my contacts at the initial gatekeeper organisation. I also attended a Disability Hub meeting in order to introduce my research, and subsequently information about the research was included in the Disability Hub Newsletter which has a wide circulation. Eventually, I was able to establish contact with Disabled Survivors Unite (DSU), an organisation with a significant presence on the social media platform Twitter. Through this avenue I was able to recruit women from further afield: an initial blog on the DSU website (see Appendix 3) yielded one participant, and mention of my research in a press comment for the website Disability News Service garnered interest from women in various different locations in England and Wales.

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[16] This proved to be a crucial amendment to the eligibility criteria, because at the end of fieldwork, only three women in the sample had received a sanction, and (as demonstrated by the findings of this thesis) the harms associated with claiming social security benefits went far beyond the impact of sanctions.

4.2.2 Use of incentives

I offered an incentive of a £15 high street voucher per participant. The £15 voucher was initially intended to be given after the second interview, where it occurred. However, I quickly decided that I would offer the voucher after the first interview, when it became clear that some participants might prefer to be interviewed only once, and that practical issues such as geographic location might also mean a second interview was not feasible if the participant was not comfortable conducting the conversation via Skype or telephone. Moreover, many of the women were in severe hardship and I deemed that withholding the voucher would be unethical. After this, most women opted to receive their voucher at the first interview, and only one woman decided not to participate in a second interview when invited to do so.

Offering an incentive was intended to signal that I valued the participants' time, expertise, and contribution, and that I wanted to offer them a symbol of thanks for taking part in my study. It was also anticipated that the offer of an incentive might also help with initial recruitment and with the rate of participant attrition from the project. In fact, however, as noted above, all but one participant chose to return for a second interview when invited, despite having already been given their voucher.

4.2.3 Informed consent

Participants were briefed about the research purpose and objectives. It was made clear that taking part – or not - in the research would not affect their support from the gatekeeper organisation (where relevant) or any of their benefit claims. All participants were given the information sheet (see Appendix 4) at least a week before the interview, either via email or in person. I welcomed any questions or clarifications, again via email or in person. On the day of our interview, where possible, I left the participants with the consent form (see Appendix 5) to read through while I made them a hot drink. In order to ensure that literacy levels were not a barrier, I asked the women whether they would like me to read through the sheet verbally in its entirety. I also always verbally covered the main points of the participant information sheet and consent form, reiterating, for example, how their comments could be used, and in what circumstances, such as that their anonymised quotes might be used in a public presentation or online article.

The women were then informed of their right to withdraw from the research. They were assured that this would not make a difference to the incentive they received. In my ethics form, completed before going into the field, I wrote:

> Consent will be sought continually throughout the research process and not assumed as a given by way of their initial written consent. While always an important part of ethical research practice, continually seeking consent is crucial with this participant group.

As the fieldwork progressed, I became aware - through practice, rather than through the necessity of adherence to ethical guidelines - of the vital importance of reiterating the women's right to keep information to themselves, to withdraw from the research at any time, to stop the interview and leave without giving a reason. I was overwhelmed by the impression - moreover, in many cases it was explicitly stated - that many of the women were so used to being forced to tell their stories time and time again, to organisations and individuals that they found to be hostile, suspicious, or at best ambivalent, often with the very real threat of destitution looming if they did not acquiesce, that they had become inured to invasions of privacy. This manifested in the women's responses to my efforts to ensure that they were giving free and informed consent. When I asked whether my interviewees had read and understood the participant information sheet or consent form; whether they wanted to clarify anything with me; or whether they wanted to ask any questions, all but one participant[17] forwent the opportunity and stated that they were happy to go ahead immediately. Many did not appear to fully read through the consent form before ticking all the boxes and signing. I felt that that my participants were so used to signing forms and parting with personal information, that it was even more crucial to emphasise their rights in this situation. Therefore, where I was not certain that the women had fully read the consent form before signing, I took extra time to read through the information sheets and consent forms with them and check their understanding, thus ensuring that each participant gave their free and fully informed consent.

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[17] The participant who later withdrew her consent for her information to be used.

4.2.4 Confidentiality and anonymity

The confidentiality of the participants was protected through anonymisation of all written notes and transcripts, and by ensuring that all data, including media files, signed consent forms and information sheets, were transferred and stored securely in the Centre for Regional Economic and Social Research (CRESR) offices as soon as possible after their collection. Participants were also reassured that, safeguarding issues excepted, confidentiality would be maintained within the gatekeeper organisations (where relevant) and that the contents of the interview would not be discussed with any staff members unless they requested that I do so. It was not necessary to speak to any staff member about safeguarding or any other issue during the course of the fieldwork. Participants were asked to choose a pseudonym, and if necessary, I suggested options to them, and we agreed one together. I also confirmed with each participant their preference should we meet each other in a social situation or pass each other in the street, that is, whether they would want me to acknowledge them in public.

During the recruitment phase of fieldwork, I had some concerns over anonymity. It was difficult to maintain the anonymity of the initial gatekeeper organisation given my previous employment there. It was also difficult when presenting at events in my home city to keep the organisation anonymous, given the relatively small number of organisations which support survivors of sexual violence, and the well-established feminist networks which I had been a part of for a number of years. As recruitment was broadened and women from several different locations in England and Wales have participated in the research, I believe any issue relating to anonymity has been significantly mitigated, as the location of any particular participant cannot be identified in this thesis.

4.2.5 Sample

Participants were chosen using a purposive sampling strategy, selecting women who were *self-identified* victims/survivors of sexual violence who had experienced issues with their claim for ESA, DLA/PIP, JSA or UC since 2012. Every woman in the sample identified as a victim/survivor, and there was striking uniformity in the mental and physical health symptoms they described suffering from as a result (for example, all experienced post-traumatic or complex post-traumatic stress). Women were not asked to disclose any detail about the abuse they had experienced, though over the course of our interactions, all participants spoke - some in great detail - about the nature of the violence and abuse they had suffered. However, these experiences were not the phenomena being researched, as the aim of this research is to explore how victims/survivors of rape and sexual abuse are impacted by the social security system, and not to parse out how different types, forms, or instances of abuse mediate this impact. In addition, given the anecdotal knowledge I had going into the research project about the types of questions being asked by assessors within the social security system and contracted companies, I felt strongly that I should not be asking questions about their abuse, as these details were not needed for the study, therefore it would have constituted an unnecessary invasion of privacy - compounding the numerous intrusions which the women were already likely to have been subject to. Moreover, asking for details of their abuse could have potentially signalled to the participants (or the reader) that either I did not believe them when they self-identified as victims/survivors of rape and sexual abuse, or that I was aiming to 'categorise' or create a hierarchy of the forms of abuse they had experienced. Without detailed insight into the types of abuse suffered by the participants it is not possible to compare or contrast the impact of the social security system on victims/survivors of different forms of rape and sexual violence, or to differentiate these impacts in my findings. However, given the cumulative, multi-layered, and often repeated nature of victimisation and subsequent trauma experienced by those who have been subjected to rape and sexual violence, these comparisons and contrasts would be difficult - and arguably ethically problematic - even with a larger and more representative sample. Therefore, the ethical considerations made in this decision, I would argue, outweigh any possible benefits which could have been obtained by seeking such information.

Ideally, the sample would include women from a broad age range, of different ethnicities, both women considered 'able-bodied' and those with disabilities, and those with and without children. However, my main priority was to recruit a sufficient number of participants who *wanted* to be involved. The nature of the research made voluntary, willing participation essential. I did not pursue organisations past first contact, and when in communication with individuals who had self-selected, I made it clear that their decision to participate or not was fully in their control. I did not contact women, for example, who were suggested by their key workers or counsellors unless they had specifically asked to be contacted because, for example, they had no phone credit. Therefore, while the sample has fairly varied attributes in most respects, only two BAME participants came forward (and no Black British or 'mixed' ethnicity women, as discussed below), and one of these two women withdrew consent for her information to be used at the end of our interview.

Moreover, as I conducted my interviews, it became clear that highly educated women formed the majority of the sample. The second main avenue of recruitment (through the Disabled Survivors Unite (DSU) blog, and linked to this, a Disability News Service site article), biased recruitment towards women with access to the internet, and with a reasonable level of technological competence. Many of the women's first contact with me was via email. As Seitz (2016) asserts, technological ability impacts on researchers' access to participants. Of the 16 participants, 13 had started or completed undergraduate degrees. 4 of those had further postgraduate qualifications, and several participants also had professional qualifications such as in nursing (Carrie), teaching and counselling (Starlight) and law (Maureen). However, excepting internet access and a degree of literacy, there are no readily apparent reasons why the sample was biased in this way.

That the interviews were, in the main, conducted with highly educated white women has implications for the findings of this research. The majority of the women I spoke to who were educated to degree level or higher were well aware of the complexities and flaws of the system, and were also more likely to seek advice, via internet forums and support charities, in order to get the appropriate level of PIP or ESA. Those participants with a lower level of education were seemingly less likely to be able to navigate the system in this way. Shantelle, for example, who left education after 16, was placed on Job Seeker's Allowance (JSA) and later sanctioned for failing to meet the requirements of her claimant commitment. Arguably, this was partly as a result of her inability to 'play the game'. Similarly, Lucy was unfamiliar with the social security system and was unaware of how to claim for disability or incapacity benefits, and had also been sanctioned. In many ways the unintended weighting of the sample towards highly educated women provided an interesting insight: as we shall see in later chapters, regardless of educational attainment, the feeling of powerlessness in negotiating the social security system was palpable.

In total, 17 women participated in the research beyond initial phone or email contact. One withdrew consent for her information to be used at the end of our face-to-face interview. A further 8 enquired about the research, expressing interest, but either stopped returning contact before an initial interview could be arranged or cancelled prior to/did not participate in the first interview. The data generated for analysis, therefore, is based on 26 separate interactions with 16 women, comprised of: 19 face-to-face interviews with 14 women (5 follow ups); 1 telephone interview (a follow up from our first face-to-face interview); and 6 written submissions from 4 women (3 of which were follow ups from face-to-face interviews). This information is set out in the Table 1 below.

For a fuller account of the women's circumstances and benefit claims, see Appendix 6.[18]

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[18] Describing research participants in pen pictures is inherently reductive, as a short description of someone's life and circumstances will arguably always fail to capture the complexities and fullness of a human life. Moreover, what is included is chosen according to the purposes of the research, and what merits inclusion is highly subjective. Nevertheless, it must be acknowledged that readers of this thesis will not have the same contextual knowledge and familiarity with the participants as the author, and therefore pen pictures of each woman who participated in this research are included in Appendix 6 as an aide-mémoire.

Table 1: Participant and interview information

Pseudonym	Type(s) of contact	Reasons for type/number of interactions	Recruited from
Alexandra	1 face-to-face interview; 1 follow up telephone interview	Due to location, Alexandra was invited to participate in a follow-up interview remotely.	Disabled Survivors Unite / Disability News Service
Anita	1 face-to-face interview; 1 follow up written submission	Due to location, Anita was invited to participate in a follow-up interview remotely, and expressed a preference for doing this in written form.	Northern counselling service
Carrie	2 written submissions	Due to location, Carrie was invited to participate in interviews remotely, but was not comfortable talking over the phone or via Skype (or similar), and expressed a preference for participating in written form.	Disabled Survivors Unite / Disability News Service
Eliza	1 face-to-face interview	Eliza expressed in our initial communications that she would only have time to participate in one interview.	Northern counselling service
Esther	2 face-to-face interviews	Esther was invited to and participated in two face-to-face interviews.	Unsure
Faye	1 written submission	After expressing interest in taking part in a telephone or skype interview following her written submission, Faye ceased returning contact.	Disabled Survivors Unite / Disability News Service
Jaycee	1 face-to-face interview	Jaycee asked early in the first interview if she had to do a second interview, which she didn't feel she was able to at the time due to her personal circumstances. I reiterated that participation was entirely voluntary, and she decided not to participate in a follow-up interview.	Northern counselling service
Jenny	2 face-to-face interviews	Jenny was invited to and participated in two face-to-face interviews.	Northern counselling service
Libby	2 face-to-face interviews	Libby was invited to and participated in two face-to-face interviews.	Northern counselling service via partner
Lucy	1 face-to-face interview	Lucy was invited to participate in a follow-up interview, and a date was arranged but she cancelled beforehand,	Northern counselling service

		and in our subsequent communications she declined to rearrange.	
Maureen	1 face-to-face interview	Due to location, Maureen was invited to participate in a follow-up interview remotely, but she declined to do so.	Disabled Survivors Unite / Disability News Service
Milly	1 face-to-face interview	Due to location, Milly was invited to participate in a follow-up interview remotely, but she declined to do so.	Disabled Survivors Unite / Disability News Service
Rose	2 face-to-face interviews	Rose was invited to and participated in two face-to-face interviews.	Northern counselling service
Sarah	1 face-to-face interview; 2 written follow up submissions	Due to location, Sarah was invited to participate in a follow-up interview remotely, and expressed a preference for doing this in written form.	Disabled Survivors Unite / Disability News Service
Shantelle	2 face-to-face interviews	Shantelle was invited to and participated in two face-to-face interviews.	Northern counselling service
Starlight	1 face-to-face interview	Due to location, Starlight was invited to participate in a follow-up interview remotely, but she declined to do so.	Disabled Survivors Unite / Disability News Service

Acts of sexual violence are notoriously underreported crimes (Rape Crisis, 2020) and as such, data held by police about offences, offenders and 'victims' can only ever provide a partial picture of the crimes experienced, and while the Crime Survey for England and Wales (CSEW) covers many crimes which are not reported to the police, it is nevertheless still lacking in detail and depth about crimes and victims, particularly those subject to childhood sexual abuse. Therefore, it is difficult to provide much insight into how the sample of women interviewed for this thesis corresponds to the wider population of victims/survivors, but some salient points are covered briefly here.

Firstly, we know that women are significantly more likely than men to be the victims of sexual violence, with the CSEW showing that nearly 3% of adult women experienced one or more sexual assault between 2019-2020, compared to under 1% of adult men (Office for National Statistics, 2021). *Secondly*, an estimated 52% of adults who experienced abuse (including physical, emotional, and sexual abuse) before the age of 16 also experienced domestic violence (whether this includes sexual violence is not clear) in later life, compared to only 13% for those who did not experience abuse in early life (Office for National Statistics, 2021). For the sample in this study, the correlation was much stronger, with each of the 13 women who reported some form of abuse (domestic, sexual, physical, or emotional) in childhood being subject to domestic or sexual violence in later life. *Thirdly*, experiences of sexual abuse before the age of 16 shows the greatest difference between men and women, indicating that girls are significantly more likely than boys to experience sexual abuse - approximately 11% of girls and 3% of boys (Office for National Statistics, 2020). *Fourthly*, adults who are Black British or 'Mixed' ethnicity were more likely to experience sexual assault than their White and Asian counterparts in 2018-2020 (Office for National Statistics, 2021), clearly this is not reflected in the sample of women interviewed here, with no Black British women or women of 'mixed' ethnicity coming forward to participate. *Finally*, research has consistently shown that victims/survivors of sexual violence usually know the perpetrator, with most estimates showing that approximately 9 out of 10 victims/survivors of rape and 'serious' sexual assault know their attacker (see, for example, Brooks-Hay, Burman, Bradley & Kyle, 2018; Rape Crisis; Ministry of Justice, Home Office & the Office for National Statistics, 2013). This chimes with the sample of women interviewed here, with 15 out of 16 women reporting a prior relationship with their abuser/perpetrator.

4.2.6 Planning the interviews

An ethics of care approach informed my practice and manifested in the detailed safeguards which I put into place before and during interviews. In practical terms, I took a number of steps to try to establish a convenient, safe, and comfortable time and space in which to conduct the interviews. I initially refrained from specifying the number of interviews that would take place with each woman, as this was dependent on the needs and preferences of the women themselves, which did not become clear until I had recruited participants and had an initial meeting with them. The central purpose of conducting second interviews with participants wherever possible was to build rapport and to help them to feel comfortable in my presence and relaxed enough to share their experiences (Dickson-Swift et al., 2009). Certain topics of research can be intimate and go into 'private' spaces, particularly when conducted with people who are experiencing difficulties in their lives (ibid., p. 69). Second interviews and other forms of follow-up communication (such as written submissions) were also used to ask in more detail about issues or situations discussed in the initial interaction, and to confirm, clarify or revise my interpretations of what the women had told me previously.

When interviewing through a gatekeeper organisation, I discussed the timing of the interviews with each individual, giving them the choice of whether they would prefer to conduct the interviews on the same day as their counselling appointment or on a different day. I reasoned that conducting the interview on the same day might have practical advantages for some participants, such as to avoid placing undue burden on their time. However, as both the interview and the counselling session invariably required emotional work, for some women I thought it may be preferable to conduct the interviews on a different day. The duration of the interviews was flexible, and to some extent dictated by the women themselves. I was mindful that the participants might need to cut short or cancel interviews for their own self-care, though, in the event, during fieldwork no interview had to be cut short due to distress. I also prepared beforehand a short list of support organisations operating in the local area, for example the Citizen's Advice Bureau, should the women require any advice pertaining to their benefit claims.

Initially, interviews took place at the original gatekeeper organisation offices, in a separate interview room. Latterly, when recruitment was broadened, use of several other sites was necessary, including booking rooms at the university, community centres, and (in three cases) conducting interviews in participants' homes. When I was in charge of arranging the location, I paid special attention to the set-up of the rooms. I visited all rooms booked at the university before the interview date to ensure their suitability in terms of location and accessibility. For example, I avoided using rooms in isolated or dark corridors which might have felt threatening. Factors I considered when setting up the rooms themselves included: covering windows and glass – particularly in university buildings – so that we were not visible to other building users; asking whether the participant preferred sitting close to the door, or facing towards or away from it; the same with windows; ensuring personal space was respected; wheelchair accessibility; arranging the furniture to avoid evoking a traditional 'interview' or appointment setting – to name a few. Where I was unable to check the suitability of the rooms beforehand, for example when conducting fieldwork in locations in other towns or cities, I liaised with participants to find sites where they felt comfortable and spoke to staff in advance where possible to get a sense of the location of the room in the building, the layout, visibility to other building users, and the potential for intrusive noise or interruptions. Where possible I made sure that there was a choice of seating, as many participants had physical health problems that made sitting in certain positions uncomfortable or impossible. I also made it clear that women could take a break at any time without giving a reason, or stand and stretch or move around while we conducted the interview. When the interviews took place in participants' homes, as they did with Maureen, Sarah, and Starlight,[19] the power balance was shifted slightly as they were 'in control' of the environment.

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[19] My interview with Starlight took place in the communal room of her housing cooperative

4.2.7 Conducting the interviews

Initially, I intended that the interviews would be structured around two documents: an initial sheet to gather background information and personal characteristics, and then an in-depth topic guide (see Appendices 7 and 8). It quickly became clear that these guides were more useful as an aide-mémoire or simply a prop, and both were adapted - and in some cases dispensed with - depending on the participant and the interview. The way that interviews unfolded was far more influenced by how well I built rapport with the women who took part in the research. This was dependent on any number of factors, and none which can be easily parsed out and categorised. In the main, I found that once I had explained the purpose of the interview, allowing women a great deal of freedom in whatever they wanted to discuss was the most fruitful – and compassionate – way to proceed. For those participants who were more hesitant or where the conversation felt more difficult, I loosely followed the topic guide and gave prompts and guidance where necessary. For second interviews, where they occurred, I decided that it would be far more beneficial to create bespoke topic guides (see Appendix 9) which referred back to our first conversation and asked relevant questions, often in order to check whether my interpretations of our initial conversations had been accurate. This provided some interesting insights and challenged a few of my earlier interpretations, some of which are highlighted in Chapter 5. Second face-to-face interviews were arranged for approximately four to six weeks after the first interview, according to the wishes and circumstances of the participant. This allowed time for me to transcribe the first interviews and reflect on them, and time for the women to reflect on our conversation, as well as avoiding placing an undue strain on the women's time.

4.2.8 Skype and telephone interviews

The recruitment of participants further afield posed challenges: travel to some locations was beyond the capacity of my limited budget and timeline for fieldwork. However, I felt that it was important to be open to using different methods, if it would enable women who wanted to, to participate in the research. After discussion with my supervisory team I decided to go ahead with at least one Skype interview, at the participant's request. The participant had used Skype several times before, as it was the way she kept in touch with her children, and she felt comfortable using this medium. Moreover, Hanna (2012) identifies an important benefit of using Skype, which is that both the researcher and the participant are able to remain in a safe space (p. 241). Before the interview, I familiarised myself with some of the potential pitfalls of using video internet technologies for conducting in-depth qualitative interviews. Seitz (2016) identifies several potential issues: disruption of connection leading to disruption of the interview and thus the research relationship itself; inaudible segments; inability to read body language and non-verbal cues; and a loss of intimacy compared to in-person interviews (p. 230). Seitz suggests a checklist for preparing for the interview to minimise potential issues. Discussions were also held with my supervisory team about erring on the side of caution when discussing sensitive and distressing topics, and trying to end the conversation on a practical and positive note about what the participant might want to do in order to prioritise self-care for the rest of the day. This applied to telephone and face-to-face interviews as well, and, in practice, felt slightly disingenuous when contrasted with the tone and content of the interviews. The practical solutions were ones that had already occurred to me when I decided to conduct an interview over Skype: confirming a stable internet connection (I decided to connect my laptop directly to the router to avoid problems with Wi-Fi); and finding a quiet room with no distractions (a stable internet connection was prioritised over this, so a communal room in my house was chosen, with distractions and noisy household items removed, unplugged or de-activated before the scheduled start of the call). In the end, the participant did not answer the Skype call and subsequently disengaged from the research.

4.2.9 Written submissions

In early 2018 it was decided that I would also invite written submissions as a way of further extending the inclusivity of the research. This decision was made in response to an email conversation with a potential participant who was too far away for me to travel for a face-to-face interview, and who was not comfortable with talking on the telephone or via Skype. She suggested that she could respond via email, and after discussion with my supervisory team it was decided that this would be appropriate, given my already-flexible interview tools. I devised a written submission question sheet (see Appendix 10) to send to participants via email or post. This method generated some highly valuable data, and as a result I then went back to my contact at DSU to invite further written responses. It also inspired me to invite a written follow up response from one interviewee who was keen to participate in a second interview and expressed an interest in providing this data in written form (see Appendix 11). Written responses are perhaps inherently more formal than the spoken responses given in a conversational interview, and written replies seemed to elicit greater detail and often omitted the touches of levity which many participants seemed to feel the need to provide during face-to-face encounters.

4.2.10 Patterns of engagement

Meeting participants face-to-face to conduct interviews seemed to be the best method of engaging and retaining their engagement with the research process. Where the participant and I had already met face-to-face, all but one woman (Lucy) participated in a second face-to-face interview when invited to do so. However, as referenced above, it was not always possible to conduct a second face-to-face interview, due to time and budget constraints.[20] In these instances, engagement in a second interview or interaction depended on the women's communication preferences, abilities, and technological resources/competencies. For example, only one participant (Alexandra) wanted to take part in a second interview via telephone, and a further participant decided to participate in a follow-up communication in the form of written submissions (Sarah). The remaining participants, where a second face-to-face interview was not possible, declined to take part in a second interview/interaction via phone, videocall, or in writing. Therefore, although my flexibility regarding the permissible methods of data generation enabled more women to participate, and resulted in an increased number of research interactions, face-to-face contact was the preferred form of interaction and an increased capacity to offer face-to-face interviews would likely have resulted in a higher number of interviews being conducted.

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[20] I think it likely that Anita, Maureen, Milly, Sarah, and Starlight would have participated in a second, face-to-face interview had I been able to return to see them in person.

4.3 Analytical framework and analytical processes

Writing from a critical realist approach, Maxwell (2012) defines a conceptual framework as the "model, or theory, of the things you are studying and the events and processes that influence these" (p. 85). He suggests that the term 'framework' can be misleading in suggesting that a conceptual framework must be a "single, coherent, integrated system of concepts" (ibid., p. 86). This, he argues, is rarely achieved and is not necessary for a conceptual framework to be useful. Indeed, as no theory or model can provide a complete picture of what exists, using multiple theories or concepts to understand different aspects of the phenomena you are studying can be useful (ibid., p. 86). It is not necessary to adopt theories as wholes: you can borrow particular ideas from different theories "selectively and eclectically" and use these to construct a framework that best fits your particular topic (ibid., pp. 86-7). A critical realist approach, therefore, accepts that any theory or conclusion can only ever be "a simplified and incomplete attempt to grasp something about a complex reality" (ibid., p. 43).

With this caveat in mind, the overarching analytical framework utilised in the thesis (as related in Chapter 3) is inspired by Johan Galtung's image of a 'violence triangle', comprising direct, structural, and cultural violence as the three over-arching categories or 'super-types' of violence (1990, p. 294). I had intended to use this framework for data analysis. However, during the research process it became clear that this high-level configuration was insufficient as a tool for undertaking a detailed analysis of the data. Rather, it worked as a schema within which my participants' experiences could be framed, and I came to realise that I needed intermediate concepts with which to analyse the women's experiences in more depth. The themes I generated were strongly linked to the data themselves (Braun & Clarke, 2006, p. 12). This generation of themes was then used to 'build bridges' up to the high-level analytical framework through the identification of two *conceptual* findings. This reflects a critical realist method for theory construction, one which is neither wholly inductive nor deductive, whereby existing theory is not applied in order to fit the data, but nor is theory generated purely from the data (Parr, 2010, p. 190).

Before moving on to the practicalities of data analysis, it is also important to note that my analysis of the data was informed by a hermeneutic approach, that is, one which recognises that my understanding, interpretation, and analysis of the data was achieved through, and dependent on, my prior knowledge of the entire data set and of the topics contained within. In hermeneutically informed analysis, the researcher looks at the meaning(s) which lie behind and beyond the words, that is, the sub-textual meaning. Moreover, when we examine a body of work or a data set, according to the hermeneutic approach, "we must interpret the individual parts of the text, as determined by the whole; while the whole is determined by the individual elements of the work" (Debesay, Nåden, & Slettebø, 2008, p. 58). For example, my interpretation of a single line of speech or a particular paragraph is necessarily informed and determined by my knowledge of the whole of the data - the whole interview, all my interactions with that individual, and all of my other interviews. Moreover, my interpretation of the women's words is necessarily informed by my prior understanding of, for example, the consequences of rape and sexual abuse and potential manifestations of trauma. Given this context, I believe it is important to include here a brief note on the consequences of sexual violence.

4.3.1 A note on sexual violence and trauma

Rape and sexual abuse are associated with numerous adverse consequences. There are myriad behavioural and mental health consequences of childhood sexual abuse[21] in particular, and there is also a range of potential biological consequences in adults who have experienced early childhood trauma (Pratchett & Yehuda, 2011, p. 484). Abuse in childhood has been associated with higher rates of anxiety, depression, suicidal tendencies, dissociation, substance abuse, physical illnesses, and interpersonal problems (ibid., p. 478). Jordan (2013) lists potential negative impacts of sexual violence in adulthood to include nightmares, depression, suicidal impulses, extreme anxiety, eating disorders, job losses, relationship stress or breakdown, loss of trust, lessened capacity for intimacy, and flashbacks (p. 54). Single-episode traumas are associated with a greater degree of recovery, whereas chronic physical or sexual abuse is associated with more

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[21] Which was reported by 11 of the 16 women interviewed in this research

complex, diverse and enduring outcomes (Pratchett & Yehuda, 2011, p. 479). Experience of sexual abuse in childhood also increases the likelihood of further victimisation, and re-victimisation is associated with more significant and enduring post-traumatic stress disorder (PTSD) symptoms (Fortier et al., 2009, p. 308). The necessity of dissociating from traumatic experiences leads to the experience of flashbacks and further dissociation as a coping mechanism:

> Dissociation is the essence of trauma. The overwhelming experience is split off and fragmented, so that the emotions, sounds, images, thoughts, and physical sensations related to the trauma take on a life of their own. The sensory fragments of memory intrude into the present, where they are literally relived. As long as the trauma is not resolved, the stress hormones that the body secretes to protect itself keep circulating, and the defensive movements and emotional responses keep getting replayed. (van der Kolk, 2014, p. 66)

An understanding of the concept of 'triggers' is also essential to any in-depth grasp of the consequences of sexual violence and resultant trauma. Triggering is a process whereby "current stimuli activate traumatic memories and evoke dissociated reactions to those memories" (van der Hart & Friedman, 1992, pp. 137–138). Many things can act as a trigger: sensory data; daily life events; emotional states; cues, and current trauma (ibid., pp. 139-140). How a woman is affected and responds to the experience of rape and/or sexual abuse will be linked to their own life trajectory, their support systems, and their own strength and resilience, which are factors with both individual and structural dimensions (Jordan, 2013, pp. 53-54). Though we cannot possibly know what trajectory these women's lives might have followed had their abuse not occurred, the participants interviewed for this piece of research unanimously felt that their experiences of rape and sexual abuse had changed the course of their lives significantly. It is not radical to speculate that many of them may not have needed incapacity or disability benefits had they not been through these experiences. This understanding of sexual violence, and the trauma it engenders, was crucial for the analysis and interpretation of the data.

4.3.2 Transcribing (and its perils)

Transcribing my own interviews was an integral part of my early data analysis – a "fundamental first step" (Dickson-Swift, James, Kippen, & Liamputtong, 2007, p.

337). Listening to the interviews again gave me a better 'feel' for my data, allowed me to become ever more familiar with the data set, and also gave me a sense of being connected to my participants again, sometimes, during busy periods of interviewing, weeks or months after the interview had taken place. This re-connection ensured a continued passion for the research. However, for me, transcribing was also the most emotionally difficult part of the research process. As Dickson-Swift et al. assert, "transcribing a research interview on a sensitive topic can be an emotional experience for the transcriber who often listens to powerful stories" (2007, p. 337). While undertaking interviews, I was focused on trying to listen intently to everything that my participant was telling me *in that moment*. Truly active listening leaves little time for reflection or dwelling on what has been said. Moreover, training which I had undertaken previously on working with survivors of sexual violence emphasised the importance of not portraying shock or distress at disclosures made by clients, to let them know that they can confide in you and to demonstrate that they do not need to worry about your reaction or to 'protect' you. I found this an important approach to sustain, and I believe it was valuable in allowing the women to feel comfortable – sometimes I had the feeling that they were 'testing' me, to see how much it was safe for them to reveal. It was often only during transcribing, therefore, that I was able to sit with, and reflect on, what the women had confided in me. Oftentimes these were painful and traumatic experiences. My fieldwork notes from periods of intensive transcribing and reading transcripts are instructive. For example:

> 25/5/18
>
> Three days of reading transcripts, interspersed with some reading on misrecognition, has fucked me up again. Started crying when I went back to read J's interview, which seemed fairly mundane at the time, but is actually heartbreaking, especially in the knowledge that [supporting organisation] is about to close down due to lack of funds. [Organisation] seemed to be the only reason J was able to leave her house, get her benefits, attend her appointments. Before she had their support she wasn't leaving the house. She was scared that the support might not last, and that she would need it long-term. Knowing that her fear has been realised and that I can't do anything about it is unbearable. Had to stop reading the transcript as I couldn't read any more for crying. Doing some organisational stuff, then reading about self-care in qual research, then writing this. But I have to go back to it. Plan to speak to Elaine if she is in this afternoon when I go to do my interview. Absolutely dreading doing another interview and hoping that she cancels.

> She didn't cancel.
>
> 29/5/18
>
> Had big breakdown cry – so miserable after more days of reading transcripts, then very bad sleeps – waking throughout night, horrible nightmares involving murder, blood and guts, a woman's body decomposing under layers of rubbish in a room….feel exhausted and not able to read any more transcripts. Focusing on writing fieldwork notes, looking at objectives etc., doing a bit of reading.

Shortly after this, I decided to suspend my research for a month. This followed an intensive period of transcribing and immersion in the transcripts, and subsequently a difficult interview, at the end of which the participant withdrew her consent for me to use her data. For several weeks I had been having nightmares about sexual violence and murder; I was feeling hopeless and often teary; I had a heightened sense of vulnerability and fear, and feelings of helplessness and powerlessness. I was familiar, from my previous work role, with both the concept and the symptoms of vicarious traumatisation (McCann & Pearlman, 1990; Trippany et al., 2004), and I believe that I was experiencing the effects of it at the time. I spoke to a former colleague with expertise in the area, and after discussion with her and my family members I decided that I needed to take time off. During this time, I also limited my exposure to current affairs, and did not consume any fiction, non-fiction, television or film about sexual violence or abuse. Following my return to my research, I sought - and was offered - support from an informal mentor in CRESR on a regular basis.

4.3.3 Coding and initial analysis

Following my return from my suspension of studies I finished transcribing and began coding my transcripts in NVivo10. The data set was initially explored following Braun & Clarke (2006) six step guide for thematic analysis: immersion in the data, during which I read the entire data set through twice; generating initial (open) codes; searching for themes; reviewing themes; defining and refining themes; and writing. In January 2018 I put together an initial preliminary analysis based on interviews with 8 women, which consisted of some fairly empirical themes that I generated from the data. My analysis was informed by my broader analytical framework and by my research questions, though I had no pre-existing coding frame. Initial rounds of open coding were created, and I generated codes as I went through the transcripts. I produced a code book of these initial open codes which I then printed out and cut up (see Appendix 12). At this early stage, the codes were mainly descriptive. I used these codes to form several different groupings and categories, and at the end of this stage I merged some of the codes together.

After the second round of coding, I found that I was getting lost in what seemed to be an increasingly technical, rather than analytical, process. I decided to go back to my transcripts and read them in their entirety, thus retaining the chronological and contextual connections in the women's narratives (Maxwell, 2012, pp. 36-7). Repeatedly reading the transcripts in this way helped me to generate themes and get a sense of the overriding feelings that seemed to me to be present in the women's testimonies. I made handwritten notes, mind-maps, and diagrams to record my analytical thinking and decisions. I then went back to NVivo10 and my original open codes to see how they compared, and I subsequently produced an initial analytical framework diagram (see Appendix 13). Throughout my analysis of the data, I found it important to remain open to different approaches, cognisant that "nailing one's allegiance to a fixed and all-embracing position" is not always conducive to insightful research (Mason & Dale, 2011, p. 15). Moreover, it is crucial to acknowledge that the analysis was not 'done and dusted' before the writing began. Rather, it continued throughout the process of writing up, as I coalesced my themes into chapters, and I went back to the coding process more than once during write up in order to cross-check the empirical data against my analytical categories.

4.4 Reflections on the research process

The following section will reflect on my positionality, explore an 'interview gone wrong', provide notes on language choices, provide some tentative recommendations for preventing or mitigating the potential for emotional harm during the research process, and consider a missed opportunity and its potential impact on the research.

4.4.2 Insider/outsider status

My role as researcher at an organisation where I have previously been an 'insider', as a former employee, clearly impacted on the research process while I was recruiting from that centre. My attempts to maintain clear boundaries between my previous and current role, particularly with regard to confidentiality, was an on-going issue. It was made clear, in meetings with management and staff, that I should not have access to confidential client information from the organisation. Similarly, I made it clear from the outset that I would not share any information from the interviews unless the participant requested that I do so, or in the case of a safeguarding issue. Nevertheless, boundaries were blurred between my former role as an 'insider' and my latter role as 'outsider', with counsellors sometimes sharing confidential information with me despite my guidance and ongoing reminders that this was no longer appropriate.

4.4.1 Positionality

In order to provide an honest account of themselves and their research, it is increasingly expected that social researchers acknowledge their personal positioning (Dean et al., 2018, p. 274) or 'positionality'. Positionality refers to the stance of the researcher "in relation to the social and political context of the study" (Rowe, 2014, p. 2). My participants had, by definition, experienced victimisation, and were also experiencing or had recently experienced other forms of adversity such as mental illness, poverty, homelessness, and substance misuse. My role as the researcher already puts me in a position of power in relation to the 'researched'. This may be further compounded by other markers of privilege such as my social status as white and middle-class, educated, with few experiences of trauma and marginalisation. As a result, I paid particular attention to the possibility that my participants might feel disempowered in our interactions and that this might have consequences for our researcher-participant relationship.

I had anticipated that there would be a wider difference in ostensible social status and experience between my participants and me. However, as noted above, the majority of the women I interviewed were highly educated, many identified themselves as middle class, though living in poverty, and all but one were white. In some respects, we shared many experiences and affinities. In many ways, though, our experiences were 'worlds apart'. Much in the women's testimonies reinforced the vast disparities in our experiences. The following extract from my second interview with Rose illustrates the stark differences in how we grew up, despite an apparent similarity in our educational trajectory:

> when you just grew up poor you're battling against a lifetime of being told that you're not worth anything, and being treated that way by a lot of people… *Rose*

It was during transcription that I picked up on this brief but evocative statement and it occurred to me that I had no idea what this feels like. Regarding their status as benefit claimants, Sarah, Alexandra and Maureen all alluded to common stereotypes of this group as 'scroungers' and 'dossers', when they took pains to assure me (or to demonstrate) that they did not fit these stereotypes:

> I was thinking oh, 'I bet she's thinking she's gonna come in my house, see a big stereo, a big flat widescreen TV' *Alexandra*
>
> I've got a really tiny telly. *Sarah*

Conversely, in one of my second interview questions to Libby, I sensed her discomfort, and perhaps annoyance, when I positioned her as having a relatively high level of education:

> Beth: do you feel like your level of education has helped you to, you know, navigate the system?
>
> Libby: yeah I think so, I think, I mean maybe not my level of education, cos my education actually hasn't been particularly great, I mean I did obviously make it to college and do A-levels, and I did make it to Uni, but I still went to a state school in [deprived district] [laughing]
>
> Beth: [laughing] oh yeah, yeah –
>
> Libby: like I didn't get a *quality* education
>
> Beth: yeah obviously, I don't mean like, a *privileged* education

These examples echo Skeggs (1997) observation that the women she conducted research with were "constantly aware of the judgements of real and imaginary others" (p. 4). How the women positioned me also had the potential to provoke discomfort. For example, geography played an important role in terms of my relative position in two of the interviews, one which took place in Wales, the other in the North of England. In the first I was positioned by the participant as a Northerner (which I welcome and identify with) who was therefore likely, in her view, to be politically left-wing; in the latter I was positioned as a Southerner (which I do not identify with) who might, as a relatively privileged or 'posh' person, lack understanding of the social status conferred by holding a job in the town council in the 'North'.

With regard to the victim/survivor identity, though I have experienced sexual and domestic violence, this was a contained situation in my adult life, which I was able to escape from relatively quickly with help from my support networks. While recognising that there is not a 'hierarchy' of sexual and domestic abuse, I do not feel that my experiences are comparable to those of my participants in severity, duration, or resultant trauma. Nevertheless, I feel that my experiences has given me more insight into, and empathy with, other victims/survivors of sexual and domestic violence and have aided my understanding of the dynamics of abusive relationships. Moreover, my prior professional experience working in a therapeutic setting (though not as a therapist) for victims/survivors of sexual violence has given me in-depth knowledge of the impacts of abuse and trauma, as well as of the potential issues that might arise in working with victims/survivors.

Reflecting on my positionality as I undertook my fieldwork, then, simply underscored the complex interplay of different aspects of social identity and status on my interactions with participants, and the reality that what marked me as 'posh' in one context, with one participant, might have quite a different effect in another. In short, it made me more aware of the need to be open, flexible, sensitive to context and to first, second and third impressions, and to know that it was not possible to predict or control these subtle - and not so subtle - cues about my position relative to my research respondents.

4.4.3 When interviewing goes wrong

The final interview conducted over the course of this fieldwork is not included in the data as the participant withdrew from the research at the conclusion of our interview. Rather than ignore what might be considered a 'failed' interview, I have included the notes from my fieldwork diary to reflect on what might have gone wrong:

> *Fieldwork notes*
>
> [Redacted to protect anonymity]

[redacted]

[redacted]

The participant describing feeling triggered and ill at the thought of having her voice recorded is a serious negative impact which – though it was hopefully mitigated by my deleting the recording - highlights the potential harm which can result from conducting research with vulnerable groups. It was following this interview, which, as discussed above in section 4.3.2, took place after an intensive period of transcribing and immersion in the interview transcripts, that I decided to suspend my studies for a month. I have since reflected that as well as being a difficult interview to conduct, it is also possible that my state of mind at the time meant that I was not in the best 'shape' to conduct an interview, and that this could have had a bearing on the outcome. On reflection, I should not have recorded this interview, given the initial reservations of the participant. Although there is no way to know with any certainty, I believe it is likely that she would have been comfortable for her 'data' to be used had I only taken handwritten notes during our conversation.

4.4.4 Notes on language

A few notes on language are necessary to provide context for the reasons and choices behind my use of particular words and phrases. Most importantly, I have made the explicit choice to use the term victim/survivor to reflect that the progression or transition between these states is not necessarily linear (Jordan, 2013), and that many of the women interviewed for this research occupied both roles/identities in relation to one or more perpetrators or abuses at the same time: in sum, they can be parallel and simultaneous positions (ibid., p. 54).

On referring to women as 'vulnerable': Brown (2011, 2012) has written extensively on the potential issues with use of the term 'vulnerable', paying particular attention to the ways in which the term might be used in ways which are oppressive, patronising, controlling, and can direct attention to individual failings or deficits. My use of the term, where it appears in this thesis, is intended to refer not to an inherent state of being or an individual's personal characteristics. Rather, it is used to flag up an increased exposure *to* certain specific harms in a relational sense (Brown, 2011, p. 314), and to focus attention on the structural forces that disadvantage the women who participated in this research. In general, I use the term marginalised, to reflect that it is a social, not personal process, which has led to the side-lining of these women, and that they are often treated as insignificant and peripheral to mainstream society and social groups. And finally, a brief note on the use of the terms sex work and prostitution; in this case I employ the terms that the women themselves used to describe their own experiences.[22]

4.4.5 Recommendations for the limitation of emotional harm to the researcher

Researching sensitive topics with marginalised groups arguably carries an inherent risk of some level of emotional distress to the researcher. However, protecting against and limiting emotional harm should be a priority for supervisory teams, managers, and organisations in general where research on sensitive topics and with marginalised groups is being carried out. Based on my experiences from conducting this study, specifically, I would recommend that:

- All students and researchers undertaking such work should have a dedicated 'mentor' outside their supervisory/managerial team with whom they can discuss the emotionally difficult parts of the research process.
- This should be a formalised mentor relationship with a set schedule of meetings for the duration of the research process once fieldwork has commenced, in order to remove the onus on the individual to request help.
- Every effort should be taken to ensure that periods of transcribing difficult interviews are interspersed with other, less emotionally taxing, work.

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[22] Another distinction which might be considered useful here is that of sex work and survival sex work, the latter denoting an "extreme-need-driven" (McMillan et al., 2018, p. 1522) form of sex work, which was the case for Shantelle when she was subject to a three month benefit sanction. For a detailed discussion of these terms, see McMillan et al., (2018).

- Students or contracted workers undertaking transcription of difficult interviews which they have not conducted should be forewarned of sensitive subject matter and provided with the opportunity to debrief with the project team and/or a supervisor.

- In cases where a student or researcher is experiencing significant emotional distress as a result of their research work, the University/employing organisation should make provisions for clinical supervision with a suitably qualified professional, as well as allowing for the possibility of time away from work/study without the risk of incurring financial penalties (such as the suspension of wages or bursary/scholarship payments).

4.4.6 Missed opportunities and mistakes

The missed opportunities which might arise during the course of completing a PhD are undoubtedly too numerous to document. However, in the case of this thesis it is important to highlight one specific missed opportunity which has had a concrete impact on my work: I did not appreciate the value of the women’s written testimony earlier in the fieldwork process. As detailed above, it was only in response to a participant’s request that I decided to include written submissions. Had I considered the potential power of this method sooner, I could have asked participants if they preferred to opt for a written submission, and I could have asked others if they were happy for their initial contact emails to be used as part of the data set, thereby retaining a lot of valuable input from women who subsequently disengaged from the project. Furthermore, with the idea of inviting written submissions arising late in the day and as a response to the issues of travel budget and my tight timeframe to complete fieldwork, I feel I did not give due attention to the potential issues with this method. For example, when composing the follow up questions for Sarah’s second interview via email (see Appendix 11), I did not consider fully the implications of sending a participant’s quotations to them with questions to answer. Sarah responded with an email to say that it was “shocking” to see her own words written down in that format, in a way that talking about it face-to-face with me was not:

> Thanks for sending that through. I've had a read and wow, I can see why I'll be therapy for years as seeing that stuff in black and white is pretty shocking *in a way chatting about it isn't*. So I'm going to do what I do with therapy if that's ok and read it again a few times and then let it filter through my brain while I'm doing other stuff and process it and then I'll know how to answer it.

> Sarah, via email, 9/5/18 (emphasis added)

Having already experienced this myself during the transcribing process, I should have been more mindful of the distinct differences in verbal and written communication, and the impact that seeing words on a page can have. However, I followed up with her and she responded:

> Hi Beth, please don't worry about the questions distressing me. I think they just arrived on a day I realised my experience has impact and I noticed it more. I'm not upset at all and very happy to answer them.

She further commented in a later email with her written answers to the follow-up questions (included at the beginning of this chapter in section 4.1.1) that she had found both the face-to-face and written interviews to be cathartic in ways which she had not expected.

4.5 Conclusion

This chapter has set out the epistemological, methodological, ethical, and practical decisions which ultimately led to my findings, in an attempt to provide an audit trail of the 'whats', 'whys' and 'hows' of my research process. I will present my findings in the three chapters which follow, which constitute the main body of the thesis. Chapter 5 will present an overview of the participants' claiming histories and consider the material deprivation and resultant emotional and mental health harms which went hand in hand with living on social security. It will explore how the social security system is preventing the women from being able to achieve or maintain the conditions necessary for a "minimally decent life" (Miller, 2007). Chapter 6 will examine the narratives of worthlessness which were prominent in the accounts of all the women interviewed, and how these experiences can be understood as being the result of *misrecognition*: the devaluation and stigmatisation of the women's social identities and their contributions to society. Chapter 7, the final findings chapter, will demonstrate how the women continually had their experiences and their accounts of themselves dismissed and disbelieved, and how this *invalidation* had profound consequences for their well-being.

5. Material Deprivation, Emotional Harm, and Retraumatisation: Life on Social Security for Women Victims/Survivors of Rape and Sexual Abuse

5.1 Introduction

> I mean I find the whole job centre place (…) horrible to deal with, whenever I've had to go in, I find it horrible, and I find, I mean, you know you get people who are nice who work there, but the whole feeling is (…) they have the power to completely fuck your life up. *Esther, interview 2* [23]

This chapter foregrounds the words and lived experience of the participants and presents the empirical findings of this study through an exploration of the women's experiences of navigating the social security system, managing their benefit claims, and the impacts on their daily lives. It discusses these impacts in the context of harm, providing evidence of the damage inflicted by the social security system through processes of cultural and structural violence. The participants' narratives bear witness to the consequences of the current social security system in England and Wales for those who have experienced it first-hand. Moreover, the women interviewed for this research, who gave their time, expertise, and shared their oftentimes painful experiences with the researcher, deserve to have their voices amplified. This is particularly important in a context where, as we shall see later, many feel they have been continually ignored, dismissed, and disbelieved.

There was overwhelming evidence that aspects of the social security system had severely detrimental consequences for the women participating in this study, all of whom were living with significant mental and/or physical health issues as a result of their experiences of sexual violence, as well as from their experiences of other forms of violence, such as domestic violence. This chapter presents these findings and discusses them in the context of harm. As outlined in Chapter 3, the definition of harm adopted here is adapted from Miller's basic human needs approach and Maslow's hierarchy of needs. Miller maintains that a person is harmed when "she is unable to live a minimally decent life in the society to which she belongs" (Miller, 2007, p. 3), which in contemporary England and Wales might include, for example, having access to sufficient income to feed and clothe yourself as well as heating your home, having a secure home to go to, being able to plan for the future including old age without the fear of destitution, and being

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[23] Quotes are from first (or sole) and face-to-face interviews unless indicated otherwise.

able to enter public spaces without the fear of being abused and assaulted (ibid., p. 3). To put it another way, a person is harmed when they are prevented from meeting their basic and psychological needs. As the following testimony lays bare, the social security system as an institution arguably plays an active role in denying the participants access to the conditions necessary to live a minimally decent life, including, but not limited to, all four specific examples listed above.

This chapter will start by giving a general overview of the circumstances of the women involved in this research, related to their benefit claims. More detailed information about each participant and their circumstances can be found in Appendix 6. The main body of the chapter will focus on material harms, such as financial hardship, the deprivations associated with living on a low income, and some of the mental health consequences of these deprivations. The remainder of the chapter will focus more closely on harms which are more specific to the participant group, namely, a group composed of victims/survivors of sexual violence. Specifically, it will start to consider the ways in which aspects of the social security system can be seen to *reproduce trauma* for these women. In particular, the processes associated with applying and being assessed for incapacity and/or disability benefits will be explored in relation to the distinct harms experienced by victims/survivors as a direct result of going through these processes.

5.2 A brief overview of the women's social security claims

Table 2 below details the women's benefit claims at the time of interview. Eleven of the sixteen women interviewed were (or had recently ceased) claiming some combination of Employment and Support Allowance (ESA) and Personal Independence Payments (PIP) or Disability Living Allowance (DLA). Many had had their incapacity or disability benefits reduced or removed after work capability or medical assessments, and some, including Carrie, Esther, Faye, and Maureen, had appealed to tribunal to try to have these reinstated.

Table 2: Participants' benefit claims

Pseudonym	Benefit claim(s)	Additional information
Alexandra	ESA, PIP	
Anita	ESA	Previously claiming DLA, unsuccessful claim for PIP
Carrie	ESA, PIP	Previously claiming Income Support
Eliza	N/A	Unsuccessful claim for PIP
Esther	ESA, PIP	
Faye	DLA	Previously claiming ESA
Jaycee	ESA, PIP	
Jenny	Working Tax Credit, Child Tax Credit	Previously claiming ESA, DLA/PIP
Libby	ESA, PIP	By our second interview Libby was no longer claiming any benefits
Lucy	Universal Credit	
Maureen	ESA, PIP	
Milly	Universal Credit	Unsuccessful claim for ESA
Rose	Universal Credit	Unsuccessful in demonstrating limited capability for work under UC
Sarah	ESA	Previously claiming DLA, unsuccessful claim for PIP
Shantelle	JSA	Unsuccessful claims for ESA
Starlight	ESA, PIP	Pending PIP appeal

At the time of our interview, Starlight was waiting for the decision from her ESA reassessment while preparing for her PIP appeal. She had not yet been given a date for the tribunal, and the uncertainty was causing her severe anxiety. Sarah wrote in her second follow-up submission (see Chapter 4 for details regarding the written submissions made by some of the participants) that she had been "invited" to apply for PIP as part of the migration process from DLA in June 2018, had subsequently been awarded "zero points" from the assessment, and was going to appeal. In 2014, Carrie had been awarded PIP at the enhanced rates for both mobility and daily living until October 2018. She was then reassessed in early 2017 and stated that as her health was worse than before she "had no reason to worry (I thought)".[24] Following her assessment, which she described as "a

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[24] Carrie, written submission

complete farce",[25] she was awarded minimal points and her payments were reduced with immediate effect. Her mandatory reconsideration was rejected, and she went through a fifteen-month process and two tribunals to have her enhanced daily living rate reinstated. However, she was only awarded standard rate for mobility, and her award was limited to a year under increasingly restrictive eligibility rules. At the time of her written submission, she was waiting for a date for her work capability assessment (WCA), and although she wanted to complain about her treatment during the tribunal process, she was fearful of a complaint affecting her PIP and ESA claims.

Others, including Eliza, Jenny, Anita, and Alexandra, said that the prospect of appealing the decision against them was too tiring, and that they could not face the amount of work and stress it would entail. Explaining why she opted against pursuing an appeal to tribunal for PIP, Anita said that she did not think she had the "mental strength to go through going to court, they kind of make you feel like you're a criminal". Speaking about her decision not to appeal after her mandatory reconsideration for PIP, Eliza commented, "I wasn't in a good place [...] if I had the same thing now, I would probably go forward with the appeal". She also stated that although she had considered applying for ESA at the time, "it's the same people who do the assessments for that as well, so I was afraid that it would just be another, like, *run through the same gauntlets"* (emphasis added). As a result, Eliza had spent four years unable to work and not claiming any benefits. During this time, she was mainly housebound and was only able to stay sitting up for an hour or two a day. She managed with the financial support of her father but remarked that there was "a lot of financial strain".

Shantelle, Rose, and Milly had been unsuccessful in their claims for incapacity or disability benefits and were therefore on Job Seeker's Allowance (JSA) or Universal Credit. Both Milly and Shantelle had been unsuccessful in previous ESA appeals, while Rose had commented that if she was not awarded medical exemption from Universal Credit (she was waiting for the outcome of her medical assessment at the time of our second interview)[26] she did not intend to go to

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[25] Carrie, written submission

[26] She later informed me that as she expected, she had been unsuccessful.

appeal because, as she put it, "the likelihood of success is obviously minimal, but also the likelihood of being *punished* along the way is, well, it's just that is what is going to happen"[27] (emphasis added). At the time of our interview, Lucy was claiming Universal Credit and living in a hostel. She had limited knowledge of incapacity and disability benefits and found online information difficult to navigate. She had not been able to access any support to claim either ESA or PIP, despite asking her GP for assistance. Lucy had been raped by a colleague at work and suffered severe workplace bullying. Her agency contract was subsequently terminated after the company refused to accommodate her request to move to another department. She quickly found another job, but during her probation period she had to take time off due to a car accident and her contract was not extended. This led her to apply for Universal Credit. During the six-week waiting period for her first payment, she was sanctioned for not attending one (of three) mandatory appointment(s) at the JCP that had been scheduled for the first week in January. As a result, she fell behind with the licence payments for her hostel accommodation and was given notice to leave. Lucy's experience is reflected in findings from the Welfare Conditionality project, which reported in 2016 that rent arrears and eviction threats were commonplace for the Universal Credit claimants interviewed (Wright, Dwyer, McNeill & Stewart).

Those not in receipt of any incapacity or disability benefits were required to seek work as a condition of continued benefit receipt. The pressures of job-seeking when they were often not in a position to either take up or sustain employment, the inadequate levels of benefit payments, and the increased risk of being subject to sanction for failing to meet the conditions necessary for continued benefit receipt, all constituted major sources of anxiety and stress. For Milly, Shantelle, and Lucy, their financial situation was often dire. Shantelle had been trying, unsuccessfully, to claim ESA for a number of years. Her most recent application for ESA had been refused on the basis of her paper application alone, and she was obliged to return to claiming JSA. During a previous JSA claim, Shantelle had been sanctioned[28] for leaving her job at a fast-food chain:

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[27] Rose, interview 2

[28] Shantelle reported that this was her first sanction.

> I walked out on a job, because I couldn't hack it [...] and next minute I were sanctioned for three month. I had nothing [...] I couldn't handle it, I were crying in t'back and I couldn't work with the people [...] I had to sell all my clothes and everything. Cash for clothes. I have had it hard, really hard. I even did [lowers voice] prostitution, I'm sorry to say, but yeah I did.
>
> I had to do it cos I didn't have anything, and I couldn't keep borrowing off me mum, she hasn't got owt, me daughter hasn't got owt, me sister hasn't got owt, and I thought God, what am I gonna do? *Shantelle*

At this point for Shantelle, then, there was no alternative. Her re-entry into prostitution as a result of this sanction period put her at risk of physical violence and significant harm, directly as a consequence of social security policy. The complex interface between these different forms of violence will be further explored in the concluding chapter.

Jenny and Libby had recently commenced work or study and were therefore no longer eligible for ESA. As a result of increasingly limited eligibility criteria for PIP, Jenny's PIP claim had also been stopped when she took up her part-time job:

> I mean, the PIP is not income-based, it's got nothing to do with whether or not you work, like I said I had it for years before, when I was working before [...] but I knew when I got the letter, that it was just (...) it was just a formality, and it was just gonna be stopped. *Jenny*

As a result, Jenny's disability element of her tax credit award had also ceased, leaving her with significantly less income per month than she had when she was not in work. She was struggling to pay her rent and was reliant on her parents for help in the interim before she could find an affordable house to rent for her and her three children. In the meanwhile, she had cancelled all but essential outgoings, including her home insurance.

At the time of our second interview, Libby had just returned to university.[29] While she saw this as a positive step, she also characterised it as a strategy for exiting the social security system:

> I mean, I am ready to go to uni, but I kind of wish that I had more time [...] I am managing uni, but my main reason for going this year was because I just

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[29] Libby had discontinued her previous degree course during her third year in 2012 due to a breakdown in her mental health.

> couldn't take it anymore […] it would mean by Christmas I would be getting another reassessment, if I was still on ESA, I couldn't face that again. I just couldn't, I can't do it anymore. *Libby, interview 2*

For Libby, then, going back to university was a way of avoiding further interactions with a system which had proved devastating for her mental health.

The preceding paragraphs have given a brief overview of (some) of the participants' circumstances and benefit claims. The next section will consider the issues of financial hardship, and the practical and mental health impacts which these have for the women, and which are arguably more generally applicable to those living on a severely limited income. The following sections will explore the impact of the claiming processes on the participants – impact which might also be applicable more widely to claimants - with a particular focus on the inadequacy of assessments for assessing mental health conditions, and the women's perceptions of the welfare regime.

5.3 Eating or heating? Material deprivation as an everyday feature of living on out-of-work benefits

The consensus among participants, with the exception of Jaycee, was that benefit payment levels were not sufficient to provide for anything other than the "bare essentials" (Milly) or the "bare minimum" (Rose). In their own words, "it is a very sparse amount of money to live on" (Milly), "Objectively no, it's not a reasonable amount of money" (Libby, interview 2); "I live on about £30 a fortnight, after all my bills are paid" (Shantelle); "It's just (…) liveable, basically, you can pay your bills, you can eat" (Alexandra); "[when living in the private rented sector] even with housing benefit, we could only afford to pay our rent" (Esther); "I have five pounds flexibility in my budget, when everything else is paid for" (Starlight).

Starlight's situation highlights just how restrictive the level of income was for the women interviewed. For her, the small flexibility within her weekly budget was dependent on whether incontinence pads were available at sale prices. Milly described a cycle of taking on debt to pay for household essentials:

> It doesn't cover for any eventuality, you know if a washing machine breaks down, or anything like that, you're just stuck, relying on loans,[30] and then the loans have high interest, and it's a vicious cycle and it's very hard to get out of that. *Milly*

Carrie, Libby, Lucy, Shantelle and Starlight also reported current debt, including pay day loans, credit cards, rent and utility bills, as well as informal loans from family and friends. Shantelle had been taken to court twice over rent arrears, the first time as a result of the sanction period mentioned above, which had led to her housing benefit payments being stopped. The second time was in a period after starting a new cleaning job, when she had to wait 8 weeks for her first payment: "then I had to go back to court again, for me flat, cos there was no rent paid".

All participants except Jaycee spoke about choosing between eating, heating, and other basic expenses such as transport, mobile phones, and internet access. This is true for many benefit claimants. However, for women in this research, online access was particularly crucial for maintaining communication and contact with support networks, especially when they were unable to leave the house due to mental and/or physical ill-health. The particular importance of online access for this group of women is revisited later in the chapter. At the time of our interview, Milly, who was claiming UC, had cancelled her internet provision, as keeping her flat warm had to take precedence during the winter months. The lack of internet access compounded her sense of isolation. Esther was able to maintain access to the internet only with the support of her retired parents. Shantelle spoke about having to choose between eating and heating her home in cold weather:

> Shantelle: I have to put a lot on me gas in winter, cos it's cold innit?
> Beth: Yeah, does it mean you can't spend as much on other stuff?
> Shantelle: Yeah
> Beth: Yeah, like what, what would you –
> Shantelle: Like food and everything.
> *Interview 2*

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[30] Milly had taken out a provident loan as a result of the delay in the payment of her Universal Credit.

Shantelle frequently had to resort to using food banks to ensure she had sufficient food to eat. Lucy, Milly, and Carrie had also been forced into accessing food banks as a result of problems with benefit payments, including sanctions, delayed payments on UC, and the reduction or removal of disability and incapacity benefits. In 2018 the Women's Aid Annual Survey reported that over 90% of their associated organisations had supported clients to access food banks, suggesting that this is a widespread problem for victims/survivors of violence and abuse (Howard, 2019, p.14).

Several participants were reliant on their parents for financial support, including many of the women who had children of their own. Esther spoke about having to rely on her retired parents to pay gas and electric bills, commenting that although at the time of our interviews she was able to cover these basic utilities, her parents were still paying for her mobile phone, TV license and computer. As highlighted above, for Esther, these lines of communication were crucial, especially as she was often housebound due to her health issues. She articulated the perversity of the situation, saying "I mean, I'm 50 years old, and my retired parents are having to subsidise me, that shouldn't be a state of affairs, they shouldn't have to do that".[31] Jenny also depended on her parents for financial support. For example, her son had recently told her that he had holes in his shoes, but she could not afford to replace them, and so was waiting for her parents to come back from holiday to ask them for help to purchase a new pair. For those younger participants who were not estranged from their families and could therefore depend on them for some financial support, relying on them was nevertheless often accompanied by feelings of frustration: "I mean, I didn't like doing it. I would much rather be able to support myself" (Eliza); "I'm like dependent in lots of ways, cos I live with my parents, I'm dependent on them", "it's not always the best thing for me (…)" (Rose, interview 2).

Shantelle commented that she was lucky to have a good family support system close to her, and that between support from her mum, her sister, and her daughter, she did not "go without a meal". She also sometimes went to her sister's

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[31] Esther, Interview 2

house to keep warm during the day and only went home to her flat at night, in order to save on heating costs. However, as discussed above, when Shantelle was sanctioned, she was unable to keep borrowing money from her family, as they were not in a financial position to provide continued support. Milly, meanwhile, described how she felt that her lack of family support put her at a further disadvantage, saying:

> Not having the family ties, that makes it harder again, because it's just me, little old me, you know a lot of people do have the support from their family, they're still receiving the £73 a week but they'd be having help from family and relatives and that, and I think that would help a little bit, ease the pressure, but I haven't got any of that. *Milly*

Similarly, Jaycee stated "I haven't got family and friends that would support me, I've got no one even to talk to, let alone anything like that [financial support]".

The preceding paragraphs have highlighted how the women involved in this research have negligible financial flexibility, particularly in the event of unexpected expenses arising, or any period without income, such as a result of sanction, or delays in benefit or wage payments. This situation is echoed in work by Millar and Ridge (2018), who describe the lack of security experienced by their female participants in instances of ill-health or reduced work capacity. The difficulties discussed so far were compounded by the fact that many participants had experienced reductions in their benefits as a result of WCAs, losing elements of their DLA/PIP or having their care/daily living or mobility rates downgraded, despite no changes in their health or disability-related needs, being moved into the WRAG on ESA, or having their benefits removed entirely. Even for those who had not recently experienced a reduction in their income, the social security payments they received were demonstrably not sufficient to protect them from experiencing material deprivation. The section which follows will consider the detrimental consequences which material deprivation, resulting from reductions in income and living on a very limited income for sustained periods, had on participants' emotional and mental health.

5.4 Material deprivation and mental health

The women in this study had significant mental health issues related to their experiences of sexual violence and trauma. The additional strains on their mental health which they experienced as a result of their interactions with the social security system and the resultant increase in financial insecurity had the potential to profoundly impact on their wellbeing in a way that might not have had comparable outcomes for other groups of claimants. The harms specific to victims/survivors of sexual violence will be explored below in section 5.7.

The women's testimonies regarding the mental health impacts of dealing with the social security system, managing on a restricted income, and increasing insecurity, are reflected in the wider literature on welfare cuts and austerity (see, for example, Barr et al., 2016; Mattheys et al., 2016; Pemberton et al., 2014). In her written submission, Carrie described the impact of having her PIP daily living and mobility components reduced from the enhanced to the standard rates, following a medical assessment in 2017:

> since my PIP was reduced from a lying assessment my ptsd was triggered again and I have had a massive decline in my mental health problems. I have gone from coping well on benefits, budgeting carefully and sensibly and running a household independently, to a wreck in a big financial mess, with big anxiety issues and not coping at all to cover the necessary costs of running a household. I am in constant high overdraft and cannot see a way to manage. I do without food at times and have had to resort to food banks and emergency food payments, even once receiving a Salvation Army Christmas box as otherwise my children would've not had any Xmas presents. It has been truly awful and the future is very bleak indeed as I now have even less coming in. *Carrie, written submission 1*

The deleterious impact of this reduction in her benefit income are multifaceted. The obvious financial impacts, such as increasing use of her overdraft(s), having to go without food and/or use food banks, and relying on charitable organisations to provide her children's Christmas presents, are compounded by the profound impacts on Carrie's mental health, including renewed PTSD symptoms, anxiety issues and feelings of hopelessness about the future.

Hall (2020) suggests that in the context of 'everyday austerity', opportunities for socialising, leisure activities, self-care and 'pampering' or treats can be limited and cut back, with potential implications for friendships and kin relations (p. 781). This was true for the women in this study, for whom constraints on choice as a result of low income and, in particular, limitations on activities outside the home with friends and family, were harmful to their mental well-being. As Rose commented:

> That restriction of choice is really bad for your mental health, partly because it means that a lot of the time you end up staying in the house, because you know that you can't really afford to go anywhere or do anything [...] so I miss out on a lot of stuff which would be really good for my mental health [...] like just going and having a coffee with a friend. *Rose*

Rose also talked about being unable to afford to go swimming, which was an activity that she found beneficial to her mental health. This was due to both the price of the sessions and because the bus service which connected her home to the swimming pool had been cut. Shantelle explained that she was unable to socialise with her sister and friends because "they all go out and stuff, and I can't, cos I've got nowt [...] it makes me more depressed", adding "if I had a bit more money coming in, I could do things".[32] As it was, she was regularly unable to afford basic necessities like bus fare, and often had to walk close to a 6-mile round trip in order to attend JCP appointments or her weekly counselling sessions. These examples speak to an increasing sense of isolation for the participants as a result of material deprivation. Milly spoke about how chronic poverty, including not having sufficient income to "go anywhere", affected her confidence:

> I don't think it's anywhere enough for me to get by [...] you know you can't go anywhere, you can only buy the bare essentials, and over a long period of time that really doesn't help your confidence. *Milly*

She also highlighted the sadness at not being able to afford a haircut, or new clothes, as something which further impacted on her confidence and self-worth:

> £73 a week is not a lot to live off, when you've got to run a home, I know I'm only there on my own, but I do have to pay bills, water, gas and electric, TV licence, so it's quite a lot pay out, out of £73 week, before I even look after myself so if I want something to go for an interview, or get my hair cut, I can't do things like that very often, and I'm going downhill, you know, I don't care about my image any more, that's what's happened, I just, you

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[32] Shantelle, interview 2

> know I can't be bothered, I think that's part of the losing of my confidence through being unemployed for a long time, and having my health issues disregarded. *Milly*

Being unable to afford to buy clothes or spend money on personal grooming was also emphasised by Anita and Alexandra: "We don't live comfortably [...] No luxuries, I don't go out, I don't get my hair done, I don't get my nails done (...)" (Alexandra); "the last thing I bought was this jumper [...] but that was last year, I've not bought anything yet this year" (Anita). These examples highlight Miller's assertion of the "social-psychological aspect of many human needs" (2007, p. 11): while being able to afford to visit the hairdresser or beauty salon might not be considered a basic human need, personal grooming was important to most of the participants. Similarly, it is important in the cultural context in which we live, especially for women. Moreover, for Alexandra, not being able to afford to 'treat'[33] herself seemed to add to the sense that her life consisted solely of trying to survive in a hostile environment engendered by the DWP:

> You're just surviving, on this, yeah, on this sea of waves of, yeah, wait for the big crash [slapping hands together] DWP are coming, crash [slapping hands together] that's what it's like, here we go, tip over again. *Alexandra*

Alexandra's evocative description speaks to two different temporal aspects of the women's experiences of the social security system: both the *waiting*, or insecurity, and the "big crash", or crisis point(s). Anita referred to anxiously waiting for news of her ESA, and whether she might be taken out of the support group, as "brown envelope day - when the brown envelope lands on your doorstep". Esther commented, "every time a letter comes through the door that looks like it's a benefit letter, I'm like oh, what is this gonna be, what is gonna get cut now? And it's really scary".[34] This echoes similar findings in a paper by Garthwaite (2014) which refers to the 'fear of the brown envelope'.

Proponents of an inclusive conceptualisation of trauma (see, for example, Cassiman, 2006; Gilfus, 1999; Kira, 2001) argue that living in poverty and the chronic stress that often accompanies it can produce trauma-like symptoms,

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[33] Alexandra's description

[34] Esther, interview 2

referred to by some as "insidious trauma" (Gilfus, 1999, p. 1243). Insecurity, fatigue, stress, tension, and illness all constitute "chronic ongoing threats" to well-being which can stimulate or overwhelm survival instincts and disturb processing in different areas of functioning (Kira, 2001, p. 81). For the women in this research, then, the combination of abuse-related trauma was compounded by chronic poverty and insecurity – or as Rose put it, "living on the edge all the time".[35] Esther commented that living on benefits involved "constant stress" because "they always seem to be moving the goalposts for stuff, so you never feel secure in anything". Esther's description is reflected in findings from Garthwaite et al. (2014), who posit that reforms of the social security system can be best understood as 'shifting the goalposts', or (continually) reconfiguring who the state deems "worthy of welfare" (p. 326). The sense of chronic insecurity is also highlighted by Mattheys, Warren and Bambra (2018) who found that interviewees were suffering from chronic "welfare system induced stress" (p. 1285). Jaycee described how a lack of financial support from the benefits system could add to victims/survivors' suffering:

> Nowt's gonna change, and it does need to change, because people are suffering even more, than what they've got to, because not only have they been through that [sexual and domestic violence], but they're having to deal with 'well I'm not getting any help financially', so that's an extra burden what they've got to live with. *Jaycee*

Fear of loss of income, feelings of insecurity, and anxiety about the future were often just as significant a threat to the participants' mental health as any actual reduction in income or 'crisis point'.

One aspect of broader social security policy which was highlighted during this research as compounding detrimental outcomes for participants was the under-occupancy penalty, commonly referred to as the 'bedroom tax'. Milly and Shantelle spoke explicitly about their experiences of this policy, which was introduced in the Welfare Reform Act 2012. Both were forced to move to smaller properties as a result, and Milly was looking at the possibility that she would have to move again[36] after her second child had left home. At the time of our interview,

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[35] Rose, interview 2

[36] For the second time in two years

she was in receipt of a Discretionary Housing Payment - which her tenancy support worker was trying to have extended - to cover the extra rent costs. Milly commented that in her area the only kind of support that seemed readily available was tenancy support, and that "they seem to be very concerned with, you know, let's move you because of the bedroom tax, and let's downsize you, and that just seems to override everything". The loss of outside space, in particular, affected Milly, who suffered from psoriasis:

> I preferred where I was because I had a garden, and I find gardening, you know when I'm well, gardening is therapy for me [...] a bit of fresh air, cos I am very self-conscious of my skin, so I tend to avoid going out sometimes, but to be in your back garden, you know, on a nice day [...] it's a good thing, so now I'm in a flat it's a bit depressing. *Milly*

Shantelle also specifically identified having to move and the loss of her outside space as a contributing factor to her depression:

> That's part of me depression, it's not all cos of that, moving out of t'house, but that's made me depressed, cos now I'm just in a little flat, no garden (...) I do have my grandkids at my flat but (...) I had a nice home, and a garden for t'kids and stuff. *Shantelle*

The negative impact of these enforced moves on Milly and Shantelle's mental well-being was clear, and such impacts are reflected in the literature. For example, Moffat et al. (2015) found that the 'bedroom tax' adversely affected individuals' mental health and their family and community networks.

The impact of the abolition of Council Tax Benefit[37] was also highlighted, with Starlight commenting:

> I got a bill [from local authority] for £300 for Council Tax yesterday, because you know, they're doing what all the areas are doing, they are now upping the council tax to a certain level for anybody, for all people with disabilities, they've shifted their position and they now expect people to pay. So I have no idea what I'm going to do. If you pay them 5 pounds a month they can't send you to prison. I know that. *Starlight*

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[37] Council Tax Benefit (CTB) was abolished in April 2013 and replaced with Council Tax Reduction schemes run by Local Authorities, with the result that many people whose Council Tax (CT) was previously paid in full by CTB now have to pay towards their CT (De Agostini et al., 2014).

Cuts to social care, policing, mental health, counselling and support services, and transport (for example reduced bus routes) also impacted on the daily lives of the participants and their overall income levels. Rose and Esther, in particular, talked about how cuts to policing and mental health services, and the significant rise in street homelessness[38] had made them increasingly fearful in public spaces, both *for* and *of* other people. While an exploration of the broader impacts of austerity is beyond the scope of this thesis, the following examples draw attention to how these factors intersected to compound the feelings of marginalisation which the women experienced. Esther related how she had been assaulted in a public space near her home the day before our interview:

> this happened to me, honest truth this happened to me yesterday, it's like to do with the cuts, with police, you used to see bobbies on the street all the time if you needed a policeman, you could usually look around for a couple of minutes and see some, but especially, I mean I live [in the city centre] and I've noticed recently [...] the amount of people who are just sitting round on pavements begging, or drinking, and everything, and I went to Tesco's yesterday and I was coming back from Tesco's, and there was a bloke off his head on drugs, walking up and down the road, and everything, and he saw me, and made a straight beeline for me, and I was just like "can you get out my face, man, you know, please?", you know, and he wouldn't, so I go "look just leave me alone!", and he punched me in the chest and went "I hate fucking crips!", and then, someone had seen it, a bloke saw it and came rushing back, going "oi!". And the bloke sort of legged it off and everything, and the bloke said "shall we call the police?" and I said "We'll probably be here for an hour waiting for them to turn up", and [...] I can't even go to Tesco's, and feel safe, without getting punched, you know? *Esther*

Rose similarly described feeling unsafe in public spaces, noticing an increase in street drinking and street-homelessness:

> I've just noticed walking around [city] there are so many more people, who are wandering around, who really do look like they've not got a home, they've not got anywhere to go, they are on their own, and sometimes like, they're drunk, and sometimes, as much as I don't want to stereotype people, I feel uncomfortable, and I don't feel safe, and there's nowhere for them to go. *Rose*

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[38] Homeless Link found that there had been an 169% increase in rough sleeping between 2010-2017 (Rough Sleeping Statistics, 2017).

For these victims/survivors of sexual violence, hypervigilance around safety, and feelings of vulnerability, were compounded by an apparent increase in insecurity for the population at large, and a sense that public spaces had become less safe in general.

The preceding paragraphs have demonstrated the ways in which the social security system in England and Wales plays an active role in denying the women the ability to access or maintain the standards necessary for a minimally decent life (Miller, 2007). Women often struggled to afford basic necessities such as food, they made choices between eating or heating their homes, many struggled to pay their rent. Perhaps most significantly, all of the women interviewed spoke about their fears for the future and the very real threat of destitution, a threat that they were forced to contend with as they went about their daily lives. By implementing policies which prevent the women from meeting their basic needs, then, the social security system is perpetrating *structural violence*. It is causing avoidable harm, by denying women the means to meet their physiological and safety needs as described in Figure 2 (p. 50): refusing, limiting, or threatening their access to food, shelter, warmth and rest, and security, safety, and resources.

The next section will explore participants' experiences and views of the WCA and PIP assessments.

5.5 Experiences of WCA and PIP assessments: (not) fit for work and (not) fit for purpose?

> It's like any old Joe blogs doing it, it's like me doing an assessment, I wouldn't have a clue! *Anita*

Interactions with staff during the WCA and PIP assessment, undertaken by independent assessors from contracted companies such as ATOS, Capita and Maximus, varied greatly in character. Often, they were experienced by participants as openly hostile. Staff were also frequently characterised as dismissive, uninterested, and cold. Some participants also perceived assessors to be duplicitous, describing them as "disarmingly nice" (Anita) and displaying "sugary sweet concern" (Sarah). This was understood as a 'con' which was designed to give participants a false sense of security, with the end result the same - refused or reduced benefits:

> I would rather have had somebody a bit more officious, I felt like she was two-faced, because, on the one hand she was really nice to me, and really reassuring, and then I got refused, so it's like she put on a nice face to, I suppose, get me onside. *Anita*
>
> I also know people who have had quite nice assessors, who seem to be taking them seriously, who have then been awarded zero points, like, it seems like some big con, like, we're just gonna be nice to you, we're just trying to relax you enough so that you slip up… *Libby*

The WCA has been widely condemned (see, for example, Allsopp & Kinderman, 2017; Baumberg et al., 2015; Cross, 2013; Stewart, 2018) both as a tool for assessing capability for work, and because of the adverse mental health impacts associated with it. Barr et al. (2016) cite the findings of five independent reviews which indicate that the process is "impersonal and mechanistic and [does] not adequately capture the impact of many chronic health conditions" (p. 339). Assessments undertaken to determine eligibility for PIP have been similarly criticised (Machin, 2017; Roulstone, 2015; Ryan, 2019), with particular concern around discrimination against those with mental health conditions (Pybus et al., 2019). The section which follows will focus on participants' experiences of the WCA and PIP assessment and explore how these interactions impacted on the women.

It would be difficult to overstate how all-consuming the assessments for PIP and ESA were in the lives of the participants:

> It feels like they've already decided before you've walked into that room. You just feel like you're *losing a battle* before you've even started, or you're in a battle and *you've got no weapons*. *Anita* (emphasis added)

The inadequacy of the ESA and PIP processes for assessing mental health conditions was highlighted by all but one participant.[39] The bias towards physical

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[39] Jaycee

health symptoms and the lack of flexibility in the questions were both cited as reasons for this inadequacy:

> I mean I might look all right, but up here [gesturing to head] I'm not (...) You know it yourself, don't you?
>
> Put your arms up, and do that [gesturing with arms] I mean what's all that got to do with it?
>
> *Shantelle*

> It's also based on what you can describe to them, in sort of, an hour, so, if you're not as articulate, if you can't explain what's going on with you, if you haven't got a condition which is easy to put into a box, then (...) *Rose*

Participants felt that the expertise and advice of their own healthcare professionals regarding their fitness for work or work-related activities, and the extent to which their incapacity or disability affected them, was ignored or superseded by the authority of ESA or PIP assessors - and later the elusive and disembodied 'decision makers'. As related in Chapter 2, the move towards using medical professionals from private providers contracted by the DWP was seen as a way of conducting more 'rigorous' assessments, rather than relying on the opinions of the claimant's GP (Grover & Piggott, 2010). This change, however, was repeatedly cited as evidence of the unsatisfactory and unfair nature of the process:

> Even GPs aren't being given the trust to make decisions about who is fit for work and who isn't. *Rose*

> And so (...) everyone outside the benefits agency were going 'you should be on ESA', my doctors and psychologists and everything [...] and they were going 'we don't want you to work', and the benefit agency were saying 'oh no, you can, you know, raise your arms above your head, so you can go on jobseekers'. *Esther*

This sentiment is echoed in the report by Marks, Cowan & Maclean (2017, pp. 9-10) investigating mental health and unemployment in Scotland, which found that the majority of participants did not believe PIP or ESA assessors to be properly qualified to be able to assess mental health conditions, and questioned why their opinion should override that of their own healthcare professionals (see Chapter

2 for further discussion of the development and reform of work capability and medical assessments within the social security system). Importantly for this research, the WCA and PIP assessments were frequently characterised by participants as a (re)traumatising and triggering experience. This harm, which is specific to the participant group, is discussed further below.

The scoring system for the WCA seemed, for some participants, to reinforce a sense of worthlessness, of being looked down upon. Through her repeated references to scoring 'no points', Shantelle highlights how the impersonal and rigid scoring system used by medical assessors to determine benefit eligibility can have a significant impact on an individual's well-being:

> they've scored me no points, none at all, I don't know why.
>
> I've applied about four times for it [...] each time I've been scored zero.
>
> they've scored me no points, nothing, they've just chucked me off it.
>
> I think I should score points, when I'm on medication, and I've been told I've got mental health issues, and stuff (...)
>
> *Shantelle, interviews 1 and 2*

As far as the women were concerned, then, the assessments were inadequate as a tool for assessing eligibility to social security benefits on mental health grounds, and also discriminatory against those experiencing mental distress. As Alexandra commented, "mental health ain't a disability in their [DWP] eyes, because it's 'get over it, what's the matter with ya? Pull your socks up'". The cumulative impression gleaned from the interviews was that interactions with assessment staff were experienced as a series of toxic encounters which severely undermined the women's mental health. Moreover, they contributed to feelings of powerlessness, worthlessness, and dehumanisation.

Work coaches and JCP staff, however, were often found - in contrast to WCA and PIP assessors – to be helpful and friendly:

> he is nice him, my adviser. *Shantelle, interview 2*

> my work coach, she's really nice, she has done a lot to try and help me, she's been, quite supportive when I've had to leave jobs, she's been really supportive. *Rose*

> I tend to find that local jobcentre staff tend to be a lot better than like, the organisation as a whole, and especially Atos. *Libby*

Occasionally, work coaches and advisers were identified as using their discretion to relax some of the usual conditions required for continued benefit receipt. For example, Shantelle recounted how her work coach had allowed her to come fortnightly instead of weekly, which helped her to save money on bus fare, which was one of the barriers she identified to being able to meet the requirements placed on her by JSA:

> I think it should be every week but they've told me every fortnight, now [...] if it were every week, you'd, you're paying out more bus fare and stuff, errrr, and it's a lot out your benefit when you don't get much. *Shantelle, interview 2*

After being placed in the work-related activity group (WRAG) on ESA after a traumatic assessment, Libby was obliged to attend an appointment at JCP, where the advisor evidently recognised that the decision had been inappropriate:

> straight away, she was just like – 'why are you even here? I'm just going to sign you off all work-related activity while your mandatory reconsideration goes through'. *Libby*

Lipsky's (1980) concept of 'street-level bureaucrats' is useful for understanding the role that individual JCP work coaches and advisors play in mitigating some of the harshest conditions of the social security system. Rose explicitly identified a front line worker as "trapped" in a system which tied her hands when she was trying to help, "she is sort of trapped within the system, as to what she can do"; "it's not like the work coaches don't care, they do care, they're not given the opportunity, or the time, or the (...) I guess to some extent the trust, to care". The level of discretion which front-line workers in the JCP are willing or able to exercise is not quantifiable, and conversely, flags up the amount of power that lies in the hands of individual assessors.

It was striking the extent to which the government, and specifically the DWP and subcontractors such as Atos, Capita and Maximus, were experienced as extraordinarily powerful by the participants in the research. As Alexandra commented, "you've got one life [tearful] and half of your life has been sucked up by the government, fighting for your life, so to me, it's like they've took a piece of my life". 'They' were identified, then, as wielding immense control over the women's lives, with the women seeing no avenue for recourse: "There's no way to fight these people because they just do whatever they want. And they just seemingly don't have to justify themselves to anybody" (Starlight). Moreover, when they did seek recourse, through mandatory reconsiderations or tribunals, for example, the process was long and drawn-out. As Carrie wrote: "the wheels turn so slowly when DWP are "putting it right" but so fast when they stop what you are entitled to and take it off you". Lipsky's assertion that "the poorer people are, the greater the influence street-level bureaucrats tend to have over them" (p. 6) chimes with these comments, and also Esther's remarks about JCP staff, quoted at the beginning of this chapter, that "they have the power to completely fuck your life up".

5.6 "Off of benefits, not matter how"[40]: participant perceptions of the welfare regime

> Let's face it, they're not there to help the person, they're not there to do a medical assessment, they are there to try and knock the points, your points that, you know, what you actually qualify for. I've got no illusions about what they are there for, I used to, mind, if someone had said to me when I was, years ago in welfare rights, that this would be the situation, I'd be like 'naaw', I'd never have believed it. *Maureen*

The perception of participants was that the main aim of the DWP was to force as many people into paid employment as possible, whether or not it was appropriate for the individual, and regardless of the potential health consequences: "off of benefits, no matter how" (Libby); "they are trying to get everybody out to work. Everybody" (Shantelle); "there's absolutely no consideration for, is this going to be a job that you can do, for the long term […] it's just, any job, anything at all" (Rose); "for them [DWP], it's all about getting the numbers up, saying they've got people to get a job, whereas sometimes it's best

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[40] Libby

for somebody to get a job what they're suited to" (Jaycee); "it's any job, they just want you off their list" (Esther). Participants felt that within DWP policy and practice, there was little consideration of individual needs, of fluctuating health conditions, or of the long-term viability of them taking employment. Starlight articulated the sentiment that paid employment seemed to be the only valued or acceptable type of work as far as social security policy directives were concerned:

> Everything is about paid employment. Everything is geared towards moving towards paid employment, full-time, overtime, paid employment [...] everything is about bringing as many hours in as possible, and you know with Universal Credit, all of these thousands of people getting penalised because they're not taking on *more* hours. *Starlight*

Many women voiced their desire to work or volunteer in an organisation which would take account of their health conditions:

> I'm trying to do something to try to find some sort of work that I can do from home, that is ermm (...) that I can do dependent on my health, because every day is different, I might wake up tomorrow and not be able to do anything, and be in bed all day. *Esther*

However, these roles were known to be rare or non-existent. Women were also worried that volunteering was "not allowed" (Starlight), or that it would affect their benefit claims: "I remember being really scared to do volunteering and stuff because it would be held against me, and yet volunteering actually enabled me to have an idea of what I could or couldn't do" (Sarah). Maureen described the incremental nature of her recovery after experiencing severe trauma and loss of employment:

> if you've been ill, especially after you've already lost two jobs within a couple of year because of the problems, you know it's like, baby steps, build your confidence and self-esteem back up again, and your self-worth that, and, I definitely think the way this system is now is more of a hindrance, and I think if it had been the old system, where I was allowed to just do a bit of voluntary work here and there, I think I might have been able to get back to do some kind of part time work. *Maureen*

It seems, then, that social security policy sometimes had the opposite of the intended effect - by moving participants further from the labour market, rather than closer to it, echoing findings by Patrick (2017a, p. 127) from a longitudinal study of the lived experiences of welfare reform. As Barr et al. (2016) note, targeting ‘vulnerable’ groups with policies that are demonstrably harmful to their health is likely to further marginalise them – reducing, rather than increasing, their independence (p. 343). This lack of consideration or accommodation for the reality of health conditions which fluctuate, affecting people differently from day to day, and which do not always have a simple linear progression towards ‘good’ health, attests to one of the most significant experiences shared by the participants: that the social security system did not provide for *any space for recovery*. In their own words:

> the DWP thinks ‘convalescence’ is a dirty word. *Sarah*
>
> it’s like you get punished for getting better […] because there is no middle ground, that you can occupy, that’s between too ill to work, and you can work full-time. *Rose*
>
> it’s the getting better, like, I’m not allowed to do that. *Libby*
>
> ‘What, you can stand up and leave the house for an hour a week? Well you’re not practically dead, are you?’, So, like the definition of, yeah, how sick you have to be has become more and more prescriptive, and more and more problematic […] there’s this trap of, you’re not allowed to get better, you have to just magically *be* better, and that’s certainly not how mental health stuff works. *Sarah*

Not being allowed the space or time to facilitate recovery was hugely damaging to the women’s mental health and often led to relapses in other health conditions. Findings from a case study of benefit claimants with mental health issues in Stockton-on-Tees suggest that “the relentlessness of assessment processes is keeping people in distress” (Mattheys, Warren & Bambra, 2018, p. 1285). As we can see, this is certainly reflected in the narratives of the women who took part in this research. Once again, then, social security policy seems to be acting to prolong the time that women spent in ill-health, rather than to support them through it.

Many of the experiences described above chime with those of many benefit claimants, although we have noted some of the ways in which the women are affected specifically as victims/survivors of sexual violence. In the next section we further explore these experiences, and the impacts specific to women victims/survivors of rape and sexual abuse, through a discussion of both practical issues, and the issues of triggers and re-traumatisation.

5.7 Harms specific to victims/survivors of sexual violence

While many of the harms identified above could apply to a wide range of benefit claimants, this research demonstrates that there are also harms that apply specifically, or potentially to a greater extent, to those with experiences of sexual violence. An increased risk of exposure to harm might simply be as a result of practical issues, such as a difficulty leaving the house, leading to increased energy bills, as discussed briefly in the paragraph below. However, a more complex picture of the ways in which victims/survivors of sexual abuse are specifically harmed by their interactions with the DWP and subcontractors such as Atos, Capita and Maximus also began to emerge during these interviews. This was made apparent by the women's repeated allusions to the ways in which the social security system *reproduced trauma,* as is illustrated below.

5.7.1 Practical differences for victims/survivors

While the choice between eating and heating, for example, might be an issue faced by many benefit claimants and low-income households, for this particular group the issue was amplified. Many of the participants often had difficulty leaving the house. This was bound up with their experiences of violence and abuse in different ways: many identified themselves as agoraphobic or as having a fear of public spaces directly as a result of their abuse; depression and anxiety linked to experiences of abuse also often prevented them from leaving their homes; and the majority of the women suffered from physical ill-health which was often caused or exacerbated by their experiences of violence, such as mobility issues and chronic pain, which also constituted a barrier to them participating in activities outside the home. Starlight described how difficult it was for her, as a result of both mental and physical health issues, to attend GP and benefit appointments:

> I can't walk there. So I have to take a taxi every time have to go, there and back, I have to pay for a care assistant to go with me [...] I had £2000 in savings, in August, I have now nothing. I have the ESA payment, that's it. *Starlight*

The financial burden placed on Starlight as a result was debilitating. For Jaycee, that she was rarely able to leave the house might, in part, explain her statement that her benefit payments were enough to live on: "it's enough money, I don't really go out or anything, cos of what I've been through and that (….)".[41] For other women in the research, increased time spent in their homes created dilemmas about how to adequately heat the space, and difficulties in maintaining communication channels, such as through paying for internet access. As discussed earlier in this chapter, Millie had made the decision to cancel her internet access in the winter when she needed to prioritise paying for energy bills, increasing her sense of isolation, and potentially making her more vulnerable to her abusive partner.

5.7.2 Reproducing trauma in order to prove entitlement to benefits

Respondents spoke frequently about instances where traumatic memories had been triggered by their interactions with the social security system. 'Triggering' refers to a process whereby "current stimuli activate traumatic memories and evoke dissociated reactions to those memories" (van der Hart & Friedman, 1992, pp. 137–138), as described in section 4.3.1 in Chapter 4. The different ways in which interactions with the social security system constituted triggering experiences, reproducing trauma for the participants, will be explored in this section through a discussion of the process of applying and being assessed for incapacity and disability benefits.

The first step in the process of assessment or reassessment for ESA and PIP reported by the participants was usually the completion of the application form.[42] The process of repeatedly (for concurrent claims for ESA and PIP, or for – often frequent - reassessments) filling in forms with details of physical and mental ill-

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[41] Jaycee was also an exception in that, at the time of our interview, she was in the support group for ESA and had been awarded PIP at the higher rate for both components. She was also in receipt of Carer's Allowance for her son who had recently been classed as her carer, which meant that her benefit payments, in contrast to the rest of the participants, had recently increased.

[42] While it is sometimes possible to apply online or via telephone, all participants in this research reported filling out the paper form.

health, and often with details about experiences of abuse, was identified by a majority of participants as having significant negative effects on their mental health. This impact is specific to victims/survivors of sexual violence as it is, in effect, forcing them to re-live their trauma in order to justify their need for incapacity and/or disability benefits. In our discussion of the child tax credit 'rape clause', Jaycee commented:

> I could not of done that, yeah, cos I've been through it myself, with my ex and before that as well, and I can't imagine having to prove, if I had a child from that, then I had to sit down and prove to somebody that it was as a result of that, it's ridiculous [...] you wouldn't think in 2017 that they would bring something like that out, cos something like that is hard to report anyway, and if you have a child with somebody (...) oh *no. Jaycee*

For many of the women, the necessity of claiming benefits was directly related to their experiences of rape and sexual abuse. Having to repeatedly write down all the most negative aspects of their lives and their experiences, especially in a context which was not therapeutic and did not feel like a 'safe' space, had the effect of reproducing trauma, and mitigating against recovery:

> It's writing everything down so you never get a chance to heal, because you're always speaking about it, I mean they're not therapists or anything. *Alexandra*

> I don't get anxious at filling forms in, I says, the anxiety is directly related to PTSD, taking you back, *reliving*, basically, having to write everything on those forms. *Maureen*

> It's hard fighting those thoughts anyway, so if somebody says, sit down and write all the things that are shit about your life, what you can't do, all these things that you know that you*, in another life you might have been able to do,* it's horrible [...] if you're not in a safe place when you write about those things, then it's worse, and if you're just writing it down basically to judge as to whether you deserve this paltry amount of money or not, it's awful. *Rose*

Re-traumatisation can occur when agency responses cause additional trauma and have a similar impact to the initial cause of trauma (Jordan, 2013, p. 52). This can happen in many different ways, including:

> Through dehumanising physical environments, procedures being routinely adhered to without empathy or consideration for their impacts,

> and through continually disempowering victims/survivors by making decisions without consultation and processing them as objects and evidence receptacles through the system. (Jordan, 2013, p. 52)

Though the above quote refers to the criminal justice system, it was clearly highly relevant to the participants' experiences of the social security system. Indeed, one participant, Sarah, characterised her experience of the social security system as more traumatic than going through legal proceedings to seek justice against her perpetrators. Maureen, meanwhile, compared being assessed by the benefits system to being on trial:

> I feel like I'm on trial from the benefit system, and I've got to go cap in hand this, basically, bring up all my personal life circumstances, which I find *humiliating*, that's another word I'd want to use, I find it *humiliating. Maureen*

Participants invariably identified the run-up and aftermath of the assessment process as severely detrimental to their mental health. Speaking about her state of mind leading up to her assessment for PIP, Jenny said, "I was not sleeping, I was having panic attacks, cos I was dreading it so much, it was making me quite ill". Self-harm and suicidal thoughts were also common occurrences for participants both before and after attending an assessment, with fear of the outcome also seeming to act as a significant trigger, echoing findings by Barr et al. (2016). As Esther commented concerning her upcoming ESA reassessment:

> that day I received it [ESA 50 reassessment form], I went into full panic mode (…) and my hallucinations kicked off big-time, and all the suicidal thoughts, every time I think about it and going 'God, what if they take it away from me, what am I gonna do?' *Esther, interview 2*

Libby also described the repercussions of her WCA for ESA on her mental health:

> I was just completely out of it, I was dissociated, I didn't ermm, I couldn't sleep or eat for days afterwards, I was just so anxious, that I was throwing up all the time, and like yeah, I just, I was just really, really far gone and dissociated, I ended up being really suicidal as well, cos I figured it wasn't, like, cos like benefits were my only option other than either going back to my family, or my ex, like, I had no other income and like, I just knew I wasn't gonna get it. *Libby*

Both Libby and Esther, then, identified the fear of the assessment process, and the outcome of their assessments, as a contributing factor to their suicidal thoughts. For Libby, reduced or refused benefits raised the possibility of having to return to her abusive family or ex-partner to avoid becoming homeless again. Sarah had been made homeless as a result of being raped by the friend of a flatmate and spent time sofa surfing before she was put in a homeless hostel for prison parolees. She was raped again while living at the hostel. Unsurprisingly, Sarah identified fear of homelessness as "a really big trigger of [her] PTSD". She also highlighted explicitly how the insecurity of claiming benefits, and the process itself, exacerbated her anxiety and PTSD:

> There is no way that your boss could just go, I've just arbitrarily decided that you no longer work here, and that you have to fulfil this criteria, and, no, I'm going to take that back, and just change everything, *just on a whim*, whereas that's what the DWP do, so you're a) doing a full-time job and b) *you never know* if you're going to have the job tomorrow, and be disciplined for it, which I think would be really difficult anyway, but if you live with the kind of anxiety of PTSD, that is [whispering] insanely difficult. *Sarah*

Starlight also explicitly linked the fear of being made homeless as a result of benefit cuts, and the possibility of having to live in shared or hostel accommodation, to her mental ill-health. For her, maintaining personal boundaries and having a space of her own was fundamental to her mental health - more than that, it was necessary for her to keep herself alive:

> I have to live by myself, I can't live with other people because I can't maintain my safety living with people, especially people I don't know well. Boundaries have to be enforced or I can't sleep, you know, everything has to be the way that it has to be. The thing is, you know, this whole thing, *the battle of the benefits*, I keep talking to my friends about it, I just said I can't be made homeless, because I can't live in group accommodation or anything, because I can't maintain my, you know, any level of equilibrium if I'm forced into a situation of doing that. There's no way for me to keep myself on a functional level, because I can't have my boundaries affected in that way. And that's something very specifically I wanted to talk to you about, because those are the kind of things and never addressed, and never discussed, stuff like *exactly what people need to keep themselves alive*, and how, you know, having a room of your own is a way to do that. *Starlight*

For Esther, fear of becoming homeless if she was left unable to pay her rent was a significant driver of her suicidal thoughts. She reported that she kept a "stockpile" of medication in her house because of her fear of a future with no financial support:

> if my benefits get cut, and I get to the point where I can't afford to live anymore, I would probably do something, I would probably kill myself,[43] just to get out of it, and it's really, really scary because I don't want to do that, I want to have a life (...) *Esther*

Finally, being asked in medical assessments about self-harm and suicidal thoughts was, in itself, experienced by participants as "intrusive and painful" (Anita). As well as being perceived as a wholly inadequate system for assessing mental health issues, then, the processes associated with applying and being assessed for ESA and PIP were also frequently experienced as triggering and (re)traumatising.

5.8 Conclusion

> If someone in my circumstances cannae get an exemption,[44] I mean basically it wasn't just, he strangled us and left us for dead, beat us up, the police described it as one of the most brutal cases they'd ever come across, you know, hardened police officers. *Maureen*

The inclusion of the quote above seeks not to sensationalise the issues addressed in this thesis, but rather to provide an explicit reminder of the trauma experienced by the women who participated in this research. Maureen could be seen as embodying the 'perfect victim', in that she was the victim of a stranger attack, in broad daylight, and as such she cannot be implicated in her attack via rape culture discourses which blame the victim, such as when they know their abuser or 'fail' to leave an abusive relationship, or any multitude of other reasons which are seen as mitigating the actions of the perpetrator. Though Maureen experienced a form of sexual violence which is more readily understood as a violent crime, there is

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[43] Following this interview, I discussed this disclosure with Esther, and she confirmed that her psychiatrist was aware of the situation and that a safeguarding plan was in place for her.

[44] Substantial risk/vulnerability limited capability for work guidance for ESA

no hierarchy in the suffering experienced by the women in this research. The quote above, then, serves to highlight the stark reality of a social security system which refuses support to even the most uncontroversially 'blameless' victims of rape and sexual abuse, and the implications for those whose situations are not deemed so unambiguous.

Through an in-depth examination of the women's narratives, this chapter has sought to demonstrate how the contemporary social security system in England and Wales is failing to provide participants with the means to achieve or maintain the conditions necessary for a minimally decent life (Miller, 2007). They are often deprived of sufficient income to feed and clothe themselves adequately; they choose between whether to eat, heat their homes, or maintain lines of communication such as internet access; and although all but Lucy were housed at the time of interviewing, many struggled to pay their rent and dreaded being made homeless. The future was often seen as something bleak and anxiety-provoking, with the threat and fear of destitution and further reductions in income, or of being exposed to repeat victimisation, often present in the women's narratives. In short, their basic and psychological needs were not being met, in large part due to the social security system. However, more than that, the system as an institution played an active role in exacerbating the women's mental and physical health conditions. This meant that rather than providing the women with a modicum of security, and giving them space and time to recover, the social security system was moving women *further* from recovery, and indeed, for those who hoped to find paid work again in the future, further from being able to engage in such work. The social security system, then, was causing significant harm to the women in this research through the design and implementation of policies and procedures which worsened their health conditions and *reproduced trauma.*

Returning to our definition of structural violence, this chapter has demonstrated myriad ways in which the social security system was involved in perpetrating this form of violence against the women. For example, when benefit payments are reduced (whether through sanction or removal/reduction in benefit) to a level which provides such a restrictive income that women are forced to choose between adequate warmth and adequate food, the social security system is implementing a policy that is *structurally violent*: it is causing avoidable harm to the women by preventing them access to the standards necessary for a minimally decent life in our society. Similarly, the political decision to retain the WCA after the deleterious impacts on claimants' health became clear (see, for example, Barr et al., 2015; Baumberg et al., 2015; Lowe & DeVerteuil, 2020; Marks et al., 2017; Mattheys, 2015b; Mattheys et al., 2018) is another example of a *structurally violent policy*. The harm is known, it is avoidable, and yet it continues, denying participants access to a range of *basic human needs*.

This chapter has set out some of the tangible, material harms created by the lack of support afforded to the women by the social security system, and some of the emotional and mental health consequences of this, by presenting their experiences of navigating the system and managing their benefit claims. The next chapter will start to explore the more complex psychological harms inflicted by the social security system on this marginalised group of women.

6. “Like You’re Nobody”: The Harms of Misrecognition

6.1 Introduction

> To them, you've got to live like you don't exist. That's how they make me feel [...] What is the point, if you can't enjoy life, and feel like you're alive, and like you're valued, erm, what is the point, what is the whole craic of life? Why should we have to suffer as people, like, we are already suffering, it's like, give us a break, dya know? Give us a break, it's disgusting, do you know the DWP to me are like, they remind me of like, the devil [laughing] I know they're not the devil yeah, but, that's what they feel like, they're like this bad group of people who are sitting there, hating all us individuals cos we're vulnerable, we're traumatised, we're the bottom scale of society, that's how I feel, dya know? *Alexandra*

The previous chapter highlighted some of the material harms experienced by participants, many arising from financial hardship, and the ways these material harms impacted on the daily lives and health of the women involved in this research. As Pemberton reminds us, "an ability to lead relatively autonomous lives will be dependent on the control people exert over sufficient economic and social resources necessary to act on their life choices" (2016, p. 30). This was demonstrated in the previous chapter where participants talked about how financial deprivation led to significant constraints on choice. In the final part of the last chapter, we also began to explore the reproduction of trauma by the social security system.

The most significant themes identified in the women's narratives, beyond the everyday realities of living in poverty, were the ways in which they had their identities stigmatised, were themselves devalued, and had their experiences and accounts ignored, minimised, and disbelieved. This chapter and the next explore these themes in depth. It is suggested that this complex collection of experiences can be best understood and conceptualised as 'misrecognition' and 'invalidation', and these two findings chapters are concerned with the way the actions, decisions, practices and processes through which misrecognition and invalidation are enacted are experienced by, and impact on, the participants. The harms arising from misrecognition and invalidation (or *misrecognising* and *invalidating*) are less tangible than those relating to financial deprivation, and harder to clearly define. Nevertheless, they represent a significant threat to psychological needs as described in Figure 2 (see page 50), and thus to the attainment of the conditions necessary for a minimally decent life (Miller, 2007). The role that the social security system, as an institution, plays in producing and reproducing these harms can arguably be seen as a clear example of it perpetrating cultural and structural violence.

As we will see in the next chapter, just as particular social characteristics can be made to indicate a lack of credibility (Dotson, 2011, p. 238), so too can they be used to devalue individuals and social groups. Esther, for example, felt that certain aspects of her social identity, as an unemployed woman in her 50s, and a disabled wheelchair user "with mental health problems", marked her as an "inconvenience" in the eyes of the social security system:

> It feels like I'm written off (...) I have *no* worth in the world anymore, that (...) there's no place for me. I'm an inconvenience. Ermm, I'm supposed to just stay at home, and be quiet, and not be cross about things. *Esther, interview 2*

This chapter will explore the narratives of worthlessness which were prominent in the accounts of all the women interviewed, reflecting on the different ways in which the women were devalued through the misrepresentation and stigmatisation of their social groups, their identities, and their contributions to society: in other words, through misrecognition. Misrecognition is a widely used sociological concept, and so use of the term necessitates some preliminary discussion of theory before we can move on to the main body of the chapter, that is, the women's experiences of misrecognition as defined in this thesis, and the harms arising from these experiences. The chapter will start, therefore, by exploring the concept of misrecognition through the work of several prominent contemporary theorists, in order to attempt to move towards a definition.

6.2 Misrecognition: an overview

The history of the concept of (mis)recognition is complex, and a comprehensive account of the variety of competing and collaborating conceptions of these terms is beyond the scope of this thesis (see, for example, Thompson & Yar, eds., 2011; Lovell, ed., 2007). Charles Taylor and Axel Honneth (along with Nancy Fraser) are prominent contemporary theorists on the subject of (mis)recognition (Thompson & Yar, 2011, p. 2), and this section of the chapter will begin with a short overview of Taylor and Honneth's work on the concept of (mis)recognition. We will then look in more detail at the contributions of Nancy Fraser and Andrew Sayer, and briefly, Pierre Bourdieu.

6.2.1 Taylor, Honneth, (mis)recognition and identity

Charles Taylor and Axel Honneth, from a broadly Hegelian tradition (Thompson & Yar, 2011), posit that we cannot develop a healthy relation to self without a healthy relation to others, which is denied to us if we are frequently met with hostility and a lack of esteem and respect in our everyday encounters (Sayer, 2011, p. 88). Though, as Laitinen (2012) acknowledges, some cases of misrecognition may be little more than a "minor nuisance", they can also constitute "crushing experiences creating traumatic wounds and significant suffering" (p. 26). As Taylor (1994) explains, the links between (mis)recognition and identity give the need for recognition more urgency: if our identities are party shaped by the (mis)recognition of others, a person or group can suffer "real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves" (p. 25). Recognition, therefore, can be seen to constitute a basic human need (Taylor, 1994, p. 26; Laitinen, 2012), and without it we are likely to suffer. Honneth, meanwhile, discusses (mis)recognition within the context of (dis)respect and degradation. Honneth (1992, p. 191) argues that the status of an individual can be understood to "signify the degree of social acceptance" afforded to them in a particular society. Misrecognition, here conceived as degradation and disrespect, occurs "[i]f this hierarchy of societal values is structured so as to downgrade individual forms of living and convictions for being inferior or deficient", which in turn deprives the individual or social group of the ability to conceive of themselves as worthy of respect and esteem (ibid.).

6.2.2 Fraser: the status model

Nancy Fraser developed a dualistic framework in which two dimensions of social justice – distribution and recognition – are seen as analytically distinct, and neither can be reduced to the other (Fraser, 1999). For Fraser, questions of recognition are related to the concept of justice, and violations of justice rather than individual identity or self-actualisation (Toppinen, 2005; Lara & Fine, 2007, p. 41; Thompson & Yar, p. 8). Fraser rejects what she calls the "identity model" of recognition, arguing that in "[c]onstruing misrecognition as damaged identity, it emphasizes psychic structure over social institutions and social interaction" (Fraser, 2001, p. 24), and is in danger of making the identification of social injustice contingent on the presence of "psychic harm" (Lister, 2007, p. 165). Fraser argues that we should treat misrecognition, instead, as a question of social status:

> To view recognition as a matter of status is to examine institutionalized patterns of cultural value for their effects on the relative standing of social actors. If and when such patterns constitute actors as peers, capable of participating on a par with one another in social life, then we can speak of reciprocal recognition and status equality. When, in contrast, *institutionalized patterns of cultural value constitute some actors as inferior, excluded, wholly other or simply invisible*, hence as less than full partners in social interaction, then we should speak of misrecognition and status subordination [...] Examples include [...] social-welfare policies that stigmatize single mothers as sexually irresponsible scroungers" (Fraser, 2001, p. 24, emphasis added).

Fraser states that by conceiving misrecognition as status subordination, the status model "eschews psychologization", as it locates the wrong not in individual or interpersonal psychology, but in social relations (Fraser, 2001, p. 27). However, she further clarifies that this does not preclude the possibility that misrecognition does not create the kind of psychological suffering described by those in the Hegelian tradition – simply that misrecognition does not depend on these effects for its existence (Fraser, 2001, fn., p. 39), but that it would *still* constitute an injustice were these harms not present, arguing that arrangements which impede people's ability to participate in society as equal members "are morally indefensible *whether or not they distort the subjectivity of the oppressed"* (Fraser, 2001, p. 27, emphasis in original). From this perspective, Fraser argues, recognition is a remedy for injustice, and the form of the remedy should be specific to the harm:

> in cases where misrecognition involves denying the common humanity of some participants, the remedy is universalist recognition. Where, in contrast, misrecognition involves denying some participants' distinctiveness, the remedy could be recognition of difference. In every case, the remedy should be tailored to the harm. (Fraser, 1999, p. 38)

The relevance of this observation to the participants in this research is clear – the participants require both a universalist recognition of their common humanity, and a recognition of their particularity, especially as sufferers of significant mental and physical health issues. The structural mechanisms of society through which misrecognition is manifested are also highlighted in Fraser's discussions:

> Misrecognition is institutionalised throughout the world in a host of laws, government policies, administrative regulations, professional practices, and social customs that constitute some categories of persons as *less than full members of society.* (Fraser, 2000, p. 24, emphasis added)

This observation speaks to the extent to which the institutionalisation of misrecognition consigns entire groups of people to the margins, with no consideration of the impact on individuals or of the broader consequences.

6.2.3 Sayer: individualising narratives and contributive injustice

Narratives which laud independence and assume that individuals are ultimately responsible for their lot in life (Gray, 2005, p. 340) are ubiquitous in modern Western society. Andrew Sayer (2011) links this to what he states is a prevalent form of misrecognition:

> Typically, the public attributes to individual responsibility effects that are largely a consequence of social structures, radically underestimating the extent to which the fortunes of rich and poor depend on the lottery of birth class and the inheritance of economic, cultural and social capital. Thus, *one of the most common forms of misrecognition* in contemporary society is the underestimation of the extent to which individual and group achievements are dependent not merely on effort and intelligence, but structural inequalities and symbolic domination which give them highly unequal access to practices that are socially valued or recognised (Sayer, 2011, p. 87, emphasis added)

In short, this observation highlights our collective and enduring failure to recognise or acknowledge the structural causes of poverty and inequality, and the resultant tendency to attribute them to "individual or group worth" (Sayer, 2011, p. 89). While inequalities in resources and opportunities have "little or nothing" to do with the worth of people as individuals, "they may have a major impact on the possibility of achieving valued ways of life that bring recognition and self-respect" (Sayer, 2005a, p. 948). Misrecognition, then, Sayer argues, is also to do in part with how people act, and how they live – in other words, it is to do with having access to "practices and ways of living that are valued" (ibid.). This is strongly tied to class, and class inequalities render access to these practices and ways of living highly unequal (ibid.). The following passage from Rose's testimony illustrates the point:

> I'm always kind of impressed, but also slightly mortified by that, the kind of, the impression that a lot of middle-class people give, when I've worked in shops that cater to them, they just sort of glide in like everything belongs to them, that they, that they deserve whatever it is that they are there for, and, and that self-worth […] that comes from a lifetime of being told that that's true. Whereas, you know, when you just grew up poor you're battling against a lifetime of being told that you're not worth anything, and being treated that way by a lot of people, or being picked up on, for small things that you *are*, [you think that] *if you behave in this way, if you do these things, then maybe you will become a worthwhile person* (…) *Rose, interview 2* (emphasis added)

Sayer further argues that contribution, and what he terms "contributive injustice" (2011) is highly significant in relation to misrecognition, and we will return to this later in this chapter in section 6.6.

6.2.4 Bourdieu and the 'nature of social reality'

Bourdieu's conception of misrecognition is less focused on the valuation of persons, and instead is concerned more generally with misunderstandings of the nature of social reality (Sayer, 2011, p. 89). Again, this extract from Rose is instructive:

> the way in which working class people are perceived really is at best condescending, and at worst kind of, outright 'you are not as good'. And

> people are genuinely mocked, and seen as *having a moral and personal flaw,* for being ignorant, and called stupid, and are seen as being less important because of that, and not, not kind of seen as being just, at a disadvantage, and also, like, it doesn't have to be like this, I think that's one of the things that really gets me, when I hear middle-class people talking about working class people's lives, they are very comfortable in saying *that's just the way that it is,* you've got to work to get money, you can't have handouts, and that's just how the world works, *as if it hasn't been created like that. Rose*

Rose's description of how her middle-class acquaintances assume that societal inequalities are just "the way that it is" chimes closely with Bourdieu and Wacquant's description of the "pre-reflexive assumptions that social agents engage by the mere fact of *taking the world for granted"* (Bourdieu & Wacquant, 1992, p. 168, emphasis added). As Sayer argues, there is clearly overlap between Bourdieu's conceptualisation of misrecognition and those of Honneth, Taylor and Fraser, as misrecognition of others is part and parcel of the broader misrecognition of social reality (Sayer, 2011, p. 90). The next section will seek to bring together the concepts of misrecognition described in the preceding paragraphs in order to move towards a definition of misrecognition to apply in this thesis.

6.3 Moving towards a definition of misrecognition

This chapter is focused on the ways in which misrecognition causes harm, and acts to deny women victims/survivors of sexual abuse access to the conditions necessary for a minimally decent life (Miller, 2007). This research *is* interested in the psychological effects of misrecognition on the participants, as it is their stories and their experiences with which this thesis is concerned. However, we are squarely focused on the *causes* of these harms, which we locate in the social institutions – in this instance, the social security system - and social interactions (Fraser, 2001) through which misrecognition is produced and reproduced, and in the social policies designed in these institutions, which are *based on* misrecognition. In other words, misrecognition here is identified as the *cause* of the harm, and not the harm itself. This approach is in line with the analytical framework developed in Chapter 3 which designated structural violence as the *cause* of the harm, rather than the *consequence*. The present author disagrees, therefore, with Fraser, when she suggests that to address the internal psychological effects of misrecognition is “but a short step to blaming the victim” (ibid., p. 27). As Lister (2007) argues, Fraser is in danger of underestimating the significance of the psychological effects of misrecognition. Indeed, Sayer strongly emphasises the necessity of acknowledging the long-lasting psychological damage which denial of recognition can produce, arguing that to ignore this is to risk rendering “recognition and its significance completely unintelligible” (Sayer, 2005a, p. 57). Nevertheless, we agree that misrecognition *need not* inflict “psychic damage” (Fraser, 2001, p. 27) on the affected group in order for it to be defined as such. We are also concerned here with the individualising and victim-blaming discourses which blame the ‘poor’ for their own poverty, while ignoring the structural causes of poverty and inequality (Sayer, 2011). The gendered aspects of misrecognition are also clearly pertinent these discussions, in particular, the “hegemonic patriarchal structures that devalue women, mothering, and caring labor” (Liegghio & Caragata, 2016, p. 17). We will see this reflected in the women's accounts when the chapter moves on to consider the experiences of participants and the findings from this study.

This chapter, then, will seek to demonstrate how social security policies and their implementation are both *based on* and *involved in* producing, and reproducing, misrecognition, which is defined here as cultural patterns that systematically denigrate certain social groups by misrepresenting and stigmatising the identities, decisions and actions of individuals belonging to those groups (adapted from Fraser, 1999, p. 37 and Pemberton, 2016, p. 31). This includes cultural patterns, such as government and media discourse, which attribute structural failings to personal attributes (Sayer, 2011). Crucially, this chapter is focused on how misrecognition impacts the women interviewed and the harms which it inflicts on them through their experiences of social security policies and the discourses which surround benefit receipt, poverty, unemployment, and sexual violence.

The rest of the chapter begins with a note on conditional and unconditional recognition, which is intended to provide some understanding of the underlying processes at work. Drawing on the accounts of women interviewed, we will then look at the harms of misrecognition, through a detailed interface with the work of Simon Pemberton on social harm. Following this, we will consider the concept of contributive (in)justice as it relates to misrecognition. Finally, we will look at some of the ways that the women resisted the misrecognition of their identities, decisions, and actions.

6.4 "Like you're nobody"[45]: conditional and unconditional recognition

Within the Hegelian concept of (mis)recognition, we can speak of both unconditional and conditional recognition (Sayer, 2011, p. 89), where unconditional recognition is recognition of others "simply as human beings", and conditional recognition is contingent on a person's character and their actions (ibid.). Societies, governments, mainstream media, and lay sentiment all value the lives, and deaths, of some people and social groups more than others (Sayer, 2011, p. 89). Correspondingly, some people and social groups are required to do more to 'prove' their worthiness, need, and value, than others. Gender and class both affect the conferment of conditional and unconditional recognition.

Rose strongly articulated the lack of unconditional recognition afforded to benefit claimants – and the stringent conditions which must be met to merit support, saying,

> Instead of it being structured as – 'you are a human person who deserves not to starve, so we are able to give you this money' [...] it's – 'we are doing you the enormous favour of giving you *all* of this money, and you owe us this, this, and this, you have to earn it through these behaviours', it's not enough to just be somebody who needs help. *Rose, interview 2*

Her words provide a stark example of the kind of messages being communicated to benefit claimants through stigmatising welfare narratives, limited entitlement, and demeaning interactions with the social security system: that it is no longer a given that all human beings "deserve[s] not to starve" (Rose, interview 2). We can see how the refusal of the social security system to afford claimants this basic

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[45] Jaycee

recognition of their humanity – a psychological need as represented in the hierarchy of needs – constitutes a form of cultural violence, which in turn legitimises the structural violence seen when the participants are not afforded the means necessary to meet all of their basic needs for food, warmth, rest, and safety.

Increased conditionality in the social security system, including policies aimed at achieving behavioural change, alluded to by Rose, has been justified through appeals to the notion of 'fairness', and the alleged need to ensure an "equitable contract" between those in receipt of welfare benefits and those who fund it through the taxation system (Patrick, 2017b, p. 3). As Patrick argues, these "differentiated contractual relationships" between benefit claimants and the state, and also among sub-groups of citizens, have the potential to exclude certain groups from full citizenship (ibid., p. 3). This increased conditionality and the level of scrutiny which compliance with such conditions entails, provide a striking example of the lack of unconditional recognition afforded to benefit claimants by the social security system in contemporary England and Wales. This level of scrutiny and resultant invasions of privacy will be explored in detail in the next chapter.

6.5 The harms of misrecognition

The following paragraph from Simon Pemberton's book 'Harmful Societies: Understanding Social Harm' succinctly summarises some of the main harms of misrecognition. As the points highlighted here are particularly relevant to the discussion of the women's experiences that follows, it is included here in full:

> Harms of misrecognition result from the symbolic injuries that serve to misrepresent the identities of individuals belonging to specific social groups. An ability to present one's own identity in the way that they choose is a critical facet of self-actualisation. If 'public identities' are imposed on people by others within society, and presented as 'spoiled' or 'blemished' in one way or another, so that they are viewed as 'other' and therefore distinct from mainstream society, this can have serious consequences for people's ability to participate in society. Moreover, if lifestyles are not viewed as valid within the society in which people live, their ability to follow and exercise choices remains seriously curtailed. In addition, the internalisation of pejorative and stigmatising identities can

> result in feelings of shame, guilt and humiliation – which are damaging to people's ability to maintain relationships as they may seek to conceal stigmatising aspects of their identity from others or withdraw from particular relationships altogether. A further internalised consequence of stigma is the erosion of self-esteem as an individual assimilates the discourses that set them apart from others – diminishing their self-perception of their contribution and value to society – which has a significant impact on their confidence to formulate and action their life goals. (Pemberton, 2016, p. 31).

Let us address some of the issues raised here, with reference to the empirical data. *Firstly*, as Pemberton suggests, the women in this research had 'tainted' public identities imposed upon them. Of the various stigmatised public identities imposed on participants, often immediately apparent in our exchanges were those of 'benefit claimant' and 'rape victim'. To state that claiming benefits is not considered a valid way of life within mainstream society in contemporary England and Wales is, perhaps, not controversial, and has been discussed at length in Chapter 2. Likewise, representations and treatment of 'rape victims' or 'sexual abuse victims' are often inherently problematic. Participants identified numerous pejorative terms that had been ascribed to them, from "scrounger" (eleven out of sixteen participants) to "slag" (Sarah) to "fucking crip" (Esther). This assignation of tainted identities to individuals who are members of specific social groups can deprive them of the opportunity to present themselves in the manner of their own choosing (Pemberton, 2016, p. 31): "they lump everyone together, so you're on jobseekers so you're a waster" (Esther).

As discussed in Chapter 2, depictions of those in receipt of social security benefits as undeserving, scrounging, and often fraudulent, are common (Garthwaite, 2011, p. 371). The women were highly cognisant of stigmatising stereotypes of benefit claimants, variously commenting, "you feel if people see you going into the Jobcentre [...] it's, 'oh there goes another loser, or another scrounger'" (Esther); "if you ain't got a job, you're classed as either a scumbag, a dole dosser" (Alexandra); "you are judged because you are on benefits, you know, you can be labelled a scrounger" (Milly); and "for the last seven or eight years there's been such a lot of stigma about being on benefits" (Sarah, written submission 1). Anita referred to the much-publicised case of Mick Philpott, a British man convicted of the manslaughter of six of his children. Media narratives surrounding the case focused on his life as a benefit claimant, and George Osborne, at the time Chancellor of the Exchequer, publicly questioned whether the UK welfare state should be “subsidising lifestyles” such as his (Jensen & Tyler, 2015, p. 477). The Daily Mail newspaper claimed that his trial had “lifted the lid on the bleak and often grotesque world of the welfare benefit scroungers – of whom there are not dozens, not hundreds, but tens of thousands in our country" (Wilson, 2013). Anita recalled being notably affected by public discussion of the case:

> It was some newspaper article reckoned that people on benefits were evil like Mike Philpott, Mick Philpott, whatever his name was, and I really took it to heart, and I was like oh, so they’re saying I’m evil are they? *Anita*

The participants, then, displayed an acute awareness of belonging to highly stigmatised social groups.

Secondly, turning to the issue of the internalisation of these pejorative identities, for example, that of ‘benefit scrounger’, the data revealed that none of the women escaped feelings of shame in relation to their social identity as benefit claimants. Though many of them rejected stigmatising labels and resisted different forms of misrecognition which devalued them (as we will discuss later in section 6.7), all of them, at one point or another, had felt humiliated and ashamed as a result of their claimant status. These stigmatising narratives can act to strip those belonging to this social group of their individuality, cast them as deviant and ‘other’ (Patrick, 2016, p. 247; Pemberton, 2016, p. 31), and, in extremis, can rob them of their humanity: “your individuality goes [when you’re on benefits]” (Milly); “it [not having paid work] makes you feel less of a person” (Alexandra). Conversely, participants also alluded to the effects of dominant ‘individualising’ narratives, discussed above in section 6.2.3 on Sayer’s work, in which individuals are blamed for their own misfortunes, and both responsibility for and solutions to structural problems are “assigned to individual guts and stamina” (Bauman, 2000, p. 29). As Esther described it, “that whole feeling around (…) if you’re on benefits, then it’s your fault you’re on benefits, and all you need to do is [mimicking a ‘can do’ attitude] go for an interview, and get a job!”. In this quote

Alexandra talks specifically about the potential impact of this intense stigmatisation:

> I'm not giving up, no matter what the government have done to me, it's not a personal thing, but how they treat people [...] there's probably people out there that have killed themselves because of this [...] because of being made to feel they're worthless, and because we are a bit different from society. *Alexandra, interview 2, telephone*

The data revealed a tension between participants' awareness, on the one hand, that the way that they were being treated by the social security system was not "personal", and, on the other hand, the intensely personal way in which this treatment was experienced and impacted on self-worth and identity. Indeed, claiming benefits - as a signifier of the stigmatised social status of being unemployed - seemed to go hand in hand with feelings of worthlessness:

> You get a horrible feeling when you walk into a Jobcentre, it's just almost like a (...) argh, they just make you feel worthless, like you're just, like you're nobody. *Jaycee*
>
> You feel as though you've got nowt, and poverty, and everything and (......) like scrounging (...) I feel as though I'm scrounging off everybody all t' time. Doesn't make you feel any better, that (...) worthless, and got nowt. *Shantelle, interview 2*

In these quotes, narratives of worthlessness and devaluation are readily apparent. Shantelle makes explicit the link between (lack of) economic capital and perceived worth when she talks about how she feels "worthless and got nowt". As Sayer argues, "distributional inequalities are often (mis-)read as reflecting differences in individual worth. Hence [...] they distort our judgements of self and others, producing, for example, snobbery *or a sense of inferiority*" (2011, p. 91, emphasis added). Echoing Shantelle, Rose explained how living on a low income affected her perception of her self-worth:

> I used to think I was equal and now it feels like I'm not equal with other people, so I've got a friend who, she always pays when we go out, because she knows I can't afford it, now she volunteered for that, and she's happy with it, and she can afford it, you know, it's nothing out of her budget, but *it still feels like I'm not as good*. And so much of it is based around money. *Rose* (emphasis added)

Regarding the level of payment that she was entitled to on Universal Credit,[46] Rose further commented that the social security system had deemed that: "that's your allotted amount, *that's what you're worth as a human*".[47] We see here how issues of distributive injustice are linked to misrecognition: as Lister (2007) states, although the arguments for raising low wages and benefits pertain to redistribution, they also represent claims for recognition – of the common humanity and dignity of benefit claimants.

Thirdly, Pemberton also identified how people might try to "conceal stigmatising aspects of their identity" (2016, p. 31), and several participants spoke about their attempts to do so - from family, friends, and partners. Sarah reported that she had not revealed to her boyfriend for the first two years of their relationship that she was claiming benefits, while Eliza spoke about hiding aspects of her life from friends on social media:

> I've never, sort of, discussed any of my illness, or being on benefits, or not being able to work, on anything like my Facebook page, or anything like that, cos there's like, a bit of shame, I think [...] it's like, I know there's nothing wrong with it, and I know I did it cos I had to, and there was nothing else I could do, and that it doesn't say anything bad about me at all, but I don't know that other people think like that. *Eliza*

Eliza articulates the internal conflict which many of the women described: while they themselves knew that there was "nothing wrong" with claiming benefits, they were nevertheless highly aware of the "real and perceived judgements of real and imaginary others" (Skeggs, 1997, p. 4) and often struggled to divorce their awareness of public perception and stigma of their situation from the way they felt about themselves and their own circumstances. Libby described actively misleading her local shopkeeper about her claimant status as a result of shame:

> he used to ask me about what I did for a living and stuff, I was so ashamed about buying 40 cigarettes a day and being on benefits, that I used to lie to him [shopkeeper] and tell him that I used to work nights, because I was so ashamed and it was constantly in the back of my mind, like, he's, he's

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[46] At the time of our interview, Rose was entitled to the rate of £317.82 per month as a single claimant over the age of 25.

[47] Rose, interview 2

> just gonna think I'm one of those scroungers,[48] spending all my money on alcohol and cigs and stuff. *Libby, interview 2*

At this point in her life, in addition to PTSD and DID, Libby was also suffering from severe anorexia. Her evident entitlement to the benefits which she was claiming nevertheless did not shield her from feelings of shame.

Finally, Pemberton talks about the consequences of internalising stigmatising discourses which set certain groups apart from others, "diminishing their self-perception of their contribution and value to society" (2017, p. 31) and how this can impact on an individuals' confidence and ability to "action their life goals" (ibid.). It was clear from the way some of the women spoke about aspects of their lives that they had internalised stigma, to the detriment of their self-worth and self-confidence:

> I have such trauma around poverty now and am sure a lot of my restrictive eating disorder overlaps with feeling I am not allowed nice things and must deny myself stuff to be allowed to participate in society quietly. *Sarah, written submission 1*

Sarah's statement clearly articulates the internalisation of shaming and stigmatising narratives, and how public social discourses, in this instance engendered and supported by government policy and discourse, can be incorporated into self-image and affect our behaviour. In some cases, this leads to forms of self-policing, such as the eating disorder Sarah describes. Moreover, when she talks of *being allowed* to participate in society "quietly", we can only speculate on how this might have impacted on her ability to achieve her life goals.

Another way of understanding many of the experiences described in this chapter is with reference to the concept of 'micro-aggressions'. Micro-aggressions refer to the "everyday, verbal and nonverbal, interpersonal exchanges that send denigrating messages to persons who are members of groups that face marginalization and discrimination whereby their personhood, experiences, and

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[48] Taken out of the context of our two interviews this phrasing might indicate that Libby was perhaps stigmatising or 'othering' benefit claimants who she saw as less deserving than her, but this was not the case. She was referring to the stereotype, rather than how she perceived other claimants.

lives are devalued and dismissed" (Liegghio & Caragata, 2016, p. 8). Discussing the number of errors made in communications to her from the DWP, Milly commented that "they [the DWP] seem to think they've got *the right to disrespect you*, really, by sending you these foolish letters" (emphasis added). This sense that, as benefit claimants, participants were subject to disrespectful and hostile forms of communication and interaction, that would not be acceptable to or accepted by other societal groups, was universal for the women. The disrespect which they experienced in their interactions and communications with the DWP seemed to them to be an expression of the lack of value which was placed on the women. Much like cultural violence, micro-aggressions might be conscious, intentional or unconscious and unintentional, and are often dismissed as innocuous and innocent exchanges by the perpetrators (Sue et al., 2007, p. 273). However, micro-aggressions can have pernicious consequences for the individuals on the receiving end. Moreover, they can also act to reinforce structural disadvantages of vulnerable and marginalised groups, as "[i]n addition to their ability to denigrate and devalue at an individual level, they are also powerful in reproducing hegemonic social discourse" (Liegghio & Caragata, 2016, p. 9). Liegghio and Caragata contend that poverty and gender are "intersecting and interlocking sites" where micro-aggressions occur, and that they can be seen to constitute a form of interpersonal violence (2016, p. 8). Micro-aggressions, then, could be seen as another component of misrecognition.

This section has laid out some of the harms experienced by the women as a result of misrecognition. Returning to the analytical frame, we can see how misrecognition operates through discourses and narratives which denigrate and stigmatise the participants and their actions, for example, government ministers' repeated references to 'welfare scroungers'. This is *cultural violence*: the deliberate stigmatisation of a social group to deny or limit their access to respect, recognition, and self-esteem, and which has the potential to cause significant harm as a result.

6.6 Contributive (in)justice

As self-esteem and self-worth are often derived from participation and contribution to the division of labour in the society to which a person belongs (Pemberton, 2016, p. 29) - "I feel like I'm not contributing, either, [...] I don't have a job therefore I am kind of not valid in society" (Sarah) – harms can easily arise from the absence of the opportunity or ability to engage in productive or socially valued activities (ibid.). This leads us back to the concept of (mis)recognition. Recognition, Sayer argues, "is related not only to distribution in the sense of resources, or in other words what people get, but to what people *do*, or are able and allowed to do" (2011, p. 91, emphasis in original). He terms this 'contributive (in)justice'. From performing roles that remain largely unrecognised and unrewarded (Pemberton, 2016, p. 29), such as care work: "I was at home, and I felt that was the best place for me to be, with my daughter getting ill all the time" (Milly); to the inability to participate in paid work through ill-health: "my support worker said look you need to go t'doctors, and you need to get signed off for summat, cos there's no way you can work" (Jaycee), the women interviewed here keenly felt their perceived lack of contribution to the paid economy. The ostensible correlation between paid work and worth - and the corresponding link between unemployment and/or claiming benefits and worthlessness – is highlighted here by participants:

> That ['scrounger' narrative] does infect you cos you feel like, cos you start questioning yourself, like am I, am I, could I be doing something more, you know? *Esther, interview 2*

> It [benefit stigma] always affected me [...] I saw myself as a failure, and that other people would look at me as a failure [...] just lazy, sitting around, not going to work, and just getting money for not doing anything. And it was really hard to get myself back to a place where I felt like I could work. *Jenny, interview 2*

> I feel as though people look down on you, when you 'ant got a job. *Shantelle*

> I've always thought I needed to get a job, so people value me more, I need to get a job, so no one looks at me as a scrounger, I need to get a job, cos my son says, what you doing volunteering all the time, why aren't you getting paid? *Alexandra*

The women could be seen to be responding to (and in some cases critiquing) a narrow conception of citizenship as dependent on participation in the formal labour market (Patrick, 2017b, p. 2).

As Sayer argues, “some kinds of work, in appropriate conditions, can be a source of meaning, development and fulfilment” and can provide people with a source of self-esteem as well as the “external goods” of recognition (2011, p. 92). However, the much-lauded link between mental health and paid work is not clear cut, as was the case for the women interviewed for this study. Indeed, forcing people with existing mental health conditions into work can cause further negative mental health outcomes (Dwyer et al., 2020). For those women involved in the research, including Shantelle, Rose and Lucy, who were moving in and out of the labour market, being forced into the formal labour market was demonstrably bad for both their physical and mental health. As explored in section 5.6, participants sensed that the main aim of the social security system was to move people “off of benefits, no matter how” (Libby). Participants were, indeed, frequently put in a position where they were obliged to place attaining paid work before consideration for their mental and physical health:

> I just know that it’s going to get difficult at some point because I can get, I’m quite dissociative in the morning, and stuff like that, so when I’ve got a deadline, and I’ve got to be in work, I’m just like, sometimes it’s difficult to push through that. *Eliza*

The data strongly indicated that the women sought and took paid work not because they were ready or able to sustain such employment, but as a strategy to exit the benefit system, often only for a short period of time. Adherence to ‘claimant commitments’ to find work regardless of the quality or relevance to one’s skill set or career plan also fed into the ‘low pay/no pay’ cycle, where participants alternated between badly paid, insecure work and recurring benefit claims (Shildrick et al., 2010). Shantelle described how, as a result of repeated failed claims for ESA, she was continually transitioning between JSA claims and low paid cleaning work. At one such job, she was made redundant after her employer told her they had too many staff and could not give her full-time hours.

Rose talks about trying to build a sustainable and meaningful career for herself rather than cycling through "crappy" jobs:

> I know I have these mental health issues, I've had to leave five jobs already because of them, jobs I could do, before I got more ill, ermmm, so how am I actually going to be able to create myself a career that I know that I can actually do, in the long term, that isn't going to mean that I am back, I'm just ricocheting between crap jobs, crappy sales jobs, crappy waitressing jobs and all that kind of thing, or be on benefits. *Rose*

The roles that Rose was forced into accepting as a result of her 'claimant commitment' were – for her – not the kinds of work which allowed her to derive meaning, fulfilment, and self-esteem. Both Alexandra and Rose spent time volunteering, when they were well enough, in roles providing help, support and advice to other marginalised groups. Alexandra commented that volunteering made her feel like she was "giving something back", but she was clearly conscious that it was not always perceived in the same way by others, including her son. Their comments highlight the stark disconnect between activities designated a worthwhile use of time by the social security system, and those valued by the women themselves as sources of meaning, development, and fulfilment:

> It's like everything about me that makes me, kind of valuable [...] doing good things, is invalidated by the system that they use to measure, which is literally, are you making enough money so that we don't have to give you any, yes or no? *Rose*

Sometimes, a move into employment occurred when the stigma of claiming became overwhelming:

> I think your value in yourself goes, because, either you're fit for it [paid work] or you're not, dya know, it's like, when I worked at the University*, I stayed awake all night, in case I didn't wake up*, I didn't want to let them down, I thought, I don't want to let these people down, I've just took this job off them, and I would get a taxi there, like hobble back, or get a taxi back if I had the money, dya know, and (...) it [not having paid work] makes you feel less of a person. *Alexandra*

Alexandra refers to having to "hobble" back from her job at the university, due to her osteoarthritis and other chronic physical health issues which meant that after three days at work, she was in severe pain and having difficulty walking. These harms could be seen as concrete harms arising from misrecognition and associated contributive injustice: the denigration of benefit claimants and the failure to value Alexandra's contribution as a volunteer led to her taking a job role which left her in significant physical pain, as it seemed the only option available which would allow her to leave behind "the stigma of benefits receipt" (Patrick, 2017a, p. 189). We can see clearly here how the "top-down processes of stigmatisation" (Redman & Fletcher, 2021, p. 2), here understood as cultural violence, cause physical and psychological harm to the participants.

Meanwhile, Esther spoke at length about the lack of employment or training initiatives available to her which might have been useful for her in terms of retraining and skills:

> If you're a woman who's had kids, so you've got all the breaks in employment and everything, and it's kind of, 'oh well, you could always work as a cashier in Tesco', you know, *it's a bit of feeling like I'm not worth actually getting proper help. Esther, interview 2*

Esther's description clearly highlights her awareness of how she was devalued in the eyes of others as a result of her social position as a disabled woman with children. She further commented that she did not want to take part in what she termed "pity stuff", where she would attend a workshop for disabled people and "flipping make a basket or something". Esther's potential to contribute to society, in a way which was meaningful for her and which gave her the opportunity to derive satisfaction and self-esteem, was therefore frustrated by social security policies which are based on misrecognising women like Esther as insignificant, unworthy of dedicated support, or of little value to society.

While Sayer mainly discusses contributive injustice in relation to the unequal division of labour in the formal job market, he also refers to the gendered division of labour in the home and the devaluation of women's skills and roles (2011, p. 93). Nine out of seventeen participants in this research had children and were or had been single mothers. At the time of our interviews, six of these women had at least one child living with them. Many also referenced caring responsibilities for parents, partners, and other family members. Both Milly and Carrie spoke about the ill-health of their children preventing them from participating in paid work at times, while Maureen commented that she regretted some periods where she had been employed as she would have been "better off as a better carer" to her family members (see section 6.7 below). The data revealed, then, how care roles were often assigned little or no economic value, or value in any terms, but this caring work was important to the women themselves, and indeed, to the economy as a whole.[49]

Certainly, then, for the participants in this research, what they were able, expected, and what they *wanted* to contribute to society was highly significant in terms of their self-worth, self-perception, and their sense of their 'place' in society and relation to others. In some instances, misrecognition meant that their ability to contribute to society in a way which was meaningful to them was significantly undermined. In others, it meant that their contributions were afforded little to no value or importance, despite the considerable amount of labour that they were variously undertaking as mothers, carers, volunteers, *and* as out-of-work benefit claimants - managing not only significant physical and mental health conditions, but also the substantial workload associated with claiming and trying to demonstrate their continued eligibility for these benefits. As Sarah commented:

> weirdly there is no allowance in the DWP system, that you are actually too ill, and it is [managing ill-health and claiming benefits] its own full-time job [...] you have to prove that you can't do a full-time job, by having a full-time job. *Sarah*

We would tend to agree with Sayer (2011), then, when he argues that the significance of contributive (in)justice in relation to (mis)recognition has been underestimated (p. 87). When the denigration or devaluation – misrecognition - of people who are incapacitated, disabled, or engaged in labour *outside* of the paid labour market, is expressed through policy, it is a form of structural violence. For example, the extension of labour market conditionality to lone parents (mainly single mothers) and people with disabilities, has pushed many into extreme hardship (Martinelli, 2017), as reflected in these findings chapters. These

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[49] The economic value of domestic labour in the UK for the year 2014 was valued at £1.01trillion, and women on average perform 60% more unpaid work than men (Office for National Statistics, 2016).

harms caused by misrecognition are avoidable, and they withhold from the women the conditions necessary for a minimally decent life – they are the result of structurally violent policies.

6.7 Resisting misrecognition

> That's what really, really makes me feel very, very, angry and very, very, kind of frustrated with the, the way in which people are talked about, as if they're not really people and, that lack of commitment to - every single person deserves these basic right - and the kind *of turning of certain sections of society into non-people. Rose*

Being impacted by different forms of misrecognition did not mean that participants could not recognise and resist the implicit and explicit assumptions and judgements regarding their value and worth as individuals, and their contributions (or perceived lack thereof) to society. Participants often rejected both broader forms of misrecognition at the societal level, and those forms of misrecognition that affected them on an interpersonal level. For example, Maureen spoke about how she had forced herself to continue working after she was violently raped, and her subsequent overdose when she realised that she was unable to continue in employment: "I felt such a failure, because I had this thing about getting over what happened to us, to succeed and stay in my job". She went on to talk about how she no longer bought into this narrative:

> I no longer buy into this thing that work is everything and your only worth is, you know, what you can contribute to, like, a capitalist society, but you know, I would have been better off as a better carer to my mum and my daughter. *Maureen*

Moreover, Maureen was determined that her daughter would not value paid work above all else in the way that she had, commenting, "I'm trying to teach my daughter this, I don't want her getting the way I was about, you know, that only worth you've got is what you can contribute by going to work". Meanwhile, Rose spoke about the illogicality and immorality of the DWPs emphasis on paid work as a fundamental priority regardless of the implications:

> I think that the other thing that is missing from the assessment, and the way that they look at it, is how much that one particular thing that you can do, impacts on your ability to do other things, and the choices that you

> have to make, over how much energy you have, and what is a priority, and *their expectation to put work first*, even if it's bad for you, even if it makes you worse, you know, the long-term implications are worse, which I just think is, not just fundamentally wrong, like, morally, but also logically [laughs] it doesn't make any sense! *Rose, interview 2*

The experiences and aspirations of the participants did not align with narratives of 'worklessness' or claiming benefits as a 'lifestyle choice', and several women explicitly rejected the idea of living on social security as a choice, highlighting the low level of income and high levels of stress associated with claiming benefits:

> I just don't believe that people choose to live on benefits rather than get a job, it's a notable amount of money difference, even if you're on minimum wage, and being on benefits is just so bloody stressful, and miserable. *Sarah*

All the participants had a work history, and many who were not currently in education or employment aspired to work or volunteer in the future. As discussed in Chapter 4, many of the women were also highly educated:[50] "Why would anyone who has a first-class honours degree be wanting to be on benefits unless they truly had to be?" (Faye). Indeed, many of them had progressed through a socially approved trajectory of education, gaining qualifications, and working in professional roles, paying taxes and taking their notional 'duties' as citizens seriously, only to be castigated as 'scroungers' when circumstances and ill health prevented them from continuing in work:

> I hate being on benefits and despite trying hard to come off benefits by retraining, doing voluntary work in the hope of paid work and trying to maintain my professional qualifications in the first place. The ill health of my 4th child and then of me has prevented any chance to self-support again. *Carrie, written submission 1*

Maureen articulated the injustice she felt at the shifting boundaries of deservingness, and the effect on her self-perception:

> I feel a bit robbed as well, because this isn't the social contract I bought into, I left school, I went to University, got myself educated to get a decent enough job, and paid tax, I've never in my life begrudged paying tax,

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[50] 7 out of 17 participants were educated to degree level or above. A further 5 had started university education but been unable to continue due to mental ill health. 1 participant started her undergraduate degree while the fieldwork for this research was ongoing. The remaining 5 were educated to at least GCSE and 2 had further vocational qualifications.

> because I like the idea of having a fair society [...] even when I could have possibly done with it, when I was paying a biggish mortgage (......) but now I just, I went through the scrounger, you know, you feel like a scrounger. *Maureen*

The sense of unfairness that the women felt is palpable in their accounts. However, as Maureen indicates, this resistance did not uncomplicatedly translate their rejection of narratives bound up with these forms of misrecognition into an acknowledgement of the inherent value of all of their contributions to society, and high levels of self-esteem and self-worth. Rather, it was a process imbued with complex and conflicting feelings and dynamics.

Relating an interaction at a 'positive coaching' group that she had once attended, Esther described how she rejected the received notion of 'success', responding to a visualisation exercise:

> 'I don't want a yacht'. 'Well visualise a big mansion'. 'I don't want a big mansion'. Actually, no, that's not what success means to me, just because you have that doesn't mean you're successful as a human being. That just means you happen to have made a lot of money [...] Sometimes I feel completely out of sync with society because I think success is to do with being human, and being a humanitarian, and how you affect people around you, in your community and in the world. *Esther, interview 2*

Esther articulated her understanding of success, which stood in contrast to the version projected by the workshop facilitators, which was bound up with monetary gain. Nevertheless, she was *still impacted* by societal ideas about what her contribution was worth. In order to be seen to be doing something 'worthwhile' she had started working individually on a large genealogy project which was causing her considerable stress. Eventually her psychiatrist persuaded her to pause work on this project as they were concerned about the adverse effects on her mental and physical health. The psychiatrist asked Esther whose version of success it was that she was trying to realise: "whose success? Your success? Or theirs? People's, society's success?"[51] (Esther relating her psychiatrist's words).

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[51] Esther, interview 2

Other women derided the 'poverty porn' genre of reality television programmes, while simultaneously alluding to or acknowledging its impact on their psychological well-being:

> I think since they started putting that thing on telly – 'benefit scroungers' […] 'benefits street' and stuff like that where they're, they're actually exploiting vulnerable people, that makes it worse, cos then people that work look at it and go 'oh look, dole dosser' […] I heard this woman saying once about our estate, calling it 'DLA estate'. *Alexandra*
>
> All those poverty porn shows screeching that a sick person on benefits occasionally eats something that isn't gravel and dogshit while reality stars spread Marmite on £50 notes really doesn't help with that fear and feeling of no privacy. *Sarah, written submission 1*

While both women were clearly critical of the genre and were able to analyse its effects, this did not preclude them from being adversely affected by such programmes. While, intellectually, they could read the situation, they were unable to wholly translate that knowledge into practice in their own lives.

6.8 Conclusion

> When people call you so many names, through your life, you believe it, and think do you know, what, what is the point in living, what is the point of being here, what is the point of working your arse off, yeah, to be miserable? Depressed, in pain… *Alexandra, interview 2, telephone*

This chapter has explored the ways that the participant's identities are devalued through their interactions with the social security system and concomitant narratives engendered and perpetuated by the government. The women have stigmatised identities imposed on them which result in the denial of access to respect, esteem, and an equal footing in social relationships. Furthermore, they are subject to contributive injustice (Sayer, 2011), both through a failure to value the contributions which they do make to society, and through a system which frequently denies them opportunities to make contributions which are valuable to them personally and from which they can derive meaning, fulfilment, and self-esteem. This stigmatisation of the women's identities, and the devaluation of them as individuals and of their contributions to society, leads to concrete harms to their mental and physical health. The processes which stigmatise and denigrate the participants cause harm through the myriad ways in which this refusal of recognition denies to them crucial components of a minimally decent life (Miller, 2007). We return to Miller's explanation of the relational nature of many human needs:

> They are the needs of a person who belongs to a community and who views her life through the lens of that community. If she cannot support herself or appear in public without shame, she will be regarded by others as an outsider, and she will very likely see herself in the same light. These needs are needs only because the person in question has internalised the norms of her community, and will lose self-respect if she fails to meet them. Thinking about what it means to lead a minimally decent life brings out this social-psychological aspect of many human needs. (Miller, 2007, footnotes)

Taken together, this complex network of harmful – and causally multi-directional – processes can be understood as misrecognition: the social security system designs and implements policies which are both *based on* and *involved in* producing and reproducing cultural patterns that systematically denigrate certain social groups by misrepresenting and stigmatising their identities, decisions, and actions. Manifested here through social security policies which allotted them an income which extended only to provide funding for "barely liveable lives" (Casey, 2016), which ascribe little or no value to any contribution they made to society outside of participation in the formal labour market (or indeed, within it), and through the attendant narratives which denigrate their worth as citizens, these forms of misrecognition are the cause of tangible injuries.

The systematic misrepresentation and denigration of disability and incapacity benefit claimants as scroungers, dossers, lazy, and 'not contributing' in government and popular discourse leads to situations where interactions between the social security system and claimants can be imbued with contempt, which denies the participants access to esteem, respect, and recognition. This is an expression of cultural violence: the ideology and narratives of welfare austerity and ending the 'something for nothing' culture deliberately produce and perpetuate stigmatising stereotypes of the participants. These stereotypes constitute them as inferior or deficient, depriving them of the respect of others, and potentially, as we have seen above, also depriving them of the ability to conceive of themselves as worthy of respect and esteem (Honneth, 1992).

When social security policy is *based on* and *legitimated by* this fundamental denigration and misrepresentation of the identities and actions of those whom it is intended to support, and this informs what resources are available to those groups, that is, fewer and fewer, we can see a clear example of structural violence: institutional and political decisions, practices and processes are being designed and implemented in such a way that this group is denied the ability to meet their basic human needs, causing significant and avoidable harm. The social security system as an institution and the actors within it, then, are active agents in creating and perpetuating misrecognition, and in doing so, are perpetrating cultural and structural violence.

The next chapter will explore how the women consistently had their accounts of themselves, their lives, and their experiences ignored, minimised, dismissed, and disbelieved during the course of their interactions with the social security system, and the ways in which this replicated their earlier experiences of invalidation.

7. “It’s like they don’t believe a word you say”: The Harms of Invalidation

7.1 Introduction

> Not being is both my originating trauma and my retraumatising. I can probably count the people who just believed me without proof in my entire life on both hands. *Sarah, written submission 1*

The preceding two chapters have built a picture of the ways in which participants are denied the right to a minimally decent life (Miller 2007), and how they are denied recognition, through a failure to value their worth as citizens – or simply as human beings who deserve support, through the denigration and misrepresentation of their identities, actions, and decisions, and through the contributive injustice which undermines and undervalues their contributions to society. This chapter will explore the minimisation and disbelief of the women's accounts at the hands of the social security system.

The experience of being disbelieved is one which most people will go through during their lifetime. Women's experiential knowledge in particular, however, is denied and invalidated in numerous ways (Kelly & Radford, 1990, p. 40). As victims of gender-based violence, women are often subject to disbelieving attitudes from their families and their communities, as well as from the legal and medical professions (Salter, 2012, p. 3). In their role as benefit claimants, the women in this research also had their accounts treated with mistrust by the social security system. The previous chapter discussed how both 'benefit claimant' and 'rape victim' are frequently stigmatised identities, and this chapter will demonstrate how the prejudices held against these social identities, as well as poor understanding of their experiences, contribute to their subjection to what Miranda Fricker has termed 'epistemic injustice' (2007). It could be argued that in their interactions with the social security system, the women face the extreme ends of denial: there is no way of them telling their story that will be accepted. For the participants in this research, then, having their experiences minimised and/or disbelieved was a routine, even everyday, occurrence. This constant rejection of their accounts of themselves and their lives invalidates their experiences and for some, as Sarah so eloquently expresses, invalidates their very "being". We will explore below how, for survivors of abuse, invalidation is often a trigger for traumatic memories and feelings, which can lead to (re)traumatisation, preventing recovery.

This chapter will begin by exploring the concept of invalidation and some relevant definitions. It will then move on to look further at the aspects of participants' social identities which may lead to prejudice against them: as women; as abuse victims/survivors; as sufferers of stigmatised, stigmatising and poorly understood health conditions and disabilities; and as benefit claimants. The concept of epistemic injustice, including both 'hermeneutical' and 'testimonial' injustice (Fricker, 2007), will be used to frame this discussion. The chapter will continue with an in-depth exploration of the ways in which the women are subject to minimisation and disbelief in their interactions – both with regard to their abuse, and in terms of the related health problems they suffer as a result. Processes of invalidation will be examined through a discussion of minimisation and disbelief. We will also consider the processes of discounting, hurting, objectifying, and taking over (Hassouneh-Phillips et al., 2005) enacted by the social security system and actors within it, as well as the process of silencing. The section which then follows will highlight the burden of proof shouldered by the women to evidence their experiences of abuse, trauma, illness and disability, and the resultant invasions of privacy. The penultimate section will focus on the 'Catch-22' situations the women often faced when attempting to prove their eligibility for incapacity and disability benefits. Finally, the chapter will explore how invalidation by the social security system led to (re)traumatisation.

7.2 Defining invalidation

As detailed further below, invalidation is a multi-layered concept which takes on distinct meanings in different contexts. This section will explore some of the most relevant definitions, before explaining how the term is used and understood as significant for this thesis and for the experiences of the women contained within it.

Firstly, it is important to understand invalidation as it relates to experiences of rape and sexual abuse. Invalidation is a strategy used by perpetrators to impose their version of the rape or abuse upon their victim, to minimise and trivialise the events, or to deny the incident took place and, therefore, reduce the likelihood of disclosure by the victim (Salter, 2012, p. 5).

Linehan's (1993) explanation of invalidation is one of those more frequently cited in psychology and psychiatry literature. In her in-depth exploration of 'borderline personality disorder'[52] (BPD) and its causes, Linehan focuses on a group of women who have experienced childhood sexual abuse and pervasive invalidation. She describes invalidation as having two primary characteristics: "first, it tells the individual that she is wrong in both her description and her analyses of her own experiences [...] Second, it attributes her experiences to socially unacceptable characteristics or personality traits" (pp. 49-50). Explaining the "emotionally invalidating environments" experienced by her patients, Linehan describes their main feature as being "intolerant of displays of negative affect", or emotional distress, and compares them to a "pull yourself up by your bootstraps" approach, that is, the belief that if one tries hard enough they can improve their situation or health, for example, through sheer force of willpower and positive thinking (p. 50). This observation from Rose regarding the administration of Universal Credit sketches the links between invalidation as part of an experience of sexual and domestic violence, and invalidation at the hands of the social security system:

> The parallels there are just so obvious, of not feeling safe to express legitimate reactions and emotions, like anger [...] I think they rely on that feeling of powerlessness, and helplessness, which is already prevalent, you know for people who have been told that they're not really worth very much. *Rose, interview 2*

Linehan adds that "sexism is an important source of invalidation for all women in our culture" (p. 52). In Salter's discussion of invalidation as a dimension of gender-based violence, he argues that:

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[52] Borderline Personality Disorder was first included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association in DSM-III in 1980 (Linehan, 1993, p.5). It is so named to denote the 'borderline between psychosis and neurosis' and is currently conceptualised as "intense instability in mood, affect, and relationships" (Berger, 2014). The diagnostic label is controversial (Linehan, 1993), not least because women are the great majority of those diagnosed and feminist critics have argued that the BPD label pathologizes women's response to gender-based violence (Berger, 2014, p.3). As such, in recent years there have been many attempts to discourage use of the term and instead focus on early and repeated traumas which are known to be causal factors.

> Exposure to pervasive invalidation leaves women and girls differentially vulnerable to victimisation and mental illness but, in the aftermath of abuse and violence, *it can precipitate an overall self-negation that embeds gender inequity through a further diminution in mental and physical health*. (2012, p. 9, emphasis added)

This description clearly aligns with the accounts of the women in this research, for whom experiences of invalidation following rape and sexual abuse constituted yet another assault on their mental and physical well-being.

Secondly, we must briefly explore how the concept of invalidation has been used in relation to the experiences of women with disabilities and stigmatised/stigmatising diagnoses. In their discussion of the maltreatment of women with disabilities, Hassouneh-Phillips et al. (2005) describe invalidation as the central process which connects the major themes of 'discounting', 'taking over', 'objectifying' and 'hurting' (p. 38). 'Discounting' is used to describe situations where healthcare providers do not believe women, and do not talk directly to them about their conditions. 'Taking over' includes ignoring women's own expertise and making health decisions for them, rather than with them. 'Objectifying' occurs when women are seen as a case or as their disease, rather than as an individual. Finally, 'hurting' includes cruelty, judging, forced physical examination, and pushing women beyond their limits (ibid., pp. 39-43). Examples of each of these are discussed later in the chapter. With reference to patients suffering from fibromyalgia,[53] Kool et al. (2009) use the term invalidation to refer to "a constellation of features that includes nonacceptance by others, misunderstanding, disbelief, rejection, stigmatisation, and suspicion that the problem is exaggerated or psychological" (p. 1650).

The works of Hassouneh-Phillips et al. (2005), Linehan (1993) and Salter (2012) on the process of invalidation are of paramount importance for understanding the experiences contained within this thesis. This chapter does not, however, seek to 'pin down' a definitive definition of invalidation. Instead, it will utilise the concept to describe a broad phenomenon found to be highly significant for the research participants. Drawing on the body of work referenced above, and the data from

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[53] A condition from which 14 out of 16 participants suffered.

this study, it is suggested that we can distil acts of invalidation into two categories: minimisation, and disbelief. Minimisation and disbelief are demonstrated in a number of different actions, decisions, practices, and processes executed by the social security system as an institution and by the actors within it.

The next section will explore the concept of epistemic injustice, and how the women in this research were subject to different forms of epistemic injustice as a result of aspects of their social identities.

7.3 Epistemic Injustice

Judging the credibility of a speaker and their assertions is a process often imbued with implicit and/or explicit bias (McKinnon, 2016, p. 438). Certain social identities "can be made to indicate a lack of credibility" (Dotson, 2011, p. 238). By virtue of their social identities as women,[54] benefit claimants, victims/survivors of rape and sexual abuse, and sufferers of stigmatised/stigmatising and complex mental and physical health conditions, the women who participated in this research might be seen as having a "credibility deficit", whereby they are consistently attributed less credibility than they deserve in their interactions with others (McKinnon, 2016, p. 438). The following comments from participants provide illustrative examples of these different forms of bias:

> with the benefits system you feel like they just think everyone's lying and exaggerating, just to get benefits. *Esther, interview 2*
>
> It's literally my word against his, I had trouble convincing my friends and family that he was capable of these things [abuse] how am I gonna convince other people? *Rose*
>
> You're seen as irrational, if you have problems like this [ME and PTSD] I guess, which is, it's not true, it's a bias on their part, but it's still a bias. *Eliza*

This credibility deficit is the result of an identity prejudice on the part of the hearer, and this harm is "epistemic in nature: the speaker is harmed in their capacity as a knower" (McKinnon, 2016, p. 438). The prejudice(s) held against

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[54] Women and girls can be "characterised according to pejorative stereotypes in which femininity is construed in terms of hysteria and deceitfulness" (Salter, 2012, p. 7)

these groups leaves the women in a position where they are subject to what Miranda Fricker (2007) has termed testimonial injustice.

In addition, it could be argued that victims/survivors of abuse are also subject to hermeneutical injustice, defined as “the injustice of having some significant area of one’s social experiences obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutical resource” (Fricker, 2007, p. 155). The experiences of women who have been subject to childhood sexual abuse, in particular, can be seen to be ‘obscured from collective understanding’ in many ways, not least due to societal reluctance to accept the scale of the problem. As Starlight stated in our discussion of media narratives:

> People who are survivors of sexual abuse don’t exist, they only exist in the context of when there’s these paedophile hunts going on, that’s it. But there’s nothing about what these people’s lives are like, the services they need, et cetera et cetera. That doesn’t exist. *Starlight*

That is not to say that the experiences of women who have experienced rape and abuse in later life are well understood. There are numerous examples of ways in which these women’s experiences are misunderstood, or simply ignored. One such example might be the still-prevalent expectations about how women will or *should* behave after being raped, as demonstrated by Sarah and Jenny's experiences:

> The DWP told me I wasn’t really a rape victim after they forced me to have a male doctor do the assessment to keep my benefits because real victims would have cried. I dissociated and had a panic attack but that’s probably not ladylike either. *Sarah, written submission 1*

> They seemed to take my almost brittle levels of independence as an example of me being a problem, not deeply traumatised and trying to hold it together. They wanted textbook cliché of crying, showering all the time and clutching my head artfully in a corner to believe I was a victim. *Sarah, written submission 1*

> you feel like they want to see you in bits, as a victim, I don’t really know how to word it but, that you should be this big mess, but you’re trying to get through it, you’re trying to survive. *Jenny, interview 2*

Similarly, poor understanding of mental health conditions and how they might present in different people also contributes to the women's experience of hermeneutical injustice. Libby described how medical assessors might assume knowledge of one's mental state as a result of prescribed ideas about how someone experiencing mental distress would or should behave:

> They weren't shaking when they shook my hand, so they don't have anxiety, they weren't sweating, they weren't quiet, they weren't meek […] if you aren't the stereotypical example of the mental health condition, then [as far as the assessors are concerned] you do not have that mental health condition. *Libby, interview 2*

Together, hermeneutical and testimonial injustice make up the concept of epistemic injustice (Fricker, 2007). As Fricker explains, the overarching aim of the concept of epistemic injustice is to highlight the operation of social power in two of our most basic "everyday epistemic practices", that is, "conveying knowledge to others by telling them, and making sense of our own social experiences" (Fricker, 2007, p. 1). Sarah's description of how she felt about disclosing her diagnoses of Myalgic Encephalomyelitis (ME)[55] and PTSD to medical assessors for ESA and PIP succinctly demonstrates some of the main ways in which participants experienced epistemic injustice:

> I've got ME, is one of my diagnoses, which is one of those illnesses that people don't believe is real, it's also difficult to disclose having PTSD because people are like 'oh were you in the army?', nooooo, and no I don't really want to discuss these harrowing incidents of sexual violence with you, which you invariably will also find lacking, because women lie about being raped, and they probably just did it for the money, and I did get some compensation. *Sarah*

In this quote, epistemic injustice manifests in several different ways: Sarah is a woman and a rape victim/survivor, and women "lie about being raped"; she is a benefit claimant, and is arguably, therefore, assumed to be exaggerating or lying until proven otherwise; she suffers from ME which is still often dismissed by the medical profession as a psychological (or even non-existent) illness (Geraghty et al., 2019); and she also suffers from PTSD, but not as a result of armed combat, which is the most commonly understood causal factor, but rather as a result of emotional abuse and neglect in childhood and her experiences of rape and sexual

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[55] Also referred to as Chronic Fatigue Syndrome

assault in adult life. In this example, she is subject both to testimonial injustice, where she is disbelieved as a woman and a rape victim: aspects of her social identity which "can be made to indicate a lack of credibility" [56] (Dotson, 2011, p. 238), and hermeneutical injustice, as her experiences are very much "obscured from collective understanding" (Fricker, 2007, p. 155): ME is a stigmatised/stigmatising and sometimes controversial diagnosis, the causes for which are still poorly understood (Geraghty et al., 2019), and acceptance of rape and sexual abuse as a cause of PTSD is still very much on the margins of mainstream knowledge. An exploration of the links between experiences of trauma, stigmatised/stigmatising health conditions, medically unexplained symptoms, and patriarchal attitudes in the medical profession, is beyond the scope of this thesis (see, for example, Farkas, 2017; Mik-Meyer, 2011; Roelofs & Spinhoven, 2007). However, Hassouneh-Phillips et al's (2005) observation is significant for the experiences of the women who participated in this research:

> Heavy reliance on available empiric knowledge limited health care providers' ability to appropriately treat women whose illness experiences were poorly understood and/or manifested differently from those of others. Unfortunately, *rather than acknowledging the limits of medical knowledge, health care providers often chose to invalidate women's knowledge of their own bodies*. (p. 42, emphasis added)

Esther, for example, challenged the decision of a doctor working as a medical assessor for DLA after she was refused the benefit, citing his comment in the assessment report which stated that she "needed to pull herself together". Evidently, the doctor did not believe that chronic fatigue was a genuine diagnosis.[57] Meanwhile, Sarah described her reluctance to discuss her ME:

> I try not to tell anyone I've got ME, because it's a hideously stigmatised illness, and if I do say it and they mishear it as MS, I generally cheer inwardly because everybody takes MS really seriously [...] but it's weird because I have then had my *actual* mental health diagnoses quite often invalidated with, well you have ME, which is considered in the UK a false

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[56] Potentially more so in this case as a rape victim/survivor who has received monetary compensation as a result of the police mishandling of her case.

[57] With the help of her parents, Esther took the case to the Parliamentary and Health Service Ombudsman and her case was eventually discussed in the House of Commons. After five years, her DLA was awarded and backdated, she received £100 compensation, and the head of the DWP wrote her a handwritten letter of apology.

> illness belief, that you're still sick after an initial infection, and I was actually turned down for mental health treatment because I hadn't got better doing cognitive behavioural therapy for ME, and me saying 'well, you wouldn't expect someone with MS to get better doing CBT', was just proof that I was hostile and attention seeking, and at that point they started bandying around words like 'personality disorder'. *Sarah*

We can see, then, how the failure to acknowledge and accept women's knowledge of their own conditions is translated from formal medical settings to the social security system with which respondents were interacting.

The following sections will now explore further the different ways in which the women had their experiences and accounts invalidated by the social security system and actors within it. First we will discuss, in depth, instances of minimisation and disbelief referred to in the data. Then, borrowing from Hassouneh-Phillips et al. (2005), we will also briefly consider the specific processes of 'taking over', 'discounting', 'objectifying', and 'hurting'. Finally, we will consider examples of silencing. Throughout these sections, we aim to keep in mind how these examples demonstrate the ways in which the social security system in general might be seen to operate as an "emotionally invalidating environment" (Linehan, 1993).

7.4 Processes of invalidation

7.4.1 Minimisation

Minimisation is a common experience for many victims/survivors of rape, sexual abuse, and domestic violence. Women, historically, have been systematically encouraged to downplay the significance of violence and abuse enacted upon them (Kelly & Radford, 1990, p. 39) and have often "just sort of had to carry on, as if nothing had happened" (Milly). Moreover, the women in this research were frequently met with external attitudes, including within the social security system, that sought to undermine the significance of their experiences of rape and sexual abuse, and the impact that sexual violence had, both short and long-term, on their mental and physical health. As Maureen commented:

> I think this government seem to think, oh, you can get over stuff you know, and that's it. I mean even if I could get over it psychologically, my physical injuries are stopping us working. *Maureen*

Jaycee, similarly, remarked that:

> for someone who's been through so much, there's not much understanding, it's all very well for them to say, 'she's been through that, but it's over now', and that's not the case, it stays with you for years. *Jaycee*

Milly simply stated that the DWP "haven't acknowledged that there can be psychological consequences of somebody being assaulted". The impact of minimisation should not be underestimated, as the data illustrates. Alexandra described a conversation with a DWP adviser which took place when she made a telephone call to find out why her benefit payments had ceased, and the impact that the woman's words had on her mental state:

> I said look, I'm going through domestic abuse, what you doing? And this woman on the phone said to me, 'well I went through domestic abuse', yeah, and I swear to god yeah, the anger in me, I put the phone down, I was in the middle of town, I lost the plot, I'd gone and self-harmed myself, cos I thought*, well it's just me, maybe it's just me* [...] maybe I should be a bit more like her, d'ya know? *Alexandra*

Alexandra referred to this conversation several times over the course of our two interviews. It was clear that the woman's assertion had made her doubt herself and the significance of her experiences, and she wondered aloud more than once during our two interviews whether she should just "try a bit harder".

7.4.2 Disbelief

Disbelief is a short step from minimisation. Participants frequently expressed their frustration at not being trusted to report their illnesses and disabilities faithfully:

> Sometimes I do get suicidal thoughts, you know, because I'm trying to be honest, and tell people how I am and how things affect me, but then it's like, you're full of shit, you're lying. *Alexandra*

> They don't know what's in nobody's head, do they? [...] I mean I might look alright, but up here [gesturing to head] I'm not (...) You know it yourself, don't you? *Shantelle*

The overwhelming sense from the participants was that the DWP and the companies contracted to undertake medical assessments for disability and incapacity benefits "expect you to be lying, basically" (Rose, interview 2). As stated above, the women were routinely disbelieved in their interactions, whether recounting their experiences of abuse, relating their day-to-day lives and abilities, or describing their complex physical and mental health needs that entitled them to incapacity and/or disability benefits, "It's like they don't believe a word you say" (Alexandra). Rose's account hints at the significance for participants of the experience of being disbelieved:

> There's that constant feeling of having to prove yourself, not to be a liar, not to just be lying about everything, lying about how much money you have, lying about what you're capable of doing, lying about all the medical issues you have, you know, lying about what you've actually done to try to get a job [...] you've gotta prove it over and over and over again, with every single thing that you do...*Rose*

Rose's account of her assumed deceitfulness reveals a glimpse of the exhaustion she felt at the constant – "over and over and over again" – necessity of proving her story in order to evidence her entitlement to subsistence benefits. According to the definition proposed in Chapter 3, when policies are designed and implemented in such a way as to make it difficult, if not impossible, for certain groups and individuals to meet their basic needs, we can conclude that such policies are structurally violent.

The connections between participants' experiences of rape and sexual abuse and their mental and physical health issues is clear: "this is why I'm in this mess, because my life has been domestic violence, abuse, rape, yeah, that's why my head is wrecked, that's why I suffer from fibromyalgia, you know, through trauma" (Alexandra); "There's no doubt it was because of what happened that I just [...] I couldn't cope with life" (Jenny, interview 2). For participants, there was a direct relationship between being (dis)believed as a victim/survivor of rape and sexual abuse and being (dis)believed when claiming incapacity and disability benefits. Libby articulated the predicament:

> To believe that I'm disabled means believing that I was raped [...] because barring my migraines, but even then there's lots of links between trauma and migraines, but barring the odd physical thing which may or may not have a link, it's all down to trauma, so if they [social security system] don't believe that my trauma happened then they're not going to believe I'm

> disabled. And I don't have any proof, like, the police dropped my case, and decided that I was lying, which means I have nothing to point to, to say that I am a victim of trauma, *they have to take my word for it*. *Libby, interview 2*

Minimisation and disbelief of women's experiences of sexual violence, therefore, went hand in hand with the minimisation and disbelief of their health conditions. As Libby alludes to when she comments that they would "have to take [her] word for it", the women themselves were seemingly the *last* people whose account would be trusted as evidence of their experiences. This recurrent disbelief of the women's situations and experiences had stark consequences. Sarah explained how the police's dismissal of her rape allegation impacted on the service provision and responses she received from other institutions:

> For example the housing office were like 'we won't consider your application for housing unless the police back things up with a crime reference number', and the police were like 'well, we don't necessarily think you were raped, so we're not going to issue a crime reference number', so each thing I would need to prove it, to literally have money to eat, and somewhere to sleep, and I didn't have the choice, not to keep proving it. *Sarah*

However, it is not enough for one actor or institution to believe the women. Chronically low prosecution rates for rape and sexual assault[58] means that many women have no 'official' proof of their victimisation. Without this proof, for example through a criminal conviction of the perpetrator(s), proving their entitlement to incapacity and disability benefits (as well as housing, as Sarah highlights above) became significantly more difficult. Moreover, even where women had secured a conviction against their perpetrator(s), their 'proven' experiences of sexual violence were often nevertheless found insufficient as evidence of their eligibility for benefits. Indeed, despite the existence of the 'domestic violence easement' for claimants of JSA, UC and ESA (WRAG) which allows between four and thirteen weeks relief from job-seeking or work preparation commitments (DWP, 2019), Alexandra reported that she was still

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[58] Figures from the Crown Prosecution Service (CPS) reveal rape charges, prosecutions and convictions in England and Wales have fallen to their lowest levels in more than a decade (Barr, 2019) and the Victims Commissioner for England and Wales, Dame Vera Baird QC, wrote in the summer of 2020 that "in effect, what we are witnessing is the de-criminalisation of rape" (2020, p.16).

required to attend a Jobcentre appointment when she had recently moved to a women's refuge after fleeing domestic and sexual violence:

> The DWP still called me in for an interview yeah, knowing I was in a mess, I was a complete mess, living in a women's refuge, trying to get through all that, I was doped up every day, I was drinking heavily… *Alexandra*

A complete lack of interest in and, at times, wilful ignorance of the women's circumstances, meant that actors within the DWP and contracted companies had little to no understanding of the contexts and conditions that shaped the women's daily lives. The women's decision-making, actions and capabilities were determined in many ways by the consequences of experiencing rape and sexual abuse:

> I'm a very nervous person, you know, and I get easily psyched out by people's behaviour […] I have this strong sense of flight, if I'm in a panic situation, or a stressful situation, I want to leave, and that feeling overwhelms me, to the extent that I have walked out of jobs before […] I feel claustrophobic, I don't like working with men that I don't know, I don't like being in a building on my own, I don't like setting alarms, I hate alarms, they frighten me, so you know, they haven't really taken that into account and said 'oh well you know, you can do a limited search for work based on your limited capability'. *Milly*

For Milly, who suffered from severe claustrophobia, panic attacks and anxiety as a result of her attack, many work environments were impossible for her to cope with. She described a situation where she was working as a cleaner in a hospital unit and was left to lock up on her own and was subsequently locked in a room for around 20 minutes, accidentally, by the supervisor. After that experience she was unable to return to the job. Esther described how she felt intimidated in office environments "with men who are in positions of authority". Without any understanding of the women's experience of rape and sexual abuse, and how these had affected their decision-making and the type of work situations which it was possible for them to safely manage, the demands of the social security system put them in a position where they were at risk of further damage to and deteriorations in their mental health.

When epistemic injustice is encoded into policy and thus into implementation and practice, as we see here – the women are not trusted to faithfully report their situations or their health conditions, nor are their experiences or the conditions that shape their daily lives understood by the system that they are interacting with – invalidation is built into the structure of the social security system, and it is causing significant avoidable harm, that is, it is a form of structural violence.

7.4.3 Taking over, discounting, objectifying, and hurting

Drawing on the work of Hassouneh-Phillips et al. (2005), this section will consider the processes of taking over, discounting, objectifying, and hurting, as components of invalidation which were experienced by the women in this research.

Taking over

Several participants spoke about how their mental health issues and disabilities were sometimes taken as evidence by actors in the social security system that they were somehow uneducated, unintelligent, and unable to take or have any input into important decisions, saying:

> If they know for whatever reason that you've got mental health problems, you then become completely incapable of your own thinking, and they sort of, they take that all away from you, and make decisions for you without even asking, or they make assumptions about you because of your mental health, and the big one is they think for some reason that you're uneducated. *Esther, interview 2*

> Don't think that just because we've got disabilities (…) we're not stupid. *Alexandra*

These quotes could be seen to exemplify 'taking over' as defined by Hassouneh-Phillips et al (2005), whereby assumptions were made about the women and their abilities and then used to ignore the women's own opinions and expertise. They are also clearly illustrative examples of epistemic injustice as described by Fricker (2007).

Discounting

Starlight's description of how her assessor responded to her male friend who accompanied her to her ESA assessment, wearing a suit, demonstrates the concepts of "credibility deficit" and "credibility excess" (Fricker, 2007):

> And then Frank piped up and said, 'and she's terrified of everyone, and she believes everyone is out to get her', and Frank just did this whole litany of telling her symptoms that I have when I'm psychotic, and that was really good because she actually, because he was a man [mimicking woman scribbling furiously] 'oh I'll write these down because the *man's* talking to me'. *Starlight*

Starlight has dissociative identity disorder (DID),[59] a poorly understood and often stigmatised/stigmatising condition (formerly known as 'Multiple Personality Disorder'). As argued above, this diagnosis, in combination with the other aspects of Starlight's social identity as a woman, a survivor of childhood sexual abuse, and a benefit claimant, makes her vulnerable to experiencing a credibility deficit in her interactions. In contrast, her male friend might be seen in this situation to be afforded a 'credibility excess' (Fricker, 2007), by virtue of his gender, and his presentation in a suit with a briefcase and notepad, providing visual clues of being a (male) professional and thus bestowing the social markers of credibility.

This example could also be seen as an illustration of what Hassouneh-Phillips et al. (2005) describe as 'discounting', through disbelieving and not talking directly to – in this case - patients. They note that discounting is particularly prevalent in situations where professionals are dealing with women with "cognitive disabilities and women with poorly understood and/or stigmatizing conditions" (p. 41). All the participants suffered from some form of stigmatised/stigmatising health condition, most often including complex mental health issues. As Libby put it, "PTSD, dissociative identity disorder, anxiety, depression, eating disorders, so basically just the whole fun package of being a trauma survivor". Jaycee described her mental health issues as including "severe post-traumatic stress disorder, cos of what I've been through with my ex, and BPD, borderline personality disorder,

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[59] DID is defined in DSM-5 as "an identity disruption indicated by the presence of two or more distinct personality states (experienced as possession in some cultures), with discontinuity in sense of self and agency, and with variations in affect, behavior, consciousness, memory, perception, cognition, or sensory-motor functioning […] DID is a complex, posttraumatic developmental disorder" (Brand, Krüger, & Martínez-Taboas, 2016, p. 257).

which is caused by trauma when you're younger". ME, Fibromyalgia, Irritable Bowel Syndrome, and chronic pain were also common diagnoses, as well as functional neurological disorders and other medically unexplained symptoms.

Objectifying

Many of the participants reported feeling that they were treated as numbers rather than individuals in their medical assessments for incapacity and disability benefits. In Jenny's words, "I just felt [...] just horrible, not violated, but - just (...) like you're just a tick box, and you're just a number" and "You're just a number on a piece of paper". In our second interview, I asked Jenny about some of these phrases which she had used in our first interview, such as "not violated, but – " and "not belittled, but – " in reference to her interactions with the social security system. She stated that she found it hard to be "confrontational", and as a result, would sometimes moderate her statements, when in fact that was what she intended to convey, as she stated in our second interview – "it is belittling and it is violating and it is - it's horrible". Milly commented that "with these rigid questions there doesn't seem to be any room for, you know, a unique case or individual". This could be conceptualised as a form of 'objectifying' as described by Hassouneh-Phillips et al. (2005). Objectification could also be seen to contribute to feelings of dehumanisation: "they don't see you as people" (Esther, interview 2). Moreover, rigid adherence to the scoring system used by medical assessors illustrates the ways in which the process works to invalidate women's experiences and knowledge of themselves and their conditions. Furthermore, it often leads them to question and doubt themselves, leading to what Salter describes, referenced above, as an "overall self-negation that embeds gender inequity through a further diminution in mental and physical health" (2012, p. 9).

Hurting

Finally, 'hurting' as defined by Hassouneh-Phillips et al (2005) was described by participants when relating their experiences of ESA and PIP assessments:

> They questioned me until I was visibly falling asleep and in significant pain. I also needed the toilet badly. We were told we could go home or wait so we chose to wait while I used the bathroom and had a drink and an extra painkiller. *Carrie, written submission 1*

> I did some of the leg raises, and I did hurt myself doing them, and I was bad with my back for a while afterwards, I didn't realise you know, you could say, look, that's hurting us now. *Maureen*
>
> In that one [ESA assessment] I was urinarily incontinent, because she wouldn't let me go. She just kept saying we're almost done, we're almost done, and I just pissed all over her chair. *Starlight*

These examples illustrate 'hurting' incidents, in these cases, where women were pushed beyond their physical limits. As this thesis demonstrates, however, 'hurting' could also be applied to emotional and psychological injuries, examples of which are central to the thesis and are interweaved throughout the findings chapters. The lack of understanding and, at times, deliberate refusal to acknowledge what the women could tolerate, mentally and physically, for example, in a medical assessment or benefit tribunal, led to many instances where women were severely ill after these encounters, sometimes unable to get out of bed for days or weeks afterwards. Moreover, because the pain, and oftentimes trauma, of these incidents stayed with the women long after they were over, participants often reported that their mental health deteriorated in anticipation of repeat occurrences of the assessments necessary to have the chance to demonstrate their continued eligibility for incapacity and disability benefits (as we saw in Chapter 5).

7.4.4 Silencing

In a follow up email submission to the researcher regarding her PIP assessment in June 2018, Sarah reported on the assessment, where the assessor had refused to talk about her PTSD as they said it would "be upsetting" for her. She was awarded 0 points and had an appeal "looming". She described how being silenced in this way affected her:

> So much minimising on top of the obstructive form. It actually annoyed me more not to be able to name and control the narrative of my trauma and to have it brushed off as 'not nice' was very retraumatising. *Sarah, written submission 2*

In this excerpt, Starlight describes how her ESA assessor had stopped asking her any mental health questions as soon as she mentioned her experiences of childhood sexual abuse:

> She said, 'what is this about physical hallucinations, that I see here, what is that?' She said, 'can you describe what those are?' I said I experience pain. And she said 'where?' And I said, it's in my reproductive organs. And she said 'why?' And I said, well as you'll see there in my notes I'm a survivor of childhood sexual abuse. And then she stopped. Stopped. As soon as I said reproductive organs, she stopped. And [friend attending in support] said [afterwards] 'you were looking down', he said, 'the look on her face was just abject terror. She couldn't believe that you had said the words that you had said'. He said, 'that was all I could read from her expression', and she just stopped. And then she didn't ask me any other mental health questions. *Starlight*

Meanwhile, Milly commented that she felt her assessors had used the excuse that her assault was a "sensitive issue" in order to "put it on the backburner". These examples of silencing demonstrate the significant difficulties which the women were faced with when trying to tell their stories and "control the narrative" of their trauma, as Sarah put it.

As the previous sections have demonstrated, the power to "dismiss, trivialise or silence" other people's perspectives and accounts is not evenly distributed throughout society (Salter, 2012, p. 3). This assertion is certainly borne out by the data - the women had little power to override or dismiss the perspectives of powerful others, actors in the social security system, who wielded immense control over their lives:

> The overriding feeling of the process is that their opinion matters. I mean, not even just more than mine, mine doesn't, it doesn't matter what I think about my own condition [...] what you're allowed and not allowed to do, is absolutely nothing to do with you, as if you're not the one who knows your own mind and body the best... *Rose*

To communicate, "*we all need an audience willing and capable of hearing us"* (Dotson, 2011, p. 238, emphasis in original). The women were often not even afforded this basic consideration, rather, they have an audience who arguably actively seeks to silence them:

> Nothing that's happened to you, that you're talking about, and telling them, they don't actually care, they're not interested, they're not, it doesn't mean anything, they're just giving you marks out of however many. *Jenny*

> The whole PIP thing, it was just so awful […] Not being listened to was the worst bit. *Eliza*
>
> She asked questions in a random fashion so I found it very hard to concentrate and when I was still answering she moved to a different question on a different subject. This led to confusion and anxiety […] she rushed me along, finishing sentences for me at times and displayed no patience at all. She had a ping from somewhere and said the assessment was over. *Carrie, written submission 1*

With the social security system and actors within it, then, the participants, rather than having an audience both willing and capable of hearing them, had an audience that seemingly aimed to silence them: an audience that *did not want to know*.

It is important to keep in mind the fact that in the interactions described above, the participants are attempting to demonstrate why they are entitled to the income which is necessary to feed, clothe, warm, and wash themselves, maintain a roof over their heads, and to have a modicum of security. Not only is the social security system punishing them during these interactions through the dehumanising and painful processes of invalidation described above, subjecting them to disbelief as a result of their identities and experiences (cultural violence), but it is also threatening to remove or refuse them the resources necessary for the women to live a minimally decent life – to survive (structural violence).

7.5 Invasions of privacy and the burden of proof

The preceding paragraphs have sought to reveal some of the processes of invalidation experienced by the women in their interactions with the social security system. The following section will consider how invalidation of the women's experiences resulted in a heavy burden of proof put upon the women as they attempted to demonstrate their entitlement to incapacity and disability benefits in the context of increasingly strict eligibility criteria, and the oft humiliating invasions of privacy that they suffered as a result:

> I've been made to feel a liar and I have had to prove my case time and time again. *Carrie, written submission 1*

> For people on benefits, you're basically exchanging a certain amount of kind of psychological labour, and also privacy, you're actually asked to give up what other people would think of as fundamental human rights, in order to receive a *barely* liveable amount of money that everybody then hates you for getting. *Sarah*

The evidence required to prove entitlement to incapacity and disability benefits was a universal concern for participants. Moreover, the unremitting and repetitive cycle of providing proof, to and from different agencies and professionals, was often overwhelming, as Alexandra commented, "why do you have to keep telling your story over and over again, they've already got it documented, they've got it writ down"; and "they constantly want you to prove you're still that way [ill/disabled]". As discussed in section 5.5, women also felt that the substantial evidence that they provided from, for example, their GPs, specialists, and psychologists/psychiatrists, was often disregarded: "they don't pay very much attention to paperwork that you bring from, you know, doctors or anyone like that, specialists", but despite this, "everyone always wants letters from everyone else, no one talks to each other, and I'm like, 'what d'ya mean? I just told that specialist all this!'" (Esther). Milly reported that after a successful claim for criminal injuries compensation (CIC), her doctor had written a report in support of her ESA claim which stated that she suffered from claustrophobia and was unlikely to ever recover fully from her attack. Nevertheless, she described how the social security system was still "hounding [her] for medical evidence" to support her claim. The level of detail which was required in order to justify or prove an entitlement to benefits was also highlighted: "they don't just accept the fact that you have trauma, they have to have every single detail, cos if you don't, it's not good enough, and you don't get it" (Libby, interview 2). Speaking about the level of disclosure deemed necessary by the social security system to prove her entitlement to benefits, Starlight characterised it as being "like torture".

Invasions of privacy, then, were a ubiquitous experience for the participants, both as benefit claimants and victims/survivors of sexual violence and abuse. Recurrent and humiliating intrusions into their private lives contributed to feelings of violation and dehumanisation. Alexandra described how her PIP assessment had made her feel like “a monkey in a cage”, and that in the days following it she had considered committing suicide after being left with the sense of being “degraded, it takes your dignity away”. As Gray (2005) argues:

> The amount of personal information that has to be disclosed to be eligible for welfare is another stinging reminder of dependence and a severe loss of privacy. Almost all of an applicant’s entire life is expected to be an open book from which a caseworker can read to determine the applicant’s eligibility for welfare; an applicant’s circumstances and behavior are closely scrutinized. The loss of privacy can mean the loss of dignity (Handler & Hollingsworth, 1971*). Having to tell a stranger, often an unsympathetic one, all one’s business (except one’s strengths) can leave one feeling exposed or violated.* (Gray, 2005, pp. 340-341, emphasis added)

Some of the impact of telling and re-telling ones’ traumatic history to an - often unsympathetic - stranger, in a space which was perceived to be unsafe, has been explored in Chapter 5. The potential for re-traumatisation will be discussed below in section 7.7.

After Sarah was awarded CIC for the police mishandling of her case, an acquaintance maliciously reported her for benefit fraud, and she was forced to account for the money to a DWP investigator at the ‘benefits integrity centre’. She described having her privacy invaded in this way as:

> Both awful and by that point expected for me. It just felt like the natural progression of sitting in a room full of male police officers literally discussing my vagina and looking at photos of my injuries in front of me and talking about me like I was utterly dehumanised. Being asked to account for how I’d spent that money to compensate for that experience didn’t feel weird because I didn’t expect better *and I was so used to simply having to justify why I was even still alive*. It made me weary to do it but at the time I didn’t realise how cruel and dehumanising it was. *Sarah, written submission 1*

Intense surveillance of marginalised populations in the UK has been highlighted by scholars looking at homeless populations and welfare conditionality (see e.g. Casey, 2016; Flint, 2009). In her discussion of welfare conditionality and disciplinary power, Casey states that welfare subjects who are, or may be, watched, “internalise the ‘gaze’ and adjust their behaviour, thoughts, attitudes and motivations accordingly" (2016). As Milly commented, "it puts pressure on you, you know, about your behaviour, and analysing your behaviour, and you know, attacking yourself really, you can't be yourself". The sense of being watched, scrutinised, and on display, was evident in all of the women's stories. Twelve of the sixteen participants spoke about how they might adjust their behaviour as a result of feeling "watched", "it's horrible, I get paranoid, you know when I have a good day, I feel like I shouldn't be having a good day, I should be walking with my stick all bent over and that"; "I feel like I shouldn't even be in a shop, or I shouldn't be outside, or in a park, or whatever" (Alexandra). Alexandra's feeling of being surveilled contributed to the sense that her symptoms were not 'bad enough' somehow, and that if she was having a relatively pain-free day, her illness and disability was invalidated as a whole. Esther, meanwhile, commented "my nickname for Jobcentre staff is the Gestapo".[60] Libby and Alexandra also articulated the feeling of constant surveillance:

> I got so paranoid that they were sat outside my house watching me, that I couldn't leave, because I was so convinced if I left just once they would deem me a liar and I would lose everything. *Libby*
>
> I tried to work, but I think when you've still got a lot of healing to do [tearful] It makes you feel like the government, the DWP, are permanently watching, this is how I feel, that they're permanently watching me. *Alexandra*

Moreover, knowledge of the volume of information which agencies around the country held on their histories of abuse and the health consequences they suffered was traumatic in itself for some participants:

> My information is everywhere, d'ya know like, the DWP have got so much information on me (...) it's disgusting. *Alexandra*
>
> It's got to the point where I'm almost numb to it now, and I hate that I have to be numb to the fact that there's so many strangers around the UK, who have read all these letters, that just know all of this horrible detail about me...*Libby*
>
> They very often ask for really, really personal stuff, so it will be, you know, an assessment that a social worker has done [...] I don't really want the

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[60] Esther, interview 2

> Department for Work and Pensions reading about my tragic childhood […] but at the same time I can't not produce that evidence. *Sarah*

The level of invasion of privacy by the social security system was often deemed more intrusive and intense than that of the criminal justice system. Speaking about her experience at a tribunal for PIP, Sarah described being questioned for 20 minutes by "three stuffy old men" about the consistency of her diarrhoea resulting from her digestive issues, and whether she could use a nappy. She commented that the level of questioning she was subjected to at the tribunal was "much, much worse than giving a statement to the police about being raped. I felt like they were holding me to a much higher standard"; and further, that:

> the police and court only make you do a rape allegation and court date once. I had to do three tribunals to get low-rate DLA. That's 9 different judge-level people I had to perform my trauma to to get £40 a week. *Sarah*

7.6 "It always feels like you've got to unlock this alchemy, of being just right, it's very Goldilocks, this porridge is too hot, this porridge is too cold"[61]: Catch-22 and the social security system

It is possible that no matter how extreme the invasions of privacy suffered by the women when trying to claim benefits, the information that they provide will never be deemed satisfactory evidence. This section speaks to the phenomenon Sarah described as "alchemy" with regards to navigating the social security system. There are numerous examples in the data on which this thesis is based which might be described as 'Catch-22' situations, from which there is no escape or solution because of "mutually conflicting or dependent conditions" (Siefring, 2005, p. 48). Sometimes, this phenomenon manifested in situations where one aspect of the participants' situation, experience or identity was used to invalidate another. For example, several participants commented that if they were able to articulate themselves, it seemed that their illness and disability could be disregarded:

> Mental illness and IQ do not go hand-in-hand, but they seem to presume that you're in an ok mental state if you can speak […] I think in some ways that's gone against me, because when I talk in the job centre [they think] 'she's quite articulate, she'll be ok with work'. *Milly*

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[61] Sarah

> It's like you're not disabled if you can talk, if you've got a brain. *Alexandra*

Starlight spoke at length about the importance of presentation and stated, "if you are articulate and educated you get nothing". She also commented in relation to her job-searching commitments during the period where she was claiming JSA that "if you have any qualifications and they realise you're intelligent, and if you're articulate, they just push you. And they have a very high expectation of what you'll be able to do" (Starlight).

Sarah, on the other hand, posited that now she had a better understanding of her own health issues, she might "get further with the DWP". As she put it, she felt that the DWP expect claimants to have "an abnormally good level of insight" and to be able to explain their health conditions in great detail. Sarah spoke about how despite having a high level of education, and being articulate, she still struggled with bureaucracy and forms. She felt that successfully claiming benefits was very much dependent on intelligence, class status, and the ability to advocate for yourself or access support:

> for most people the level of skill and educational attainment to claim benefits correctly would be much higher than they would be expected to do in the jobs that they would apply for, and that is, I find that really uncomfortable, because quite often you'll only get benefits because you're smart, or you're middle-class, or you know how to access help, or you've got somebody else that will take it on and do it for you. *Sarah*

This chimes with Shantelle's experience. Shantelle's reticence and difficulties articulating the impact of her mental and physical health issues on her day-to-day life meant that her health problems were disregarded altogether by the system, which deemed her ineligible for any incapacity or disability benefit.

These observations sit in contrast with those above, that see the ability to articulate oneself well as inimical to success in proving entitlement to incapacity and disability benefits. However, taken as a whole, these narratives simply give weight to the observation that no matter how the women presented, what they did, or what they said in their attempts to demonstrate their eligibility, the porridge was never going to be the right temperature for the social security system to swallow.

At other times, this 'Catch-22' phenomenon was visible in situations where the participants were 'damned if they did, damned if they didn't'. For example, it was often felt that just by attending an assessment or tribunal, participants would be deemed ipso facto 'fit for work' or insufficiently disabled to receive PIP. Attending without support was frequently referenced as a signifier that the result would not go in the participant's favour: "I didn't realise just by the very fact of me walking in on my own I'd lost loads of points, across loads of indicators" (Maureen). Conversely, not attending was not an option. Milly had booked a female taxi driver to take her to her ESA tribunal, which was a significant distance from where she lived and was difficult to access by walking or public transport. When the taxi arrived, it was a male driver. She decided, despite being frightened, that she would have to go because if she did not, she would be "failed anyway, for not turning up". However, the ESA tribunal did not award her ESA and in fact, removed the 6 points she had previously scored in her assessment. Milly felt that by getting in the taxi with the male driver, much of her evidence about claustrophobia, agoraphobia, fear of travelling, and fear of men had been undermined in the eyes of the tribunal. Similarly, Sarah described a personal capability assessment where she had requested a female assessor but when she arrived, none were available:

> He [assessor] turned round and went, 'oh, that can't be true, if you had PTSD from being raped you wouldn't have let me assess you, because you wouldn't be alone in a room with a man', and I was like 'yeah, but you're going to stop my benefits'. *Sarah*

These examples highlight situations where the women are being put in an impossible position. There is no way of them presenting themselves and their stories that will be accepted:

> I think there's like this magic, it is that kind of slightly gaslighting thing, of, you know, there's like a magic point at which you are the right kind of claimant, or the wrong kind of claimant, and if you're too articulate and argumentative, it goes against you, but if you're not articulate enough to say it exactly the right way (…) *it always feels like you've got to unlock this alchemy*, of being just right, it's very Goldilocks, this porridge is too hot, this porridge is too cold. *Sarah*

Furthermore, the data revealed that in many cases, the information recorded in assessment reports was fabricated.[62] Many participants had requested copies of their assessment reports in order to pursue a benefits tribunal.[63] Participants reported that their assessment reports for PIP and ESA were "full of lies" (Maureen); "all of the mental health stuff is just lies. All of it" (Starlight). Alexandra reported that her PIP assessment report had claimed that her hearing and eyesight were both "fine", though she had diagnosed medical issues with both. Anita and Starlight described how their PIP assessment reports had detailed physical examinations which had not taken place. As Anita put it, "the only physical thing was walking in the room", while Starlight commented that in the written account of the physical examination which had supposedly been undertaken during her assessment, the assessor had "taken something from out of a textbook, and laid it in there, it correlates to nothing that she did to me in the room". Similarly, Carrie stated that her PIP assessment report read "as if someone else got tested" and also contained details of a full physical examination which had not taken place – "she never touched me".[64] Libby, Maureen and Carrie also commented on how descriptions of physical appearance could be used to undermine participants' accounts of their illness or disability, with them described by assessors as "well kempt" (Maureen); and "well dressed, tidy and appropriate for the weather. She hadn't noticed the rained on slippers and pyjamas under a short, oversized and undone coat" (Carrie, written submission 1). The women seemingly had little means of redress in the face of assessment reports which contained falsehoods and inaccuracies.

A social security system which assumes claimants to be dishonest, for example as described by Sarah above – "'that can't be true, if you had PTSD from being raped you wouldn't have let me assess you" – while at the same time seemingly breeding deception itself, as related in the previous paragraph, is engaged in

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[62] This had been widely recognised as an issue and several disability activist organisations, for example, WoW; Disabled People Against Cuts; and Disability News Service, have campaigned around it.

[63] We will explore in full in the section which follows Starlight's description of the impact of receiving an assessment report which bore no resemblance to her circumstances.

[64] Carrie, written submission 1

enacting cultural and structural violence. Government and institutional rhetoric casting benefit claimants as fraudulent is both used to ignore, dismiss, and belittle them in the interactions involved in an assessment processes (which has harmful consequences in itself), and to inform and legitimise social security policies which make it increasingly difficult for them to access the resources that they need to live a minimally decent life, thus causing further, significant, and avoidable, harms.

The final section of this chapter will explore the links between invalidation, triggers, and retraumatisation.

7.7 Invalidation and the potential for (re)traumatisation

> Imagine, if you go to trial or anything like that, if you're in the middle of it, the last thing you want to do is go and see somebody [regarding a benefit claim], and say well, actually, this happened to me, and for them to be like (…) really? *Jaycee*

For women who have experienced rape and sexual abuse, having their experiences minimised and disbelieved could be experienced as traumatic and violating. Milly described a medical assessment for ESA as "an assassination on your character, because you know, you're not being believed, and you feel very emotional about it, you wouldn't keep reapplying if you didn't feel that you had problems". In fact, as several participants attested, being disbelieved by the social security system was a trigger for PTSD symptoms:

> I have yesterday been diagnosed with a renewed diagnosis of Current PTSD following triggers of not being believed, not being listened to, by feeling entrapped and mistreated. Of being accused of lying and faking issues, of fabricating symptoms. *Carrie, written submission 2*

> your experience at the job centre is triggering those feelings of 'I have to prove myself, I have to prove that I'm worthy of somebody's time, and that what I'm saying is true […] constantly feeling like, like you're not believed, and what you're doing is somehow, like you're the one who's doing something wrong. *Rose*, *interview 2*

> For somebody that suffers from anxiety, and depression, and the things that have happened to me that have led to the PTSD (…) to sit there, and

> be questioned, you know, it's really hard, for them to say 'you're actually fine, there's nothing wrong with you'. *Jenny*

Maureen described how having to 'relive' her traumatic experience by writing about it in her benefit claim form triggered her PTSD. Starlight spoke at length about the impact which the PIP assessment report, sent to her when she filed an appeal, had on her mental health. She described how the report had denied that any of her conditions affected her:

> She said that there was nothing wrong with me. That I'm not ill. That there was no evidence of any kind. She didn't talk about anything that I talked about as far as my disorder.[65] There's nothing about being a survivor, there's nothing about the physical damage that was done to my body [tearful] as a child. There's none of it.
>
> I've gone and told my story, which I don't want to tell these people, and then they write another story about me (...)
> *Starlight*

The report failed to acknowledge both her experiences of childhood sexual abuse, and the many complex physical and mental health consequences which Starlight lives with daily. For Starlight, reading the assessor's report was (re)traumatising. It led to a severe decline in her mental health, and a feeling of being returned to her abusive childhood:

> [Whispering] You can imagine what reading that was like.[66] I really went under completely, for about a month.
>
> It's just like being a child again.
>
> *Starlight*

For participants, then, different actors and processes within the social security system often went further than a simple failure to acknowledge or understand

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[65] Dissociative Identity Disorder

[66] It is difficult to capture merely using quotation how traumatising this experience was for Starlight. In order to access the memory about reading the PIP assessment report she had to do a consensual switch to another 'alter', that is, a dissociated and distinct aspect of her identity created to protect the 'self' from trauma and traumatic memories (for a full discussion of DID and its 'symptoms', see Van der Kolk, 2014, Chapter 17). Listening to her recount it and witnessing her distress was very painful.

their illnesses or to take them seriously, towards outright rejection, denial, and false reporting of their conditions. This was (re)traumatising. Women were continually placed in situations by the social security system which presented significant risks to their mental and physical health, with little prospect of gain. Indeed, these interactions are underpinned by an ever-present threat of (further) loss of resources. The social security system, then, is causing psychological and emotional harm to a group of marginalised women whom it is meant to support, meanwhile retaining the ability to remove their access to the income necessary to meet minimal standards of living in the society to which they belong. In other words, it is involved in inflicting significant avoidable harm, and so, according to the definitions laid out in Chapter 3, is perpetrating cultural and structural violence.

7.8 Conclusion

This chapter has explored processes of invalidation inherent within the social security system: how the women's experiential knowledge and their accounts of themselves, their lives, and their illnesses were minimised, disbelieved, and dismissed as a matter of course. Having their experiences invalidated by the social security system was bound up with the invalidation which women were subject to when disclosing their experiences of rape and sexual abuse and compounded their subjection to what Fricker (2007) has termed 'epistemic injustice'. The concrete harms of invalidation are multifaceted: exposure to persistent invalidation has been linked to the development of depression, eating disorders, borderline personality disorder and complex PTSD, alcohol and drug abuse, self-harm, and acute psychological distress (Salter, 2012, p. 5). In their discussion of maltreatment of women with disabilities, Hassouneh-Phillips et al. (2005) conclude that through invalidation, women's "decision-making ability, knowledge about their bodies, humanity, and their right to remain free from harm were ignored and violated" (p. 47). Invalidation, then, constitutes an assault on basic human needs, and denies the participants access to a minimally decent life (Miller, 2007).

Crucially, as this chapter has demonstrated, and as Sarah articulated, the invalidation of the women's experiences, knowledge, and accounts of themselves could also lead to the invalidation of their very ‘being’. It is perhaps in the invalidation of their experiences, and therefore their identities, that the decisions, actions, practices, and processes of the social security system most closely mirror the women’s experiences of rape and sexual abuse. In the concluding chapter, we will draw together the main findings and contributions of this thesis; turn our attention to the participants’ position at the epicentre of the ‘violence triangle’; revisit the analytical framework and its utility; and consider whether it is possible to ascribe the label of direct violence to some of the actions of the social security system and agents within it.

8. Conclusion: Women at the Epicentre of the Violence Triangle

8.1 Introduction

This thesis has explored the impact of current social security policy, practice, and implementation on women living in England and Wales who have experienced rape and/or sexual abuse. The use of an inclusive, triangular conceptualisation of violence has provided an enhanced knowledge of the experiences of the social security system for these victim/survivors of rape and sexual abuse, and a new way to understand the harmful consequences associated with social security benefit claiming and receipt for this group of women. The participants in this study can be seen as occupying the epicentre of the 'violence triangle'. They are subject to all three forms of violence: direct violence through their experiences of rape, sexual *and* domestic abuse; and cultural and structural violence, both as a result of social security policies which cause material harm, such as financial deprivation, and through the acts and processes of misrecognition and invalidation which are embedded in, produced, and reproduced by the social security system.

The broad objective of this thesis was to explore, understand and analyse the impact of the contemporary social security system on women living in England and Wales who have experienced rape and sexual abuse. The thesis aimed to build a picture of the women's experiences at the epicentre of the 'violence triangle'. At the outset of this thesis, the main research objectives were outlined as follows:

- to use an inclusive conceptualisation of violence to explore the experiences of the social security system amongst women victims/survivors of rape and sexual abuse;
- by using the concepts of structural and cultural violence, to take an approach which focuses on the systemic constraints which shape the daily lives of women victims/survivors;
- to explore how being a victim/survivor of sexual violence influences women's experiences of the social security system;
- to challenge narrow, individualised accounts of poverty or 'welfare dependency' which, through design or coincidence, blame the 'victim'.

In order to address these objectives, these research questions were posed:

RQ1: How does claiming social security benefits during a time of austerity impact on women who have experienced rape and sexual abuse?

- What are the material impacts?
- What are the emotional and psychological impacts?

RQ2: How does increased conditionality (including tighter eligibility) impact on women's experiences the social security system?

RQ3: How do the processes associated with claiming (or attempting to claim) incapacity and disability benefits impact on women who have experienced rape and sexual abuse?

RQ4: To what extent and in what ways might the social security system compound marginalisation?

The sections which follow will demonstrate how these objectives have been met, and how the research questions have been addressed. *Firstly,* by summarising the research findings, *secondly,* by focusing on a dominant cross-cutting theme that constitutes a key overarching conclusion from this thesis: namely that there are parallels between women's experiences of rape, sexual abuse and domestic violence, and their experiences of the social security system, and *thirdly*, by revisiting the analytical framework and considering its implications for understanding the experiences of the women 'at the epicentre of the violence triangle'. Following this discussion, the original contributions to knowledge will be reasserted to the reader. Finally, implications for policy and practice, limitations, and potential avenues for further research will be outlined.

8.2 Research findings

This thesis has explored life on social security for women victims/survivors of rape and sexual abuse, foregrounding their own words and accounts of their day-to day-lives. The findings chapters have exemplified what Farmer calls "the brutality in taken-for-granted arrangements" (2004, p. 321), and how narratives legitimising such brutal arrangements can cause harm - both directly, in creating psychological harm, and as a result of the power of such discourse to justify policies which cause further harm. In Chapter 5, we saw how material deprivation was an everyday feature of life on social security in a time of austerity, and the injurious health impacts of this chronic poverty and insecurity. The chapter also demonstrated the ways in which the social security system, and in particular increased conditionality, including ever-stricter eligibility criteria, harmed participants by denying the ability to access or maintain the conditions necessary for a minimally decent life in our society (Miller, 2007). The central finding of Chapter 5 was that the social security system, beyond failing to provide the women with a modicum of security and therefore, space and time for recovery, in fact actively exacerbated their mental and physical health conditions. The system, then, moved them *further* from recovery, and for those who hoped to be able to find paid work again in future, it also moved them further from this goal. Chapters 6 and 7 focused on two significant themes identified in the data, representing two further key findings from the research, which were that the social security system played an active role in *misrecognising* and *invalidating* the participants, and that as a result of these manifestations of cultural and structural violence, the women experienced significant harm.

Thus, exploring women’s experiences of misrecognition at the hands of the social security system (in Chapter 6), we find that the system was both *based on* and *involved in* producing and reproducing cultural patterns which systematically denigrated the participants by misrepresenting and stigmatising their identities, decisions, and actions. It was also suggested that contributive (in)justice (Sayer, 2011) was linked to (mis)recognition, in that the women’s contributions to society were devalued, undermined, and often frustrated by policies which failed to understand their capabilities and needs, or, what they *wanted*, were *able*, and were *expected* to contribute (ibid.). Relatedly, in women's experiences of invalidation (Chapter 7), we saw how culturally violent narratives, employed by the government to great effect, have created and perpetuated the myth that the majority of benefit claimants are dishonest. Rape culture and misogynistic discourses also perpetuate the notion that women lie about sexual violence. On these bases, then, the women can be denied epistemic justice (Fricker, 2007), as we saw when the women described having their accounts of themselves, and their experiences, minimised, disbelieved, and dismissed in their interactions with the social security system. These narratives are also used to inform and legitimise structurally violent policies: ones which start with disbelief and often end in the refusal or withdrawal of the resources necessary for the women to sustain themselves in a minimally decent life. The social security system as an institution is arguably *designed* to invalidate people's experiences and their personal narratives as a matter of course, in order to deny their entitlement to support.

Throughout this thesis, then, we have looked at how the social security system *fails* to provide, value, or recognise, or how it *denies*, *neglects,* or *negates* women's worth, their contributions, their accounts of themselves and their lives - with devastating consequences. This brings us to a critical overarching theme to emerge from the study which represents a key conclusion: that the failings of the system go further than denial, negation, or neglect. In fact, the social security system in England and Wales can be seen to be implementing decisions, practices, and processes which *parallel women's experiences of rape, sexual abuse, and domestic violence.* The section which follows will address these parallels. Subsequently, we will return to the concept of the violence triangle and consider the utility of the analytical framework laid out in Chapter 3 for understanding the participant's experiences of the social security system.

8.3 "Like having a perpetrator on your back": parallels between experiences of abuse and interactions with the social security system

> It's like being with an abusive partner because you daredn't do anything, you daredn't enjoy yourself, you daredn't have a life. *Alexandra*

Throughout the women's experiences ran a common thread which took on increasing significance during the course of this research, that is, the marked parallels between women's experiences of rape and sexual abuse, and their experiences of the social security system. Not only was this identified in the data but, more importantly, six women also explicitly referenced these similarities.

It is in extracts where participants talk about control, perhaps, where the parallels between their experiences of abuse and their interactions with the social security system was most striking:

> it causes a lot of anxiety, because it's like your life is in their [DWP] hands. Whether you can eat next week, or next month, is in their hands, then what you gonna do? If they say no, I'm sorry, yeah? Well then, so it's like your life is in their hands, that's how it feels, like they're playing God. *Alexandra*

Alexandra describes the level of control which the DWP exert over her life: they have the power to deprive her of her ability to meet her basic physiological needs. For Starlight, the decision she faced in adult life between eating and heating her flat was one which was bound up with the abuse she had experienced as a child. She described how the social security system, through the reduction and removal of her benefit income, had taken away her ability to control these basic aspects of her day-to-day life:

> I just wear a lot of clothes all the time [...] You know, I'd rather eat, truthfully [...] I can put another jumper on, and if I have to sit in my flat in my coat I can do that, but you know, growing up, with somebody like my background, where stuff around food was used as torture [...] that's part of control in my life, being able to feed myself is one of the things, it's things like that where you just think, you know, *how much control are they going to try to take away from me*? *Starlight*

Through the removal of or severe limitations imposed on choice, the social security system is restricting the level of control that the women are able to exercise over their own lives. This produced a sense of powerlessness which mirrored the women's experiences of abuse. Rose described the process as a "slow death of the soul" whereby "all these choices are being stripped away from you time and time and time again, all these restrictions, and the control, the not being able to choose (...)".[67] Psychological and emotional violence have been cited by many scholars of abuse as equally, if not more, damaging than physical violence (Baldry, 2003; Morgan & Björkert, 2006).

Throughout this thesis, we have seen instances where practices and processes within the social security system create a forced intimacy between claimants and the system, or agents of the system. For example, as highlighted in the previous chapter, the personal information which women were expected to share with the DWP and contracted assessors in order to prove their entitlement to incapacity

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[67] Rose, interview 2

and disability benefits amounted to a significant invasion of privacy. The ways in which women were sometimes forced to disclose this information was also oftentimes experienced as violating, as described by Jenny in Chapter 7. The following extracts from interviews with Libby further demonstrate this:

> he was really thoroughly disgusting, like he kept, it was (...) [Exhales] because like I took in all my evidence, and all my letters, and he obviously already had everything anyway, but he kept repeatedly asking what caused my PTSD, and *kept repeatedly asking for more and more detail about how, about my trauma*, basically, it was like, and, he wouldn't let my support worker [...] talk for me at all, even though I was like clearly really distressed by having to say any of it, he wouldn't accept the fact that like, cause it got to the point where I was so anxious that I couldn't speak, and I just pointed at the paper in front of him, that like, had all the detail on, like it had a brutal history, of like, my experiences on it anyway, and *he kept pushing, and pushing, and pushing*, and then eventually said if I wasn't going to talk, and wasn't going to cooperate, then the meeting was over and I wouldn't get the ESA, *so I had to say it all*. And it was like (...) I really got the feeling that he was basically just getting off on it. *Libby*

> for weeks afterwards I was in such a bad place, I self-harmed really badly, I ended up in hospital, because I had self-harmed so badly, I (...) I like, I was just really, really triggered by it, like, it did feel, it did feel like he was getting off on it, which just made me feel even more vulnerable, and *violated*. *Libby*

In our second interview, I asked Libby whether she had experienced this assessment as traumatic because of the details of trauma that she was forced to disclose to prove her benefit entitlement, or whether she found the behaviour of the assessor traumatic in itself:

> Beth: it the experience of having to say, having to talk about stuff, talk about your trauma, or is it the actual behaviour of the man –

> Libby: I think it's both, yeah, I think it is, I think it is both, it is both, because talking about it, especially at that point, was really incredibly difficult for me, I was really struggling with that even in my actual therapy, *but it was, it was mostly the behaviour, like because, it is just incredibly violating* [...] he felt very close to me, he was leaning across the table [...] the language, and the leaning forward, and *the questions he was insisting on asking.*

Libby, then, specifically identifies this assessment as a traumatic experience. Can we ascribe the label of direct violence to the actions of this assessor, not knowing his intention and whether or not he grasped the harm he was inflicting? To return to the observation made by Bulhan (1985), many actions that cause harm may not be intentional, but the consequences are no less destructive. In emphasising intent, we risk elevating the perspective of the perpetrator over that of the victim (ibid.). The assessment described by Libby above was experienced by her as "violating". It seems clear that in these assessments, there is an obvious and formalised power imbalance in which the women had far less power than those deciding whether they were eligible to claim incapacity or disability benefits. In a situation where there is a significant power differential, and one party is using their power to elicit deeply personal and traumatic information from the other, and their demands are backed up by threats to withhold the resources necessary to survive, a clear comparison to coercive control (deemed by the government to be a form of domestic violence) can be drawn.

Most importantly, several of the women in this study explicitly characterised their relationship with the social security system as abusive:

> It's *like having a perpetrator on your back*, because, even though they're not here physically, punching your head in, or doing it, it's like there are silent perpetrator, not silent, because they let you know when they're there, but yeah, control over your money, and like *emotional, mental, psychological* abuse. *Alexandra*

> part of the reason it's so stressful, is that it's paralleling things that you've had to do before, so it's, what do they want from me, and how do I do that? And it's constantly about what somebody else wants from you, and it's constantly about monitoring the mood and the needs of somebody else, and the unpredictability of it [...] that's one of the most anxiety inducing things, like the pressure to be constantly watching out for the changes in somebody else's emotions, and somebody else's moods, and what they need and what they want, to try to keep yourself safe (...) and never thinking about what you actually want and need, because you can't, because you're spending too much time and energy thinking about what it is that they need. And *it's exhausting, and you still might end up getting, you know, being punished for something*, and that's kind of the thing that I mean, you know when I'm talking about [...] what they're saying I can and can't do, and thinking, you know this is not what I agreed to*, I didn't have any choice in this, at all. Rose*

These quotes echo the writing of Johnnie Tillmon, former leader of the National Welfare Rights Organization, in her essay, 'Welfare is a Women's Issue', which was originally published in Ms Magazine in 1972. In this article she draws attention to how living on 'welfare' in the USA, and being subject to constant scrutiny and control by the state, mimics the patterns of an abusive relationship (Kandaswamy, 2010, p. 253):

> The man, the welfare system, controls your money. He tells you what to buy, what not to buy, where to buy it, and how much things cost…The man can break into your house any time he wants to and poke into your things. You've got no right to protest. You've got no right to privacy when you go on welfare.

The level of control which the social security system exerted over the lives of the women, and the continual, humiliating invasions of privacy to which they were subjected demonstrably caused sustained and significant harm to their mental and physical health.

Further illustrating the characterisation of interactions with the social security system as analogous to experiences of abuse, are the words and phrases used by the women themselves to describe these experiences, as related in earlier chapters:

> You just feel like you're losing a battle before you've even started, or you're in a battle and *you've got no weapons*. *Anita*

> I was afraid that it would just be another, like, *run through the same gauntlets*.[68] *Eliza*

> It's like being put into, I don't know it's like being put into some kind of live action game, and nobody has told you the rules. *Rose*

> this whole thing, *the battle of the benefits*. *Starlight*

The phrasing used above evokes a picture of a violent, combative situation, for which the women were ill-prepared. Given that they were trying to access support

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[68] 'To run the gauntlet' means to "go through an intimidating or dangerous crowd, place, or experience in order to reach a goal" (Siefring, 2005, p.121). The phrase "alludes to the former military practice of punishing a wrongdoer by forcing him to run between two lines of men armed with sticks, who beat him as he passed" (ibid.).

from a government department which is mandated to provide help for its citizens, it is unsurprising that they did not (at least initially) feel the need to 'arm themselves'.

In exploring the parallels between the women's experiences of abuse, and their experiences of the social security system, the preceding paragraphs have raised the question of whether the social security system is implementing policies which are not only culturally and structurally violent, but *directly* violent; not just retraumatising, but traumatising in and of themselves. Is it possible that the patterns described above are not simply 'mimicking' the patterns of an abusive relationship, but that they actually *are* an abusive relationship?

The Statutory Guidance Framework on Controlling or Coercive Behaviour in an Intimate or Family Relationship (Home Office, 2015) provides a list of types of behaviour associated with coercion or control, which may form part of the psychological, emotional and financial aspects of domestic violence and abuse (with physical and sexual abuse comprising the other two components). These include, but are not limited to,

- isolating a person from their friends and family
- depriving them of their basic needs
- monitoring their time
- monitoring a person via online communication tools or using spyware
- taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep
- depriving them of access to support services, such as specialist support or medical services
- repeatedly putting them down such as telling them they are worthless
- enforcing rules and activity which humiliate, degrade, or dehumanise the victim
- financial abuse including control of finances, such as only allowing a person a punitive allowance

- threats to reveal or publish private information (e.g. threatening to 'out' someone).
- preventing a person from having access to transport or from working.

(Home Office, 2015, p. 4)

The reader may accuse me of sophistry. Clearly, these examples pertain to behaviours within the context of an intimate relationship which can be labelled as controlling or coercive, and not to instances outside of that context. Monitoring someone's time, monitoring via online communication, controlling what someone wears, and where they can go are all aspects of many roles which would not be seen as coercive or controlling in the context of paid work or schooling, for example: employees and pupils are generally expected to keep certain work or school hours; many are required to wear uniform, and expected to work or study only in certain offices, rooms, or classrooms. Nevertheless, it is now accepted in English and Welsh law[69] that these behaviours, taken together, can constitute a form of violence when they manifest in an intimate relationship.

The women in this research have a relationship with the social security system, one which was often sustained over years or decades, and, as cited above, several women in this research made explicit links between their treatment at the hands of their abuser(s) and their relationship with the social security system and agents within it. Women's experiences with the social security system were often *comparable* to their prior experiences of abuse, the feelings invoked, and the harmful consequences were striking in their similarities. If these characteristics of coercive control and abuse were present in the women's relationship and interactions with the social security system, then, is it possible that the social security system was engaged not only in enacting policies which were structurally and culturally violent, but *directly* violent? The situation depicted above where Libby describes an assessment which she attended as "violating" might be seen as an instance in which a benefit claimant was subject to psychological, *direct*, violence by an agent of the social security system. However, it is not only in such instances that direct violence might be identified. The relationship which the

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[69] See Chapter 3, fn. 6 for a brief explanation of differing laws in Scotland and Northern Ireland

women had with the social security system as a whole, as described throughout this thesis, can, perhaps, be seen to epitomise the characteristics of an abusive relationship as detailed above in the government guidance.

In the next section we revisit the analytical framework, consider the implications for the women 'at the epicentre of the violence triangle', and consider its utility for understanding the experiences of women victims/survivors of the social security system.

8.4 Structural, cultural, and direct violence: women at the epicentre of the violence triangle

> If a society places less value on a group by restricting its members' access to resources and abilities to fulfil needs, then the message sent is that the group in question is inferior. The implication is that harm done to this group, whether it be intentional or not, is less of an overall loss for society, as this group is not particularly valued anyway. This may contribute to a perception that those who cause harm to the group by way of direct violence will not be as severely penalized as will those who cause harm to a more valued group. Structural violence also justifies, to a certain degree, the commission of acts of direct violence against members of a publicly undervalued group. (Eldridge & Johnson, 2011, p. 387)

In their essay on structural violence, poverty, and social suffering, Rylko-Bauer & Farmer (2016, p. 54) also suggest that "social tolerance of "everyday" structural violence, and the humiliation that accompanies it, sets the stage for normalization of more overt and visible forms" of violence, such as direct personal or collective forms of physical violence. The women who participated in this research were subject to all three forms of violence in the 'violence triangle' - cultural, structural, and direct violence. They often faced these three types of violence simultaneously, and, as this thesis has demonstrated, much of the time at the hands of the social security system. The violence enacted against them by the state compounded and in some ways paralleled their previous experiences of violence. Significantly, this violence was often accompanied and legitimised by the cultural violence which they experienced at the hands of other actors, for example, rape myths in the mainstream media, or patriarchal attitudes in the medical profession. They can be seen, then, as occupying the 'epicentre' of the violence triangle:

> Violence can start at any corner in the direct-structural-cultural violence triangle and is easily transmitted to the other corners. With the violent structure institutionalized and the violent culture internalized, direct violence also tends to become institutionalized (Galtung, 1990, p. 302)

Cultural violence is often harmful in its own right, through the psychological and emotional impacts it inflicts on those subjected to it. The women in this research experienced cultural violence in many different ways as a result of their belonging to overlapping marginalised social groupings such as those of 'benefit claimant', rape or abuse 'victim', women with (often poorly understood) mental and physical health problems, and for some, as working-class women. Even without the legitimising power of cultural violence, its ability to harm remains potent. However, intersecting and compounding this harmful potential is the powerful justifications which cultural violence can provide for structural violence, for example, by legitimating the withholding of adequate financial support, because this group of women have been constituted as other, inferior, lying, 'less than', and undeserving.

Moreover, the women's subjection to cultural and structural violence compounds their experiences of direct violence, by blaming them for their victimisation, minimising or dismissing their experiences, and in many cases retraumatising them through the lack of knowledge (and perhaps, wilful ignorance) in the social security system and of actors within in about the impacts of rape and sexual abuse. Not only that, but structural violence can prevent them from protecting themselves from direct violence, both by withholding the resources necessary for them to minimise their risk from an abuser (as related by Libby and Milly, for example), and by denying them a level of income which would provide them with the ability to take steps to support their recovery. This, as discussed in Chapter 2, is exacerbated in a climate where funding for women's organisations which provide specialist support to victims/survivors free of charge has been dramatically reduced at a time of increasing demand and increasing difficulty in accessing statutory services, which are also facing funding crises (Howard, 2019,

p. 13). Cultural violence, such as the denigration and disbelief of benefit claimants, also contributes to direct violence, as seen in the rising rates of hate crime against people with disabilities, with the Press Association reporting in October 2019 that there was a 41% rise in disability hate crimes involving violence between 2018-19.[70] This is exemplified by Esther's experience, described in Chapter 5, where she relates being punched in the chest by a stranger in public who declared "I hate fucking crips". Finally, the women's experiences of direct violence also put them at higher risk of experiencing structural and cultural violence, as the mental and physical health impacts of rape, sexual abuse and domestic violence deprived them of the ability to self-support. As related in the findings chapters, the impacts of sexual and domestic violence often led to interruptions to the women's educations, their work histories, and thus their current (and potentially, future) income. As a result, they were reliant on social security payments to survive, and with that, were put at the mercy of "technocratic systems and procedures for 'managing' the poor" (Hodgetts et al., 2014, p. 2038), and with it, the cultural and structural violence that this thesis has explored in detail.

The rates of deaths of benefit claimants who have died or taken their own lives shortly after having their income removed or sanctioned is a damning indictment of the social security system.[71] However, focusing solely on deaths obscures a much wider issue. The suffering caused by the social security system is endemic, and one with both violent causes and consequences:

> They are completely decimating anything, for anybody who is struggling, and it feels very deliberate, it feels very much like they do not want us to thrive. *Rose*

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[70] Reported in The Independent, 9th October 2019, available at: https://www.independent.co.uk/news/uk/home-news/disabled-hate-crime-rise-41-cent-last-year-leonard-cheshire-a9148301.html

[71] In August 2015, the Department for Work and Pensions in the UK, after several freedom of information requests, released mortality statistics for Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance. Though these statistics do not show cause of death, and the DWP therefore argue that direct causation cannot be established, 80 people per month died shortly after being declared 'fit for work' (DWP, 2015) Mounting evidence has suggested a direct link between government policy and these deaths (Ryan, 2015).

> It feels like they're killing us off. They just want us out the way and dead. They don't want to deal with us. And it feels, it feels like (…) government euthanasia. *Esther, interview 2*

> I just feel like killing myself, do you know, and he's like 'why?', because I said, I'm sick of every day, going through pain every day, then fighting with the DWP. *Alexandra, interview 2, telephone*

> at least I've got an end to the suffering,[72] do you know what I mean, that's awful, isn't it, god forgive us for saying that, like, but I might get left alone by the DWP, although, no, you're not even guaranteed with cancer getting left alone, are ya? *Maureen*

> I think their position is something that isn't spoken, and that position is 'let them die'. *Starlight*

Through a sustained attack in media and government discourse on the humanity and worth of people who claim out-of-work benefits in England and Wales, then, the structural and psychological abuse of claimants by the social security system has been normalised and legitimised, to the point that women interviewed for this research spoke openly about their fears that the government want them dead.

8.5 Revisiting the analytical framework

In Chapter 3, the analytical framework was set out and the chapter worked towards a definition of cultural and structural violence. Cultural violence was defined as the ideologies, discourse, and narratives which produce and perpetuate cultural bias, stigmatisation, and stereotypes of particular social groups. Structural violence, meanwhile, was defined as the (institutional/administrative/political/economic) actions, decisions, practices, and processes that prevent an individual or social group from meeting their basic and/or psychological needs, denying them access to a minimally decent life, and thus causing avoidable harm.

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[72] At the time of our interview, Maureen was awaiting test results to find out whether she had melanoma, and she was commenting on how she might feel if results confirmed the diagnosis.

The overarching framework was based on Galtung's triad of violence, comprising direct, cultural, and structural violence. However, as discussed in Chapter 3, while the high-level concept of the 'violence triangle' was useful for framing the experiences of this group of participants, the conceptualisation did not lend itself to detailed analysis, particularly in terms of uncovering how they operate through institutional and individual interaction. Moreover, Galtung's definition of structural violence is based on the distance between the 'potential' and the 'actual', which, for this author, divorces the concept of violence too far from harm.

It was suggested in Chapter 3 that the cause and consequence of harm, that is, the *violence* and the *harm* or the *outcome* of that violence, should remain analytically distinct. This is borne out by the findings of this thesis and therefore represents a necessary development, or clarification, of Galtung's concept of structural violence *and* of cultural violence. The multi-faceted causes of the harms experienced by the women in this research mean that if we were to conflate the harm with the violence, it would be increasingly difficult to analyse the contributing factors to these harms.

It was also determined that cultural and structural violence should be treated as theoretically distinct concepts. For the purposes of the analytical framework, it was expedient and necessary to simplify the formulation and to treat these two concepts as analytically distinct, and distinguishable from one another. In the empirical application of these concepts, however, the separation was not so well-defined. The findings from this study suggest that it is difficult to disentangle the complex relationship between cultural and structural violence. Empirically, the processes and acts through which cultural and structural violence are perpetrated cannot be neatly separated from each other. One way of understanding it, in this case, might be that the structural violence is seen in the policy, whereas the cultural violence is seen in the implementation, or delivery, of the policy. But the policy cannot be neatly separated from its implementation or the way it is delivered. Instead, then, can it be ascertained whether misrecognition and invalidation are forms of structural or cultural violence? Cultural violence is usually described as the legitimising force, which justifies structural and direct violence. Both misrecognition and invalidation, in the context of this thesis, might be seen as forms of cultural violence, they denigrate and disbelieve certain individuals and social groups on the basis of their identities, with the result that support for these groups can, ostensibly, be legitimately denied (structural violence), or so that physical and psychological violence against these groups is taken less seriously or given tacit approval (direct violence).

Both misrecognition and invalidation, however, can also be institutionalised, and manifest in structural processes. For example, as highlighted in Chapter 6, social security policies which are based on the premise that many (or most) benefit claimants choose not to work might be an example of misrecognition being written into policy, that is, a form of structural violence. In the case of invalidation, as argued earlier, policies and procedures are seemingly designed with disbelief in mind, and this would be an example of invalidation which is *built into the structure* of the social security system, that is, also a form of structural violence. Highlighting the unclear boundaries between structural and cultural violence, and they ways in which they interact and overlap with each other, represents a key insight which helps us to better understand the operation of the 'violence triangle'.

The complexities of demarcating the blurred lines between different forms of violence notwithstanding, it is clear that the 'violence triangle' has indeed provided a useful broad analytical framework for better understanding the experiences of women victims/survivors of sexual violence and has given important insight into the women's experiences at the 'epicentre' of the violence triangle. Through using and developing the concepts of structural and cultural violence, this thesis has been able to throw light on the systemic constraints which shaped the daily lives of the women in this research and has demonstrated how victims/survivors of rape and sexual abuse are having significant harm inflicted upon them by the social security system, which plays an active role in compounding their marginalisation. It has also demonstrated, unequivocally, that the victim-blaming narratives around poverty, unemployment and social security receipt do not align with the experiences of the women who participated.

8.6 Contribution to knowledge

The preceding discussion of the main conclusions from the research and the application of the triangular conceptualisation of violence has hopefully evidenced that this thesis makes an important contribution to current knowledge - this section makes explicit that contribution. Specifically:

- It has contributed to the growing scholarship structural violence, austerity, and welfare by providing a comprehensive account of the social security system as a site where structural violence is enacted.
- It has highlighted the critical role of cultural violence in the infliction of harms by the social security system, a role currently neglected by the literature.
- It has contributed to the theoretical development of the concepts of structural and cultural violence, both through the empirical application of these concepts, and, crucially, by identifying the central role which misrecognition and invalidation play in understanding and analysing structural and cultural violence.
- This conceptualisation offers critical social policy new tools to understand the experiences and impacts of the social security system.

The following paragraphs will expand on each of these contributions.

This thesis makes an important contribution to current knowledge by bringing a particular theorisation of people's experiences of the social security system and of strict eligibility and conditionality: that they can be understood within a framework of cultural, structural, and direct violence. As noted in Chapter 3, there is a growing movement within critical social policy to name social security 'austerity' as structural or institutional violence – for example, Cooper and Whyte (2017) described austerity as "a profoundly violent set of policies" (p. 23), while Pring (2017) calls the WCA a "violent and discriminatory" tool (p.51). *Firstly*, this thesis contributes to this emergent field of inquiry by providing a comprehensive account of the social security system as a site where both structural violence is enacted, thereby corroborating, and providing additional evidence to, this small but growing evidence base. *Secondly*, this piece of research has developed this nascent body of literature by highlighting the importance of *cultural* as well as structural violence, a point either entirely absent from or neglected by existing work in this field. For scholars interested in the violence of social security policy, as this thesis has demonstrated, the role of cultural violence should not be ignored. Cultural violence is a critical component of the harms inflicted by the social security system, not only to legitimising structural violence, but creating psychological and emotional harms that are in many ways more profound than any material harm, though, as explored in the findings chapters, they are intertwined. In addition, this thesis has provided depth and detail about the ways in which these forms of violence operate and cause harm.

Thirdly, this thesis has advanced the concepts of structural and cultural violence, both through the empirical application of these concepts to the women's experiences, and, crucially, by bringing in the intermediary concepts of misrecognition and invalidation. This thesis has shown that the processes of misrecognition and invalidation are *central* to understanding structural and cultural violence in the context of the social security system. Misrecognition, or the cultural patterns which systematically denigrated the women by misrepresenting and stigmatising their identities, decisions, and actions, is identified here as part of both cultural and structural violence. It can be enacted both through individual and group interactions, or government discourse (cultural violence), and through policy which is based on these fundamental misrepresentations of marginalised social groups (structural violence). Invalidation, similarly, can happen through discrete interactions between claimants and agents within the social security system (such as in the example related by Alexandra on p. 165), or, it can be part of policy design. Indeed, it is difficult to see how structural and cultural violence can be fully understood in this context without attention to the way in which women are *misrecognised* and *invalidated* by the social security system.

8.7 Implications for policy and practice

This thesis has exposed just how damaging the social security system is for the mental and physical health of the claimants interviewed, and the policy recommendations which might stem from this research are too numerous to cover in detail here. A fundamental shift in the ethos underpinning the contemporary social security system in England and Wales, and one that is reflected in policy and practice, would be necessary to prevent the harms described in the findings of this research from continuing to occur – both to the women interviewed here, and to others.

A system based on 'dignity, fairness and respect', following the vision of the Scottish Government, has the potential to prevent or ameliorate harms arising from interactions between the social security system and benefit claimants. First and foremost, claimants should not be met with distrust and disbelief in their interactions with the social security system. Stigmatising narratives about 'welfare scroungers', engendered and perpetuated by the government, must be replaced with discourses of respect and recognition. In practical terms, such a vision might be operationalised through a lengthy list of changes. The brief recommendations outlined here focus on incapacity and disability benefits, as those are the systems with which the majority of participants were interacting – all except Lucy had experienced at least one assessment for ESA, PIP, or limited capability for work under Universal Credit.

Firstly, ESA and PIP assessments should be undertaken with the claimant only when there is no other feasible way of deciding their entitlement. In the vast majority of cases, a decision should be taken based on existing information, provided by the claimant themselves (in the application form) and by supporting professionals (without charge to the claimant), for example GPs, health specialists, social workers, mental health support workers, counsellors, or therapists. *Secondly*, all assessment staff should have mental health training which is updated regularly, and staff assessing claimants with any mental health issues (whether or not these are the substantive reason for the claim) should have professional qualifications in mental health care as well as the requisite medical and physical health expertise where relevant. Participants also had several incremental recommendations for improving the system which are worth noting, and which were all supported by the wider findings from the study, including:

- Qualified specialists relevant to claimant's health conditions to undertake all WCA and PIP assessments.
- Mandatory audio and video recording of all assessments at no cost to the claimant
- All assessments brought back 'in-house' rather than being undertaken by private profit-driven companies.
- Trauma-informed approaches and substantive mental health training to be mainstreamed throughout the DWP and contracted companies.
- Transparency and proper dissemination of 'limited capability for work' vulnerability exemptions from assessment, and of the domestic violence easement.

These recommendations all assume the continuation of the social security system in a similar formulation to the one in place at the time of writing. However, as Libby commented when she advocated for "total overhaul" of the social security system:

> like even if ATOS are trauma-informed, and you know what, they've probably been informed, on some level, about mental health conditions, but like, there's an agenda, there's an agenda there, and that is to get as many people off of benefits as possible, we do know that agenda is real, and ATOS are paid bonuses for getting people off of benefits, and I don't think a system that is based on that, is based on money, and greed, and profit, is going to work in a way that benefits the community. *Libby, interview 2*

Arguably, the accounts contained within this thesis, and the plethora of evidence available from the wider body of literature around welfare reform as described in Chapters 2 and 5, indicate the need for a somewhat more radical overhaul of the social security system, as advocated above by Libby (indeed, it might be the case that a more radical overhaul of the way we structure our society, economy, political institutions, and labour markets is what is needed to build a system which does not cause harm to marginalised groups – but I digress).

One idea which has seen a broad rise in popularity over recent years is that of the universal basic income (UBI), with increasing attention being paid to the potential of a UBI across mainstream forums (Martinelli, 2017). A UBI is a cash payment to be paid to all citizens, on an individual basis and without means-testing or conditions, or the necessity of prior contributions into any scheme (ibid.). Beyond this, there are many variations in design. Dispensing with the intrusive and complex process of claiming incapacity and disability benefits would certainly guard against the harms of misrecognition and invalidation being perpetrated by the social security system, as described in the preceding findings chapters. However, this would only happen under a 'full' UBI scheme, where all benefits were replaced, rather than supplemented by, the UBI payment (De Wispelaere, 2016), and such schemes - if not paid at a high enough level - risk placing disadvantaged groups in deeper poverty than before (Martinelli, 2017). In the current political climate, it seems unlikely that the significant necessary changes (for example, a restructuring to a progressive system of taxation) to fund a UBI that would be both sustainable and sufficient to lift and keep people out of poverty. Nevertheless, following the eventual conclusion of the COVID-19 pandemic, there is tentative hope from some quarters that the public attitudes towards welfare spending might soften. However, whether this translates into political will to advocate for a better-funded and more comprehensive social 'safety net' is yet to be seen (Hudson, Lunt & Patrick, 2020).

8.8 Limitations and avenues for further research

This thesis has focused on the experiences of a group of women who have been subject to rape and/or sexual abuse, many as children. If the experiences of women who have been through domestic violence have long been obscured from public view, the experiences of those who have endured sexual abuse, particularly within the family or by people known to them, have arguably been even less visible. In this research, the foregrounding of the experiences of victims/survivors was crucial. However, during the course of the research it became clear that the majority of the women I spoke to had experienced both sexual and domestic violence – sometimes concurrently in one relationship, other times at distinct points in their lives, separately from their experiences of rape and sexual abuse. This begs the question: can we separate out the impacts of these traumas and ascertain whether the social security system impacts differently on those who have experienced domestic violence versus sexual violence? The women interviewed for this study experienced cumulative trauma, the causes of which are hard to disentangle. Nevertheless, a potential avenue for further research would be to address this issue by recruiting a larger sample of women and by more deliberately seeking to involve women with a wide range of experiences of rape, sexual abuse, and domestic violence. It is perhaps a limitation of this study, then, that participants were never asked what forms of rape or sexual abuse they had experienced (though most disclosed this information during interviews), however, as explained in Chapter 4, this was done for ethical reasons. Overall, more work is needed in critical social policy and related areas which focuses specifically on the experiences of those who have experienced rape, sexual abuse, and domestic violence.

A second potential limitation and avenue for further research relates to the accidental bias in the sample towards women who were educated to degree level or higher, the sample being almost entirely white, and the absence of any perspectives from Black British women, as discussed in Chapter 4. The implications of these biases for the findings of the research is difficult to discern without further research to address the imbalance: another potential avenue for future research, then, would be to conduct a larger study and to ensure a more equal balance of participants with a range of ethnicities and educational levels.

8.9 Final thoughts

While we may have had a #MeToo moment, the reality of the long lasting physical and mental health impacts of rape, sexual abuse and domestic violence cannot sustain the fever-pitch of public and political attention necessary to translate it into sustained support and proper funding for victims/survivors. This is glaringly true in the case of the social security system. It seems increasingly difficult to identify any way in which the Department for Work and Pensions is fulfilling its function as part of the 'welfare' state:

> I managed to get myself away from my abuser, and now I'm at the effect of another abuser on a daily basis [...] *Starlight*

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Appendix 1: Gatekeeper Organisation Information Sheets

Sheffield Hallam University | Centre for Regional Economic and Social Research

Gatekeeper Organisation Information Sheet

My name is Beth Speake and I am currently studying for a PhD at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

I am conducting a research project on the following topic: The impact of the welfare benefits system on women victim/survivors of rape and sexual abuse.

The purpose of this qualitative study is to explore how the benefits system and problems with claiming have impacted on women survivors of rape and sexual abuse, looking at material, emotional and mental health impacts. The research has been approved by the Sheffield Hallam University's Ethics Committee, and I have undergone an enhanced DBS check at this institution.

How can you help?

In order to explore the above topic, I am seeking the voluntary participation of women, aged 18+, accessing your service who are also claiming any combination of disability, incapacity or job-seeking benefits. I am hoping to conduct between 1-3 in-depth guided interviews with each participant, which will be recorded and transcribed, using pseudonyms to protect the anonymity of the participants. These interviews would normally last between 60 – 90 minutes, depending on the needs of the participant.

I am happy to discuss any aspect of the research with you in more detail and answer any questions you may have. Please see my contact details below, along with the contact details of my Director of Studies at CRESR.

PhD Researcher Beth Speake Email: beth.speake@student.shu.ac.uk Phone: 07929 982 621	Director of Studies Dr Kesia Reeve E-mail k.reeve@shu.ac.uk Phone 0114 225 4519

Sheffield Hallam University | Centre for Regional Economic and Social Research

Gatekeeper Organisation Information Sheet: Counsellors

My name is Beth Speake and I am currently studying for a PhD at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

I am conducting a research project on the following topic: The impact of the welfare benefits system on women victim/survivors of rape and sexual abuse.

The purpose of this qualitative study is to explore how the benefits system and problems with claiming have impacted on women survivors of rape and sexual abuse, looking at material, emotional and mental health impacts. The research has been approved by the Sheffield Hallam University's Ethics Committee, and I have undergone an enhanced DBS check at this institution.

Research plan and recruitment

In order to explore the above topic, I am seeking the voluntary participation of women, aged 18+, accessing your service who are also claiming any combination of disability, incapacity or job-seeking benefits. I am hoping to conduct between 1-3 in-depth guided interviews with each participant, which will be recorded and transcribed, using pseudonyms to protect the anonymity of the participants. These interviews would normally last between 60 – 90 minutes, depending on the needs of the participant.

In order to recruit participants to the project, I would ask that you hand out the attached poster to your clients at the end of one of your counselling sessions. If they are full-time employed and have had a steady work history over the past 3 years, this is unlikely to affect them. However anybody who is unemployed, employed part-time or cycling through low-paid jobs may be eligible to participate. Please hand out the posters to as many clients as you think could possibly have been affected. I plan to be present at [organisation] as much as possible during the initial recruitment phase so that the clients can come straight to me with any questions, interest etc. and so that there is no added paperwork for counsellors.

If you have any questions or comments please get in touch, we can arrange a meeting at [organisation] if convenient or speak by phone or email.

PhD Researcher	Director of Studies
Beth Speake	Dr Kesia Reeve
Email: beth.speake@student.shu.ac.uk	E-mail k.reeve@shu.ac.uk
Phone: 07929 982 621	Phone 0114 225 4519

Appendix 2: Recruitment Flyer

Have you claimed ESA, JSA, UC or PIP?

Have you had any problems with your benefit claim in the last 5 years?

If so, I would warmly welcome the chance to speak to you about your experiences as a part of my research project.

What is the project about?

The research project looks at how problems with ESA, JSA, Universal Credit and PIP (or DLA) have affected women survivors of abuse (women aged 18+). The purpose of the project is to highlight their experiences, and show the

What will happen if I take part?

We will arrange between 1 - 3 interviews to talk about your experiences of claiming benefits. You and me (Beth) will be the only people in the interviews, and everything you say will be strictly confidential. They won't be like a formal interview - more like a conversation.

What are the benefits of the research?

You will be able to talk about your experiences and opinions of claiming benefits and how this might have affected you.

You will receive a **£15 high-street voucher** as a thank you for your time and contribution when we have finished our interviews.

Who is doing the research?

My name is Beth Speake and I am a PhD student based in the Centre for Regional Economic and Social Research at Sheffield Hallam University.

Want to know more?

If you want to ask questions about the research or would like to take part, you can text or call me (Beth) on 07525130431, so we can arrange a time to meet.
You can also email me at beth.speake@student.shu.ac.uk

Sheffield Hallam University | Centre for Regional Economic and Social Research

Appendix 3: Disabled Survivors Unite Blog Post

Reproduced from:
https://disabledsurvivorsunite.org.uk/index.php/2018/01/25/research-project-impact-benefits-system-survivors/

Research Project: The Impact of the Benefits System on Survivors

Posted on 25 JANUARY, 2018 by ALICE KIRBY

Would you like take part in research about how the benefits system affects women survivors of sexual violence?

Beth Speake is conducting this research to look at how survivors are treated and the impact the benefits system has on their lives.

What is the research about?

The research project looks at how problems with ESA, JSA, Universal Credit and PIP (or DLA) have affected women survivors of sexual violence.

The purpose of the project is to highlight their experiences, and show the need for policies which are fairer for people claiming benefits.

Who can take part?

Self-identifying women who have experience of the benefits system since 2012 and are survivors sexual violence (rape and sexual abuse) are invited to take part.

You must be over 18-years-old and be living in the UK.

Who is doing the research?

Beth Speake is a PhD student based in the Centre for Regional Economic and Social Research at Sheffield Hallam University.

What will happen if I take part?

Participants will have between 1 and 3 interviews to talk about their experiences of claiming benefits. Participants and Beth will be the only people in the interviews, and everything said will be strictly confidential.

The interviews will be more like conversations than formal interviews.

What are the benefits of the research?

Participants will be able to talk about their experiences and opinions of claiming benefits and how this might have affected them.

It is hoped that the project will show the need to change benefits policy so that it is fairer.

Participants will also receive a £15 high-street voucher as a thank you for their time and contribution when the interviews have finished.

Want to know more?

If you want to ask questions about the research or would like to take part, you can text or call Beth on 07525130431.

You can also email: beth.speake@student.shu.ac.uk

Appendix 4: Participant Information Sheet

Participant Information Sheet

My name is Beth Speake and I am currently doing a research project as part of my PhD at the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

What is the research project about?

The aim of the research project is to look at how problems with benefit claims (ESA, JSA, Universal Credit or PIP/DLA) have impacted on women who have experienced sexual abuse. It will also look at the ways that problems with claiming benefits and being sanctioned might increase issues of vulnerability. The purpose of the project is to highlight women's experiences, and to challenge negative ideas about why people claim benefits and why they might have issues with meeting the requirements placed on them. It will also focus on why people might end up having their benefits sanctioned (stopped). It is hoped that the project will show the need to change benefits policy so that it is fairer for people claiming benefits.

What does the research involve?

Taking part in the project will involve:

- Meeting up with me for a first interview to tell me a bit about yourself and your benefit claim
- Coming to another interview to talk about your experiences of the benefit system and how these have affected you

As a thank you for your time and contribution, you will receive a £15 gift voucher (after the final interview). You will also be reimbursed for any travel expenses.

Important information for people who take part

If you agree to take part:

- Your details will be stored securely and will be treated as strictly confidential
- Your name and details will be anonymous, so that you cannot be identified by other people
- You can withdraw from the project at any time during the research process. You will still receive your gift voucher.
- The things you say in the interviews will be used in the final PhD book, or 'thesis', and might also be published in books, articles, and presentations.
- You do not have to talk about anything that you don't want to, and you can stop the interview at any time.

- None of the information you share during the interviews will be shared without being anonymised, unless there is a safeguarding issue.
- The research is not connected in any way to the Department for Work and Pensions or JobCentre+ and nothing that you say in our interviews will be shared with them or affect your benefits.

If you want any more information or have any questions, please contact: Beth Speake on 07525 130 431 or email me at: beth.speake@student.shu.ac.uk

Appendix 5: Consent Form

Sheffield Hallam University | Centre for Regional Economic and Social Research

The impact of the benefit system on women survivors of sexual abuse

Participant Consent Form

Please answer the following questions by ticking the box that applies

	YES	NO
1. I confirm that I have read and understood the Participant Information Sheet for this project and have had details of the research explained to me.	☐	☐
2. I have had time to consider the information and ask questions, and understand that I can ask further questions at any time.	☐	☐
3. I understand that I am free to withdraw from the project within the time limits outlined in the Participant Information Sheet, without giving a reason for my withdrawal, and that I don't have to talk about anything I don't want to during the project.	☐	☐
4. I am aware that every effort will be made to assure confidentiality and that I will remain anonymous so that I cannot be identified.	☐	☐
5. I agree to the interview being audio-recorded, and know that I can ask for the recording device to be turned off at any time.	☐	☐
6. I understand that my consent is voluntary and that I can withdraw it at any time up to 2 weeks after the final interview, and that this will not affect my receipt of the gift voucher.	☐	☐
7. I agree to take part in the research project as described in the participant information sheet.	☐	☐
8. I am aware that the information I give will be used as part of a PhD thesis, and may be published in the form of a book, articles, or conference presentations or papers, and I give my consent on this basis	☐	☐

Participant's Signature: ______________________________Date: ________

Participant's Name (Printed): ___________________________

Researcher's Signature: ______________________________ Date: ________

Researcher's Name (Printed): ___________________________

Appendix 6: Pen Pictures

‘Lucy’

Lucy is a single woman in her early 30s. At the time of our interview, she was living in a hostel after becoming estranged from her family. Lucy found living in the hostel very stressful. She wanted to be independent and she didn’t enjoy the regulations at the hostel, or the courses that she was mandated to take while living there. Lucy had been working for most of her adult life in various different administrative positions, and had completed her A-Levels, but aspired to go back to university to complete a degree. After she was raped by a colleague in a situation that she described as planned, she was subsequently bullied in her workplace, describing the work environment as “extremely hostile”. She was desperate to get out of that environment but worried about leaving her job, and her request for transfer to another department was refused. Eventually her contract came to an end and was not renewed. After suffering a car accident during the probationary period at a new job, she was not kept on after her period of sick leave, despite appealing this decision. She then made a claim for Universal Credit, as it was the only benefit she knew about. She was not advised about any other benefits even though she was suffering from PTSD and anxiety. She missed one appointment early in the new year and was sanctioned before her UC benefit came into payment, meaning that a deduction was made from her first payment. By this time, she had already been waiting 5 weeks for her payment. As a result, she fell behind with payments for her accommodation at the hostel, and had to use a food bank, which she found embarrassing, especially as she was used to being independent and able to provide for herself.

‘Rose’

Rose is in her late 20s, and at the time of our interviews she was claiming Universal Credit and was going through the process of applying for exemption from meeting the terms of the claimant commitment as a result of ill-health. She later told me that she had not been successful, after waiting nearly 7 months, first for an assessment, and later for the decision. She was living at home with her parents and had started a social enterprise supporting people with mental health issues, which provided her with a positive focus and which she saw as a sustainable way of her spending her time. Rose had completed her degree at a red-brick university, and immediately after she finished, started a full-time job in the city where she studied. After suffering an unexplained collapse at work (the cause of which, 6 years later, remained 'medically unexplained'), she was signed off work for 6 months. When it became clear that she would not be able to return to work, she was forced to move back to her home city and move in with her parents. She then applied for ESA, but was refused, went on to JSA and quickly found a part-time job. During this period, she was in an abusive relationship, and as the abuse escalated towards the end of the relationship and after she ended it, she began having panic attacks at work. She was not able to continue working, and soon after she went back to university to start her MA. Rose was interested in gender politics and gender-based violence, as well as mental health advocacy.

'Jaycee'

Jaycee is a single mother in her late 30s. At the time of our interview, she was claiming ESA and PIP. She lived with her three children. Her oldest son acted as her carer when her mental health was particularly poor, and they were in receipt of Carer's Allowance. She had been in an abusive relationship, with her perpetrator being sentenced to a lengthy jail-term. As a result of the court case, she was harassed and intimidated at her workplace, and was unable to continue working. She also felt unsafe in her house and had moved to a different part of the city. She had been diagnosed with PTSD as a result of the abuse she suffered in her relationship, and 'borderline personality disorder' stemming from trauma when she was a child. Jaycee received support from a voluntary organisation in the city and said that without the support of her keyworker, she doubted she would have been awarded her benefits. She had trouble leaving the house and found filling out forms very difficult due to her dyslexia. She said that the money she received from ESA and PIP made her able to cope – she was able to afford ready meals for her and her children on days she wasn't able to cook, and she could get taxis to appointments when she didn't feel able to take the bus. Jaycee was interested in styling and beauty and had previously worked as a hairdresser. She hoped to return to this one day if she was well enough.

‘Shantelle’

Shantelle is a single woman in her mid-40s, with two grown up children and four grandchildren. She was claiming JSA at the time of our interviews, after being refused for ESA and PIP several times. Most recently, she had not even been invited for an assessment, and had been refused outright on the basis of her application. Shantelle suffered from severe depression and often found it hard to leave the house. She had lost her previous council house as a result of the ‘bedroom tax’ when her son left home and was living on her own in a small flat without a garden. She found this move really detrimental to her mental health, particularly because she missed having outdoor space for her grandchildren to play in. She had also been taken to court over rent arrears on two occasions. A few years earlier, during another claim for JSA, she had been sanctioned for three months after she walked out of a job at a fast-food chain where she was treated badly by colleagues and customers and was very unhappy. As a result of the sanction she had to work in a brothel to make ends meet. Shantelle was actively seeking work despite not being fit for work, and often had to walk to the Jobcentre as she had no bus fare to get there. Shantelle found that music and getting out into the fresh air for walks helped her cope with her depression, as well as the support that she got from her family.

‘Eliza’

Eliza is in her late 20s and living with a long-term partner. At the time of our interview, she had just started a new job and things were going well for her. Eliza had previously started a PhD, but had to quit just before beginning her final year, after her long-standing ME flared up. She had spent four years unable to work due to her ME, and during this time she was refused both PIP and ESA. As she was so ill at the time, she did not pursue an appeal. During this time Eliza managed with the support of her father, who lived abroad, but commented that there was a lot of financial strain during this time.

‘Esther’

Esther is a single woman in her early 50s, and at the time of our interviews she was living with her grown-up daughter, she also has two other children. She had previously lived abroad with an abusive partner, and he had been awarded custody of their young teenage son. At the time of our interviews she was not able to contact her son and wasn’t sure what country he was living in. Esther had been repatriated to the UK as an emergency and was homeless when she arrived back in the UK. She first claimed JSA, and after her health deteriorated she made a claim for ESA. Esther was claiming ESA and PIP at the time of our interviews and had been reassessed several times for both benefits. Esther had recently started using a wheelchair full-time as a result of deteriorating physical health, she also had significant mental health issues, and a neurological disorder which she attributed to her experiences of abuse. Esther was interested in genealogy and quilting, and when she was well enough she worked on these projects at home. She was also active in disability rights groups where she lived.

‘Libby’

Libby is in her early 30s and had recently moved in with her partner. By the time of our second interview, she had started a university course in a nearby city. For several years beforehand, she had been claiming ESA. Libby had experienced abuse during childhood and adolescence, she had then been trafficked and had several spells of homelessness, sometimes sleeping rough or sofa-surfing, as well as periods in foster care. During periods of homelessness and while she was still in an abusive relationship, Libby had managed to continue attending college, when her ex-partner would allow her to go. She had worked as a youth worker and was interested in teaching critical thinking skills to young people. She had started university previously but had to leave the course due to mental ill-health. Libby suffered from what she described as “basically the whole fun package of being a trauma survivor”, including PTSD, Dissociative Identity Disorder, depression, eating disorders and anxiety. At the time of ours interviews, she was living with her partner, who was also at university, and who had been supporting her with her benefit claims. Libby was very interested in politics and was scathing in her assessment of the Conservative and Coalition governments' policies, and the way the social security system worked in general.

'Jenny'

Jenny is a single woman in her late 30s who lived with her three children in a rented house in her home city. She had recently left an abusive marriage when she discovered she was pregnant with her youngest child. At the time of our interviews, Jenny had just returned to work part-time in an early-years setting. As a result, her PIP had been stopped and she was struggling to pay her rent and bills. Jenny had claimed incapacity and disability benefits on and off for many years. After her experiences of sexual abuse as a child, and later her abusive marriage, Jenny felt that she had 'failed' in life, coming from a successful and relatively wealthy family. She was concerned that her children should have a good role-model in her, and for her, this meant going to work. Unfortunately, starting work put her under extreme financial pressure, which worsened her mental health. She also had problems with mobility and needed an operation, but as she was not entitled to any sick-pay, she was putting this off, which meant she was in a significant amount of pain when she had to walk long distances. At the time of our interviews Jenny had just started a new relationship, and she was looking forward to being able to move in with him and go on holiday with the family.

'Sarah'

Sarah is in her late 30s and had been claiming incapacity and disability benefits since the early 2000s due to both physical and mental health issues. In 2011 she applied for DLA (having previously been told she would not be eligible by a local advice centre), and after completing the forms three times and going to tribunal twice, she was awarded it. When she went to tribunal the second time for her DLA, she was migrated from Income Support on to ESA, which she awarded straight away without attending a work capability assessment and was put in the support group. She has been on ESA since without being reassessed, which she attributed to an oversight in the system rather than goodwill. Sarah was diagnosed with ME as a young child and had relapses throughout childhood and adulthood. She began attending university at 22, then transferred to a different institution. In financial difficulty and without any family support, she decided to take a year out to train as a makeup artist. It was during her year out that she was attacked for the first time, by a friend of one of her flatmates. She was then made homeless as a result, sleeping on friends' sofas for around three months before being put into a hostel which turned out to be for parolees. During this time, she received no pastoral care or support from the university and was unable to resume her studies. She suffered from complex PTSD and various other physical and mental health issues. Sarah is writer and blogger and has published two books. She has also worked as a volunteer in a local advice centre, helping others with their benefit claims.

'Faye'

Faye is a single woman in her 30s. She has a first-class honours degree, but has been unable to work for several years due to her experiences of sexual violence. At the time of her written submission, she was claiming DLA, and had recently had her ESA removed following an unsuccessful appeal and tribunal.

'Milly'

Milly is in her early 50s and has two grown up children, at the time of our interview she was living alone in a council flat with her dog. Both her son and her daughter had moved out in recent years, with the result that Milly had been moved twice in two years because of the 'bedroom tax'. Milly was moving in and out of work, and at the time of our conversation she had recently made a claim for universal credit and was waiting for a medical exemption assessment on account of her mental health. Milly had attended university when she was younger and following completion of her degree she had a breakdown. She reported suffering with anxiety and depression ever since. She also had various physical health problems which contributed to her mental ill-health. Milly reported that she was in an emotionally abusive relationship, and that her financial worries were one reason why she did not feel able to end this relationship at the time. She was currently accessing support from a counselling service and a domestic violence advocate.

Milly was a keen gardener and she enjoyed having an outdoor space of her own, which she no longer had as a result of her most recent move to a flat.

'Maureen'

Maureen is in her early 50s, and lives with her partner, daughter, and dog in a house which she owns. Maureen has a degree and postgraduate qualifications in law and worked in welfare rights and legal services until her mental and physical ill-health relating to her attack and to the death of her sister by suicide had prevented her from continuing to work. Maureen was raped and badly beaten in an attack by a stranger. Her perpetrator was not found at the time and her case was closed, however shortly before our interview the police had contacted her to inform her that the case had been reopened. found. At the time of our interviews, Maureen was claiming ESA, and had recently been migrated from DLA on to PIP. She was awaiting the outcome of her PIP assessment. Maureen was actively involved in disability and welfare rights campaigning online.

'Alexandra'

Alexandra is in her late 40s and has two grown up children and several grandchildren. Alexandra was passionate about volunteering and trying to help people in vulnerable situations, such as those experiencing homelessness and domestic violence. She had previously volunteered in numerous community organisations, youth clubs, and support services. She also had a wide range of work experience, such as in waitressing, telesales, as a mortgage adviser, and an exam invigilator. She had started a HND in forensic psychology but had been unable to complete the course as she was in an abusive relationship at the time. Alexandra loved singing and had always wanted to be a singer. She had experienced physical, psychological, and sexual abuse at the hands of her family as a child and had subsequently been in a children's home. She had struggled with various periods of drug addiction and spells of homelessness brought about by abusive relationships. While living in a women's refuge in a new city and struggling with her alcohol addiction, she was still required to attend assessments for ESA, despite the DWP being aware of her situation. At the time of our interviews, Alexandra was claiming ESA and PIP, and had recently had the mobility component of her PIP removed, following an assessment at home in which she had been aiming to get enhanced rate mobility. She estimated that she had been reassessed for PIP and ESA approximately 7 times since 2013. During our second interview which took place by telephone, Alexandra disclosed that her current relationship was also abusive, and she said she was making plans to leave it, but as a result of severe financial strain, this was very difficult to do.

‘Starlight’

Starlight is a woman in her early 60s who lives alone in a housing co-operative flat, where she has been for about 20 years. She was an artist and had a combined degree in art and psychology. She had previously worked in the NHS. In 2008 she lost her job, and at that time she became very ill again. She described her career in the NHS as the thing which gave her purpose and enabled her to stay well, while she was structuring her week around those 45 hours of work. She had been claiming ESA since 2009, and after 6 months she was placed in the support group. In the six months prior to our interview, she had been reassessed for both ESA and PIP, and while she was placed in the support group for ESA again, her PIP had been stopped. She was preparing to go to tribunal, and this occupying the majority of her time when we spoke. Starlight had been subject to physical, sexual and emotional abuse as a child, and as a result was living with numerous physical and mental health issues, including Dissociative Identity Disorder and periods of psychosis which were sometimes brought on when she was unable to sleep for long periods of time.

‘Carrie’

Carrie is a woman in her early 50s, currently living with her youngest daughter in a house which she owns. At the time of her written submission she commented that she did not envisage being able to stay in her house much longer due to financial strain, and reduced support with paying her mortgage. She also has three older children who now live independently. Carrie worked as a nurse until 2000, when her partner’s abuse of her and her children prevented her from continuing to work. After this she was in and out of women's refuges over a number of years and claimed benefits throughout this time, firstly income support, and later ESA and PIP.

'Anita'

Anita is a woman in her early 40s, currently single and living alone in a council property. Anita was sexually abused as a child and was later raped by a boyfriend. She pressed charges against him, but he was not convicted, and as a result she was too afraid to stay in her hometown, and moved to the local area with her mother. Anita achieved a distinction in her BTEC in early-years, and later started university, but was too ill to continue her degree after she suffered a breakdown. She has been on incapacity and disability benefits for over 15 years, initially as a result of a heart condition, and latterly because of her bipolar disorder. In 2015 she was "invited" to apply for PIP in the migration from DLA, and she was awarded no points. She appealed this decision but it was confirmed, and she said she did not have the energy to appeal, and as a result, she was £310 pounds a month worse off. At the time of our interview she was still claiming ESA, and had been placed in the support group, but she worried that this could change in the near future.

Appendix 7: Background Information and Characteristics Sheet

Sheffield Hallam University | Centre for Regional Economic and Social Research

Women survivors and benefit changes PhD Project: background information and characteristics

Initial discussion

Go through participant information sheet (again) in full. Reiterate confidentiality, anonymity and right to withdraw. Remind of limits to confidentiality (in line with gatekeeper organisation safeguarding policy). Stress separation between this information and information collected by gatekeeper organisation during assessment: I am not privy to that information and vice versa – it will not be shared. Go through participant consent form and sign copies. Explain purpose of initial interview – to go through some background information, get a brief sense of their current situation, find out about experience of benefit sanctions or other benefit issues, get to know each other a bit, and set a date for more in-depth interview.

Structure around benefit / work history. Want to get a really good general picture of their benefit and employment history, and what else was going on during that time? Links directly to problems with benefits and sanctions. Need to be clear that we are looking at benefit problems in the context of their wider life and in how other things were working for them around that time and interacting with their work and benefit situation.

Basic information

Name: ____

Chosen pseudonym: ____________________________________

Age/D.O.B: ____

Gender: Female / Transwoman / Prefer not to say

Nationality: ____

Ethnicity: ____

Benefits

Start here? Go through process – draw in employment etc.

Tell me a bit about the process of claiming benefits? Which benefits are you currently claiming?

Can you tell me when the problems started? Did you have trouble claiming in the first place, did it change?

Can you tell me how it was that you came to be sanctioned? Describe what happened?

Was there anything else going on for you at the time?

What were you doing before then, were you working?

I'm interested in understanding a bit about what your personal circumstances were during each of these times?

What was happening then? What was happening before?

Current benefit claim:
____

JSA / ESA (WRAG or Support Group) / PIP (DLA) / Income Support / Universal Credit / Housing Benefit / Child Benefit / Working Tax Credit / Child Tax Credit / Not claiming any benefits

Previous benefit claims:
____

JSA / ESA (WRAG or Support Group) / PIP (DLA) / Income Support / Universal Credit / Housing Benefit / Child Benefit / Working Tax Credit / Child Tax Credit

Most recent benefit sanction if more than 1:
____

Number of benefit sanctions if applicable:
____

Any appeals against benefit sanctions?:
____

Family and household

Can you tell me a little bit about your family circumstances since you left home? Trajectory of everything!

Leaving home?

Little bit of an idea about your family situation?

Can we work through your housing history for the last (however many) years?

What situation were you in when (______) happened – descriptive story?

When did this happen? What was happening before?

Relationship status: ____

Children: ____

Household type: ____

Education and Employment

History, process, past to present, can you tell me a bit about school, any jobs you've had since?

Education level: ____

Current status: in education/employed/unemployed:
____

Health

Can you tell me a little bit about any health problems you've had?

How long have you had this/these issues?

Have they improved/got worse?

Any current / long-term / short-term health issues:

Physical / mobility / mental health / chronic condition

Further details:
____

Any specific learning disabilities?

Further details:
____

Support

Which services within the gatekeeper organisation are you receiving support from currently / which have you accessed in the past? e.g.

Have you had any support with claiming benefits?

Counselling / ISVA / Helpline / Group work / N/A (on waiting list)

Do you receive support from any other organisations?

If yes, further details? _____________________________________

Appendix 8: In-depth Topic Guide

Women survivors and benefit changes and problems: In-depth interview topic guide

Initial discussion

Reiterate confidentiality, anonymity and right to withdraw. Reassure participants that information shared in the interview will not be shared with gatekeeper organisation or any other organisation in a way which would enable them to be identified. Remind of limits to confidentiality (in line with gatekeeper organisation safeguarding policy). Reinforce that participant can leave at any time, take a break, decide to withdraw. Discuss purpose for in-depth interview: to explore participants experiences, thoughts, perceptions, opinions about benefit issues and the impact on their lives.

Participant's agreed pseudonym: ____

Date of interview: ____

Participant read information sheet: Y / N

Participant signed consent forms? Y / N

1. Experience of claiming benefits and meeting requirements

Refer to initial background interview. Re-establish which benefits are currently being claimed, if any, and which have been claimed in the past. Decide which claim to focus on depending on relevancy/most recent.

Claiming – interactions with institutions

If we think about the claim that you have had problems with / were sanctioned on, can you think about when that claim started and how it came about?

Prompt re: process

Talk me through the process of claiming benefits? Tell me a bit about ……

- Which particular benefit are/were you claiming?
- Have there been any recent changes to the benefits you are claiming?
- Do you think you were/are on the right benefits for your situation?

- Do you think the benefits you receive are enough to cover basic living costs (when not under sanction)? If not, how do you cope (i.e. support from friends, family, partner, charities, going without essentials?)
- Can you afford self-care/treats/or activities for yourself/with friends/children?
- Have you had any support in claiming your benefits either now or in the past?
- Any particular issues / problems?

Process - Meeting requirements

How can I discuss this in the context of my analytical framework?

Keep institutional and structural in min

Tell me what happened when you first went to meet your work coach to do your claimant commitment?

How were conditions set?

Who was the person making these decisions?

How did this person deal with you? (as much about this as about how they felt about the interaction)

What was the process? What was done to you? What was done with you?

Can you talk me through that process?

How did you find it?

Were there any particular issues?

- Do you find it easy/hard/stressful to meet the requirements for claiming your benefits?
- Do you think the requirements have been properly explained / are you aware of the consequences for not meeting them?
- Any particular barriers to meeting requirements of benefit conditionality? e.g. not understanding commitments, too much else going on, personal issues e.g. mental health issues, other commitments, lack of money to attend appointments/do adequate job searches etc.

2. Experiences of being sanctioned

How did you come to be sanctioned? Can you talk me through what happened?

Did it matter what you did?

Did you feel like you were listened to?

What was happening at the point you were sanctioned?

- During which benefit claim were you (most recently) sanctioned?
- What was your financial situation at the time?
- What conditions were you told you failed to meet?

- Did you expect to be sanctioned?
- When were you told you had been sanctioned/how did you find out?
- Length of sanction?
- Did you think it was reasonable/fair? Did you appeal? Did you think it was a fair process?
- Did being sanctioned / the threat of being sanctioned affect what you did? i.e. did you have to prioritise meeting benefit conditions over other commitments?
- (If on JSA) do you think being sanctioned has made it easier or harder to look for work/find a job?

(If appropriate) Links between vulnerability / mental health issues / experiences of RSA and being sanctioned

- Do you feel that you were sanctioned/more likely to be sanctioned as a result of MH difficulties?

3. Impacts of being sanctioned / having benefits cut

   Work through from immediate to long-term? Difference between managing and not managing?
   Distinguish between before and after?
   What was happening at that point?

   What happened in the first week?

   What happened after that?

   How do you feel about the process?

Material impacts (good to separate here but in discussion should be combined)

- How did the sanction/benefit change impact on your financial situation e.g. increased debt, meeting financial commitments e.g. bills, rent, heating, repaying debt, food and other essentials?
- How did you cope with the loss of the income from your benefit – i.e. going without (food, heating), stealing, borrowing from family and friends, help of charities/food banks?
- Impact on ability to travel to seek work/make appointments?
- What has happened to your financial situation in general?

Emotional and mental health impacts

- How did being sanctioned/changes in benefits impact on your emotional and mental wellbeing? E.g. increased levels of stress; anxiety; depression?
- How did the consequences make you feel?
- Did it exacerbate any existing health (mental and/or physical) conditions? In what ways?
- Has it impacted on your relationships in any way? With family/friends/partner/children?
- Did it contribute to isolation/loneliness?

- Has it impacted on your ability to engage with other support services, e.g. gatekeeper organisation support, other services?
- Has it affected your ‘recovery’ / ‘healing’ / ‘dealing’ with the experiences that you are seeking support for here?

4. Perceptions of welfare system and benefit conditionality / impact of narratives around welfare claimants

Can you tell me a bit about how you feel / what you think about the benefit system?

Does the way the media talks about benefits and people who claim them affect you?

Do you think changes should be made?

- (If long time claimant) Do you get a sense that things have changed within the welfare system / process of claiming benefits over the last few years (have things got easier / harder?)
- Do you think you have been treated fairly? Do you think the system/processes are fair?
- What kind of changes (if any) do you think could be made?
- Do you think there should be provision for victim/survivors of RSA (as there is the DV easement?)
- Have you seen/heard any media stories about people who claim benefits? If so, what did you think of them? Did they affect you / did you think they applied to you?
- Do you think that media/government/public attitudes have changed towards people who claim benefits/people with mental health problems/disabilities?

Appendix 9: Second Interview Bespoke Topic Guides

[Redacted to protect anonymity]

Appendix 10: Written Submissions Question Sheet

Sheffield Hallam University | Centre for Regional Economic and Social Research

The impact of the post-2012 welfare system on women survivors of sexual violence: written submissions for PhD Project

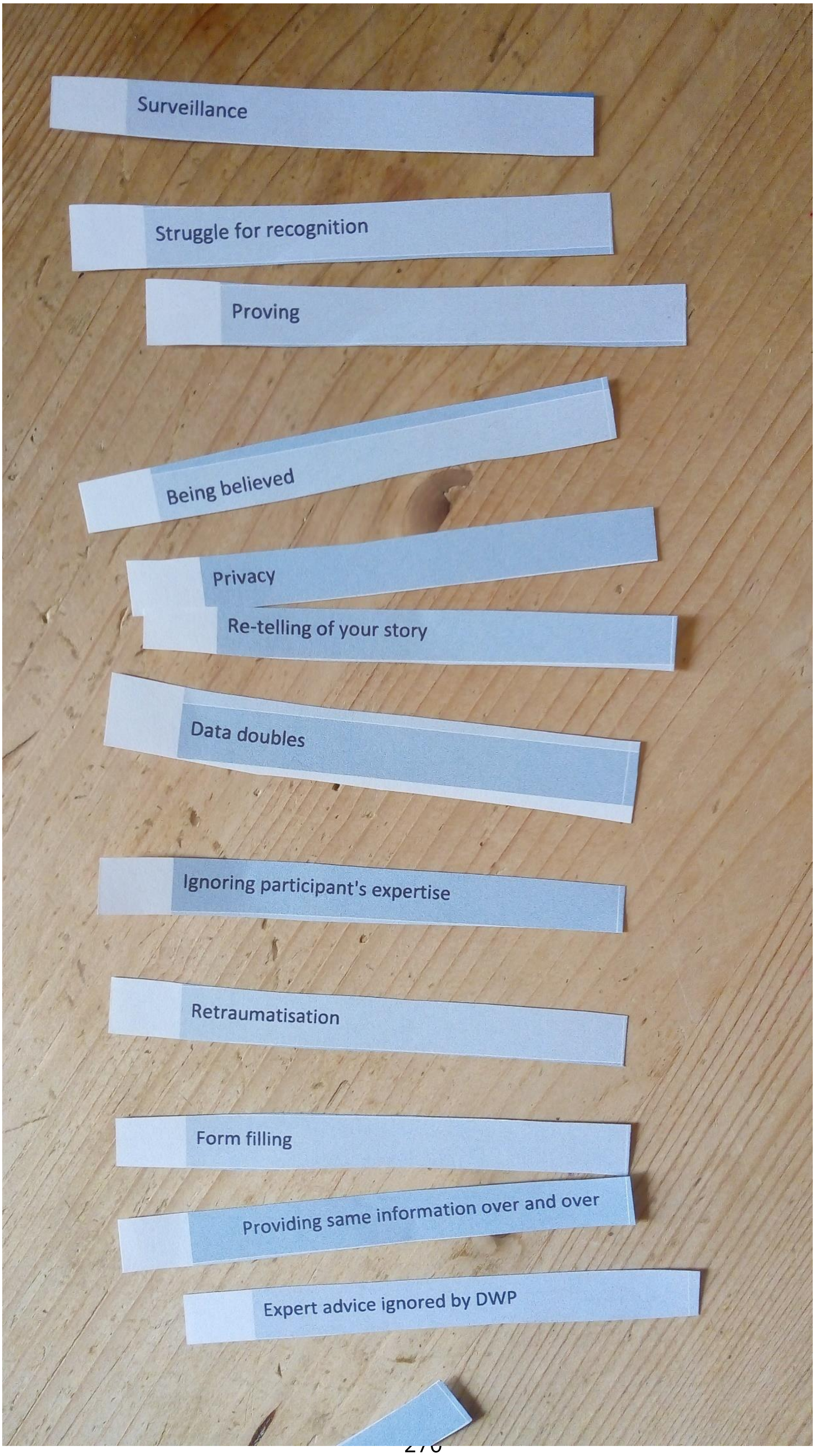
This question sheet is designed to explore your experiences and opinions about the welfare system and the impact that it has had on you. It also asks some questions about background and history, in order to give a bit of context to what's going on for you at the moment. Just write as much as you want, and if there's anything you don't want to answer leave it blank.

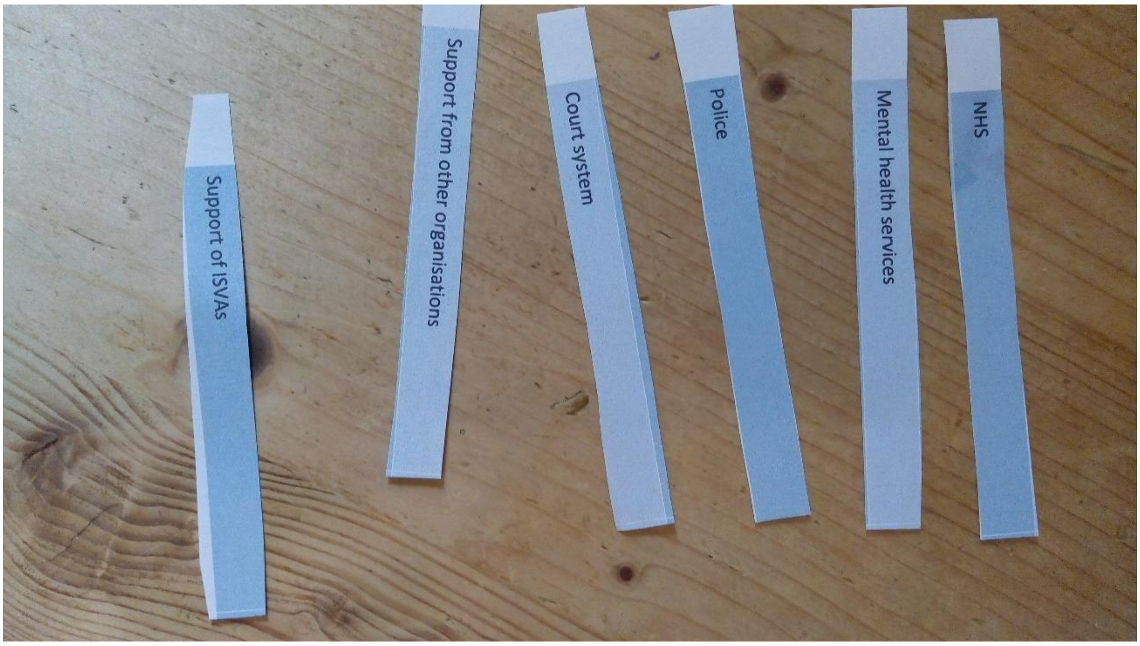
1. Can you tell me a bit about your family/household?
2. Can you tell me a bit about your education and/or work history?
3. Can you tell me a bit about what benefits you're claiming now or have done in the past?
4. To what extent have you had problems with the benefits system?
5. Can you describe how problems with benefits have affected you?
6. Can you describe an ESA or PIP assessment that you've had?
7. What do you think about the current welfare system?
8. How do you feel you have been treated by the welfare system, for example by the DWP in general, or by specific assessors?
9. Can you tell me a bit about any health problems you have?
10. Can you describe what kind of changes (if any) you would make to the welfare system as a whole?
11. What (if anything) could have been done differently to help you considering your own circumstances?
12. Overall, what has your experience been like given your own circumstances?

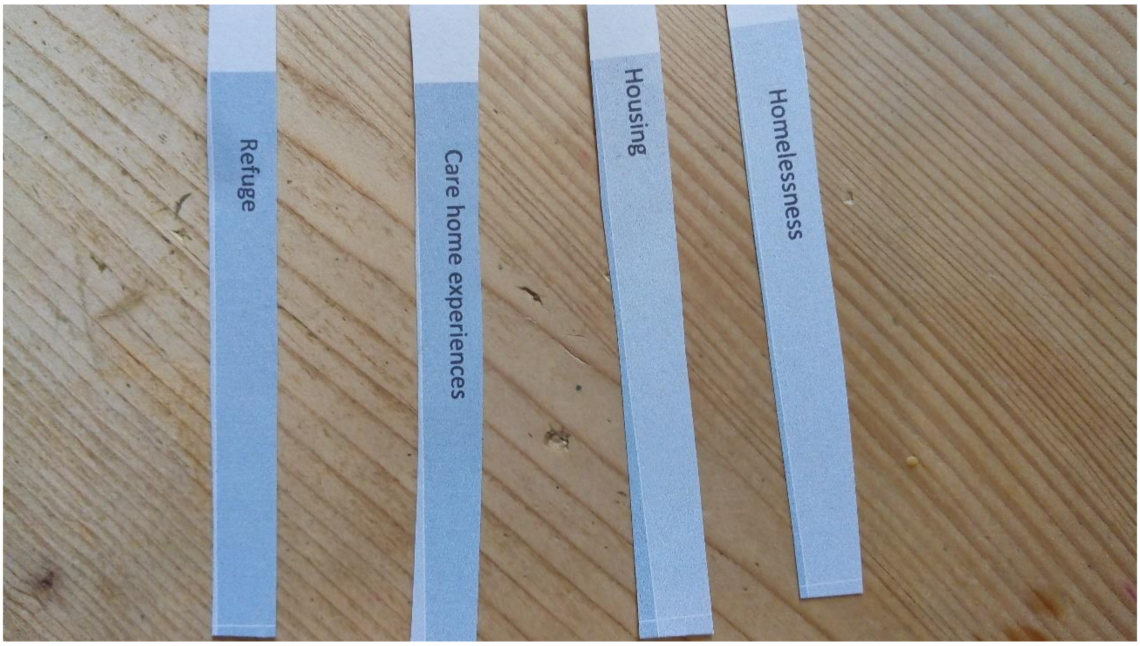
Appendix 11: Sarah’s Follow-Up Written Submission

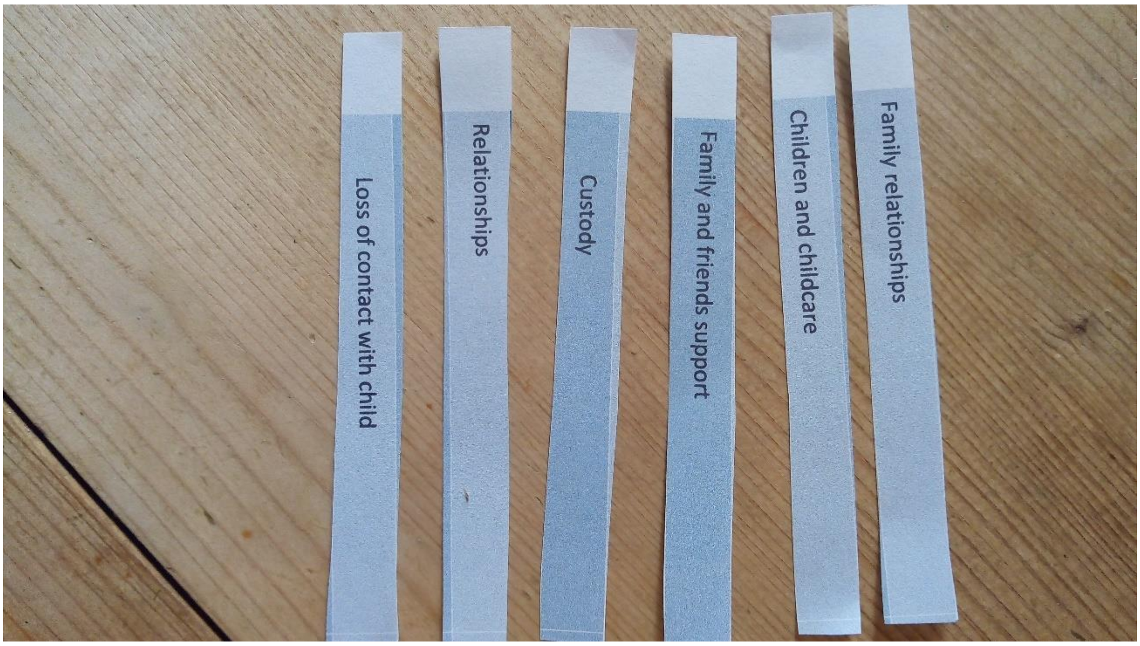
[Redacted to protect anonymity]

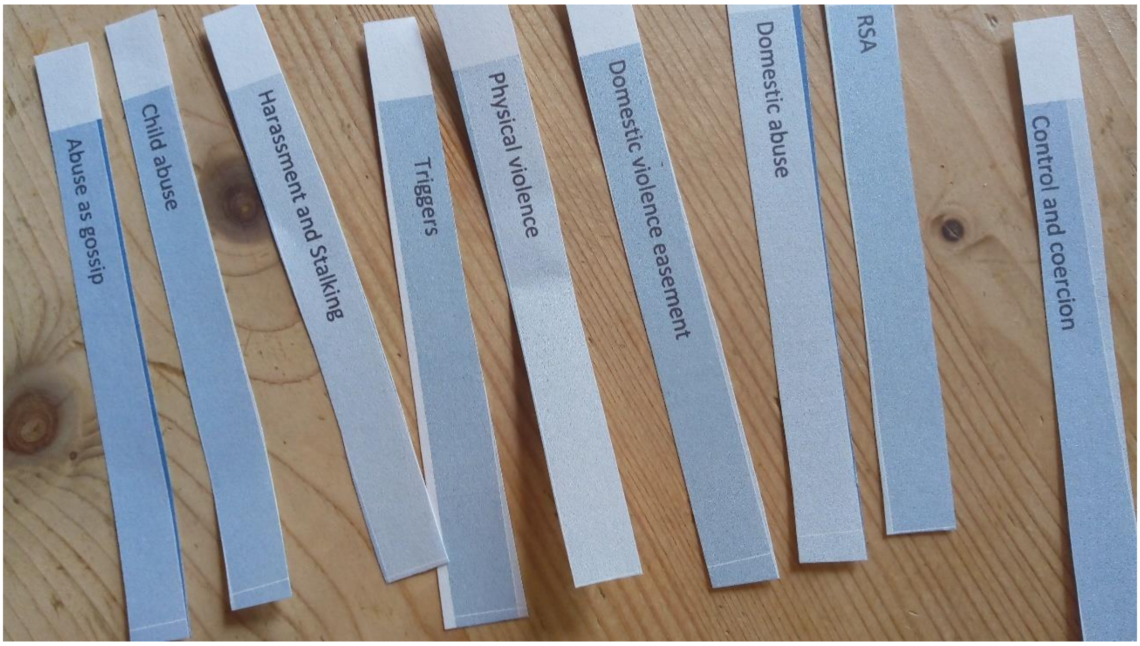
Appendix 12: Code Book Photos

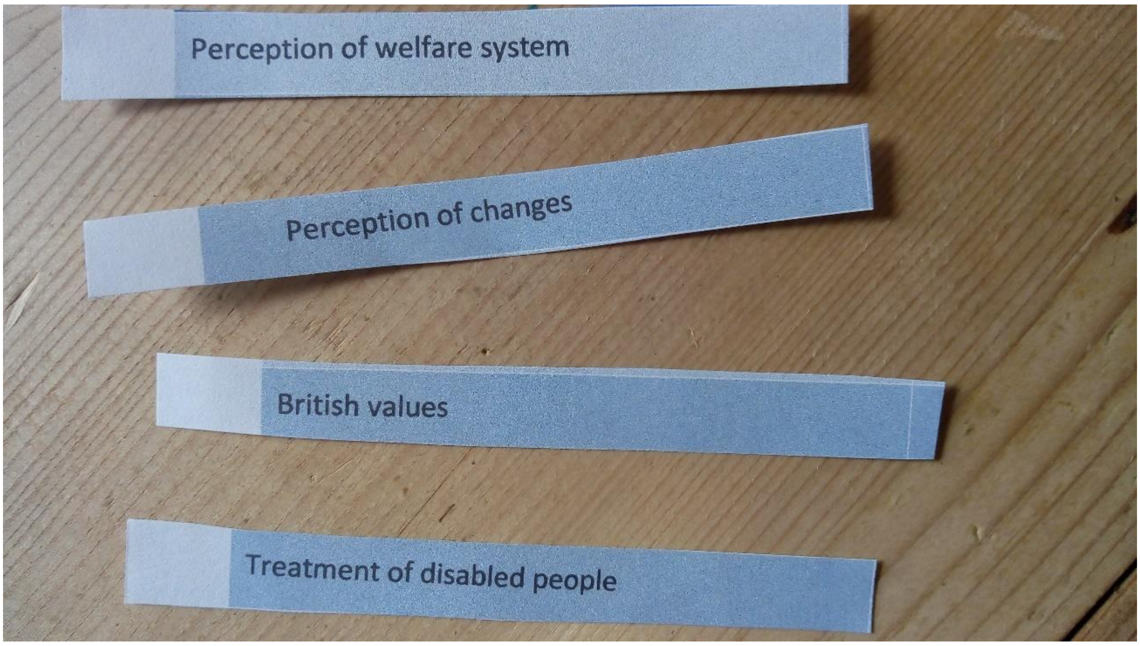

Surveillance
Struggle for recognition
Proving
Being believed
Privacy
Re-telling of your story
Data doubles
Ignoring participant's expertise
Retraumatisation
Form filling
Providing same information over and over
Expert advice ignored by DWP

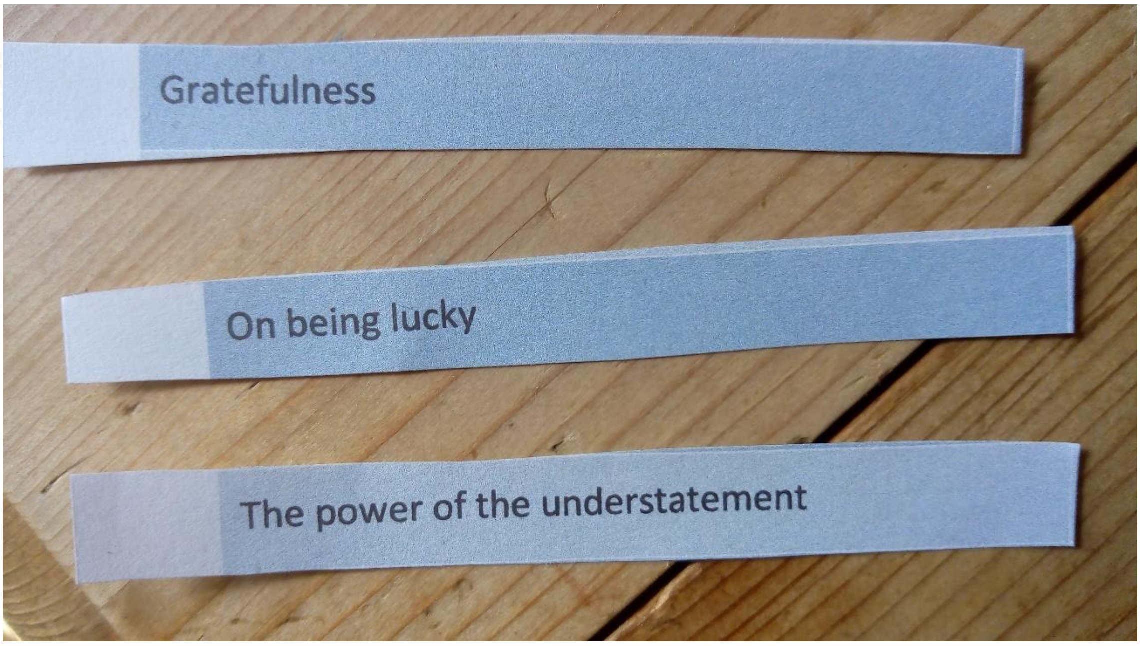

Support of ISVAs
Support from other organisations
Court system
Police
Mental health services
NHS

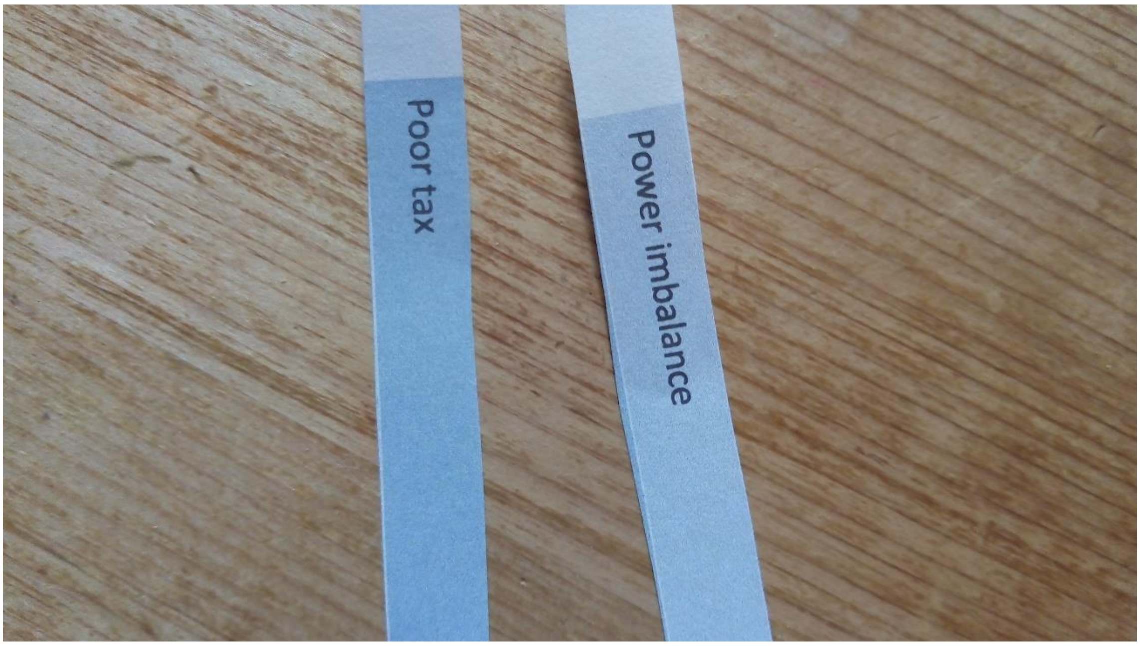

Refuge
Care home experiences
Housing
Homelessness

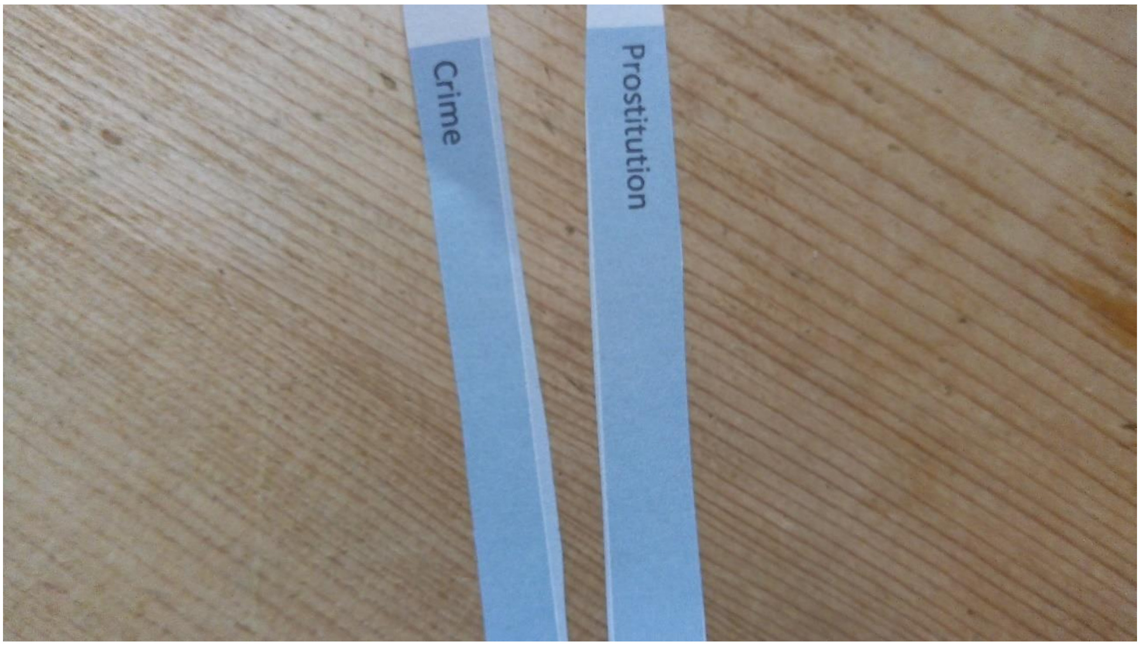

Loss of contact with child
Relationships
Custody
Family and friends support
Children and childcare
Family relationships

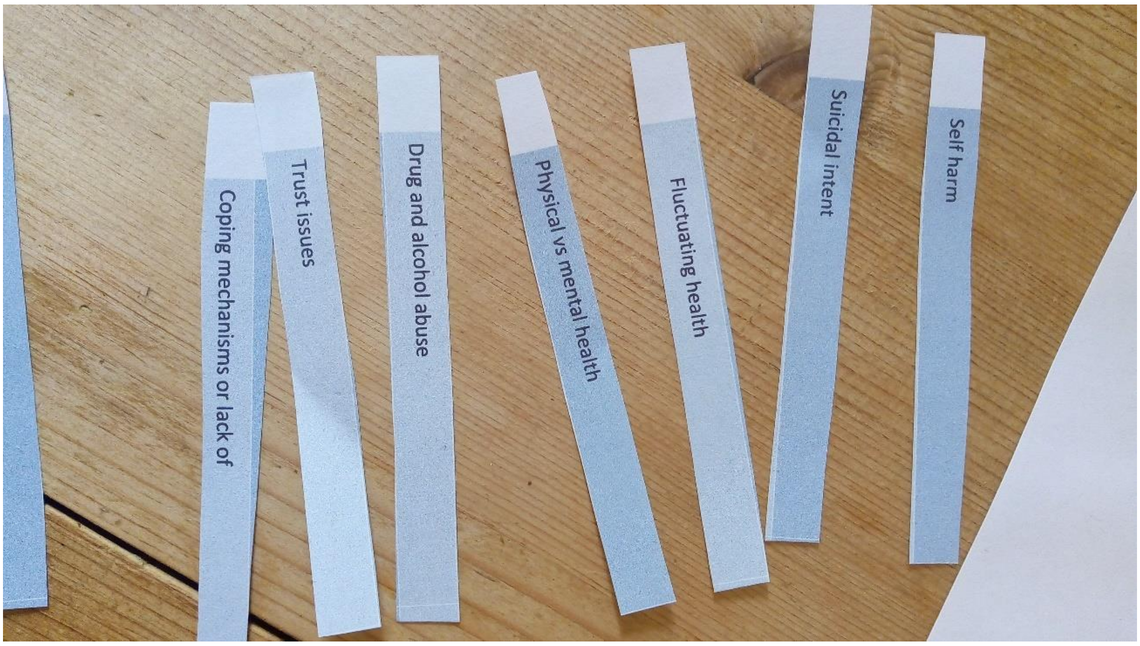

Abuse as gossip
Child abuse
Harassment and Stalking
Triggers
Physical violence
Domestic violence easement
Domestic abuse
RSA
Control and coercion

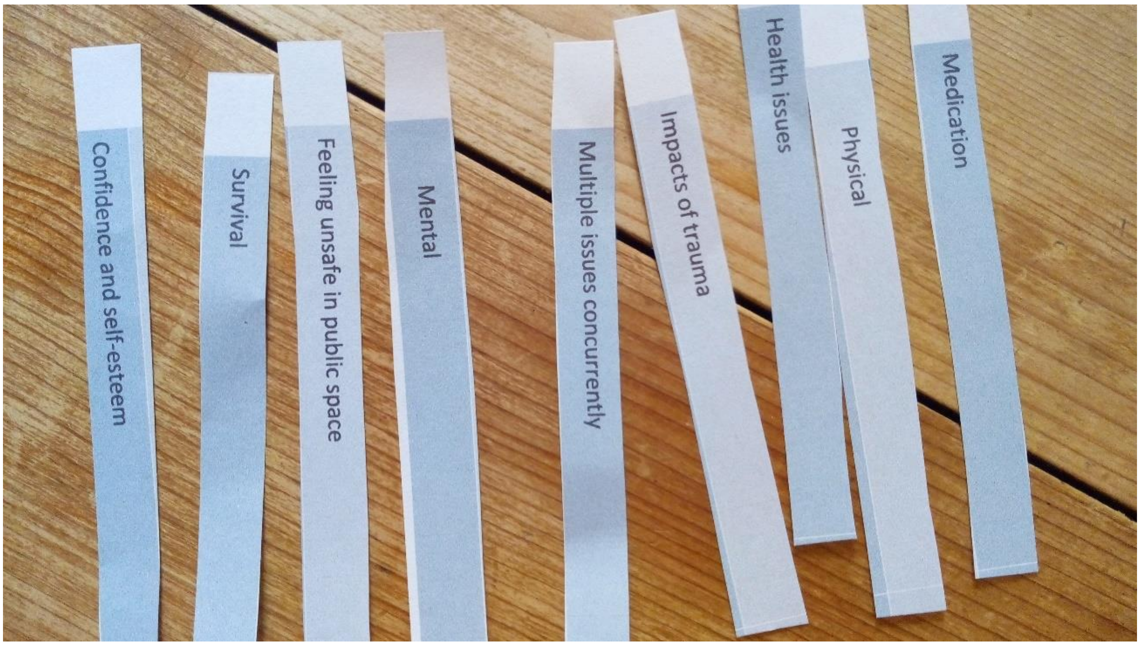

Perception of welfare system
Perception of changes
British values
Treatment of disabled people

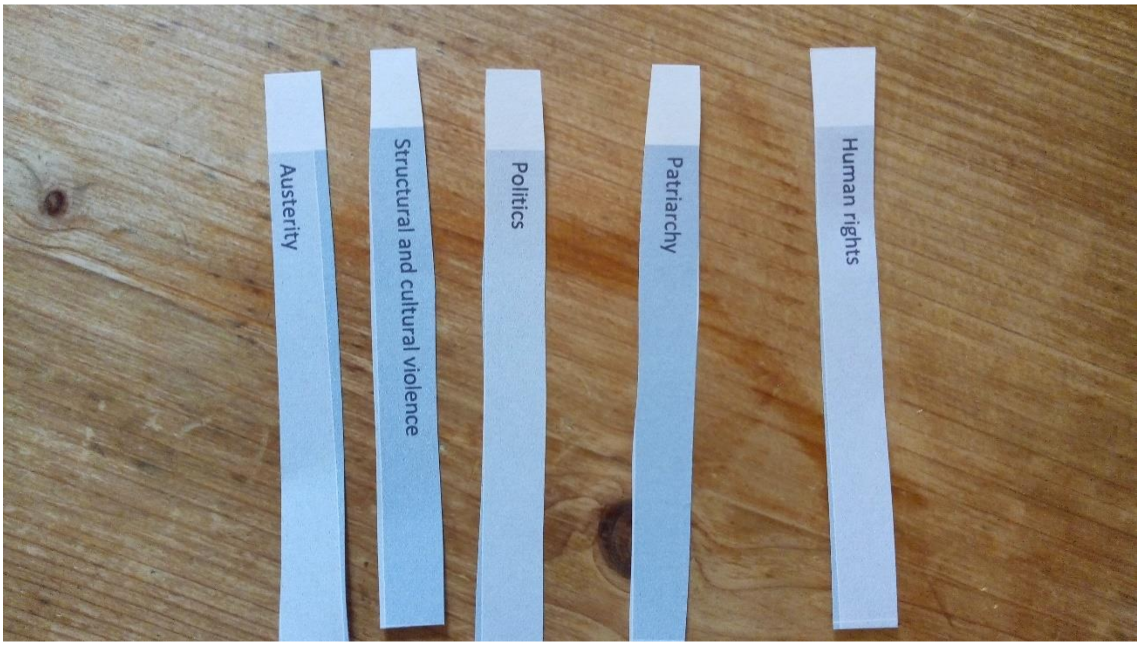

Gratefulness
On being lucky
The power of the understatement

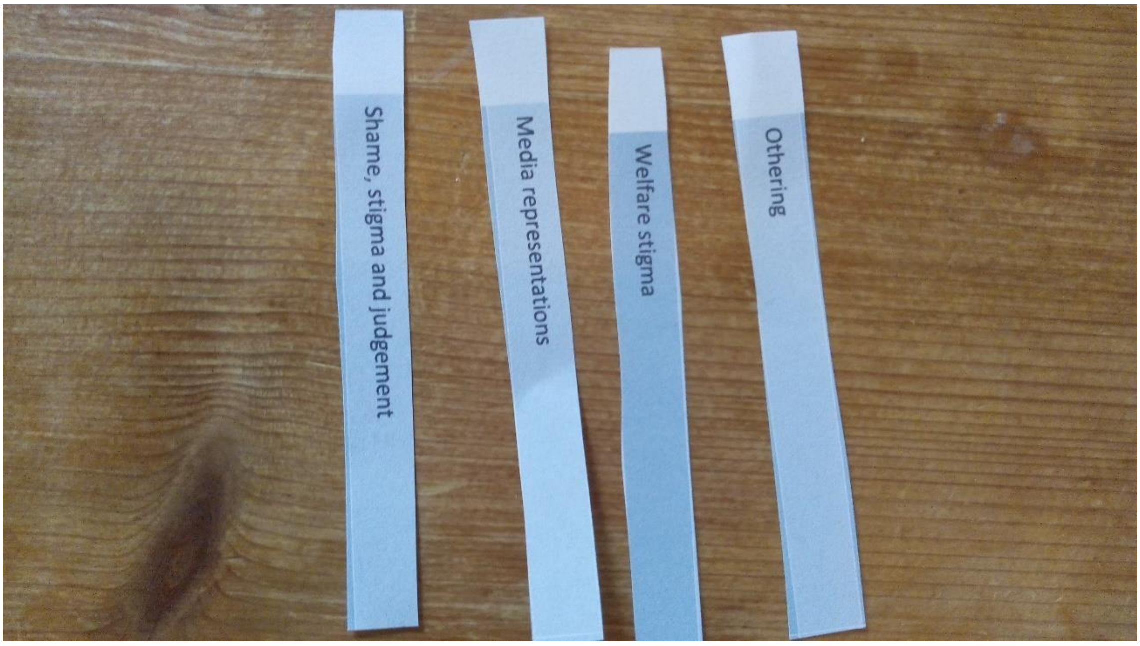

Poor tax
Power imbalance

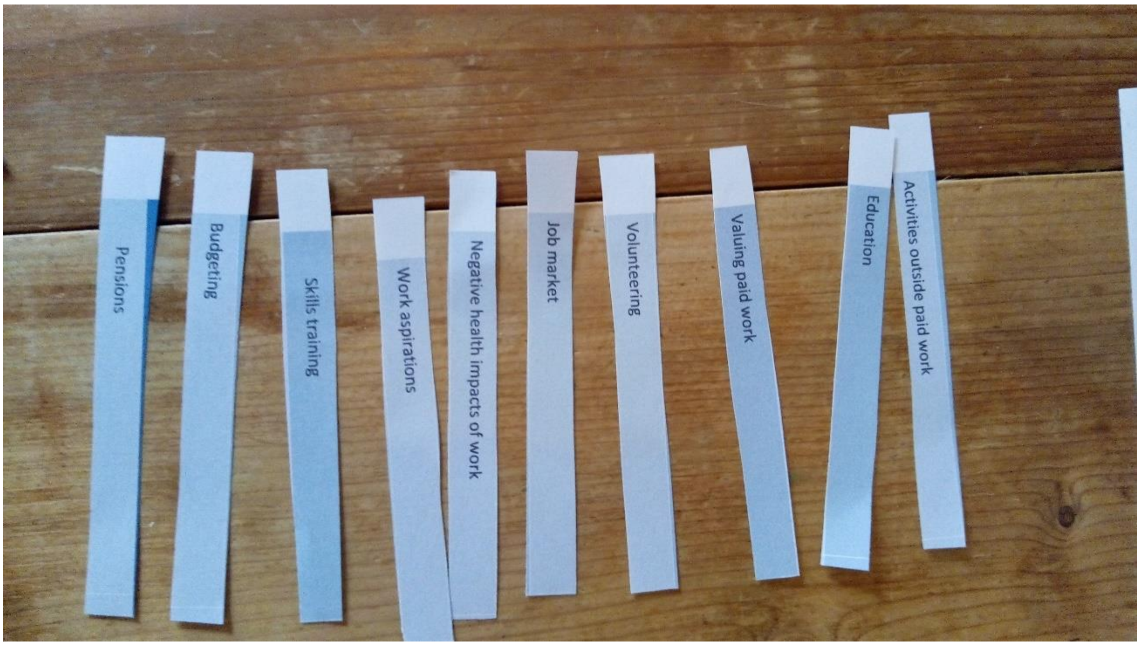

Crime
Prostitution

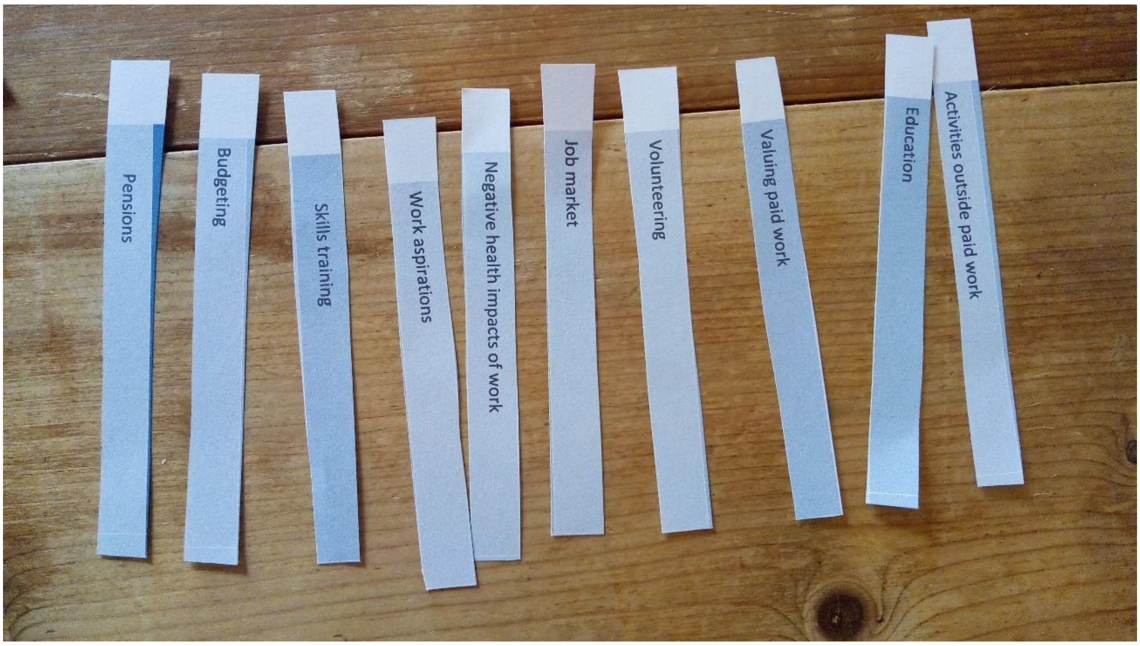

Coping mechanisms or lack of
Trust issues
Drug and alcohol abuse
Physical vs mental health
Fluctuating health
Suicidal intent
Self harm

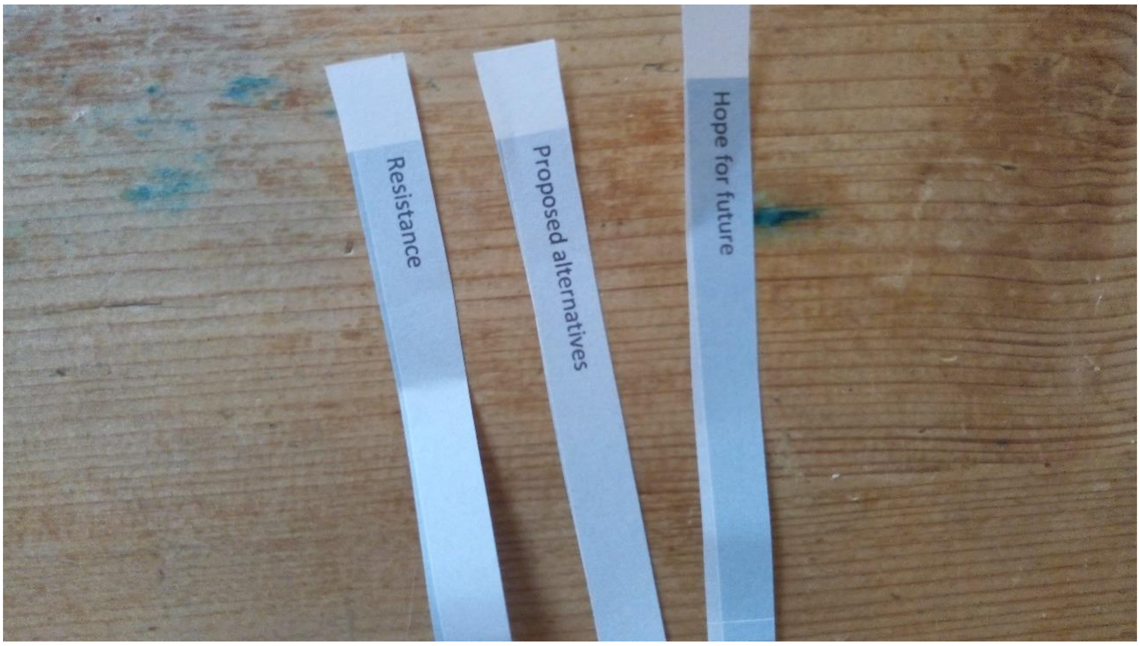

Confidence and self-esteem
Survival
Feeling unsafe in public space
Mental
Multiple issues concurrently
Impacts of trauma
Health issues
Physical
Medication

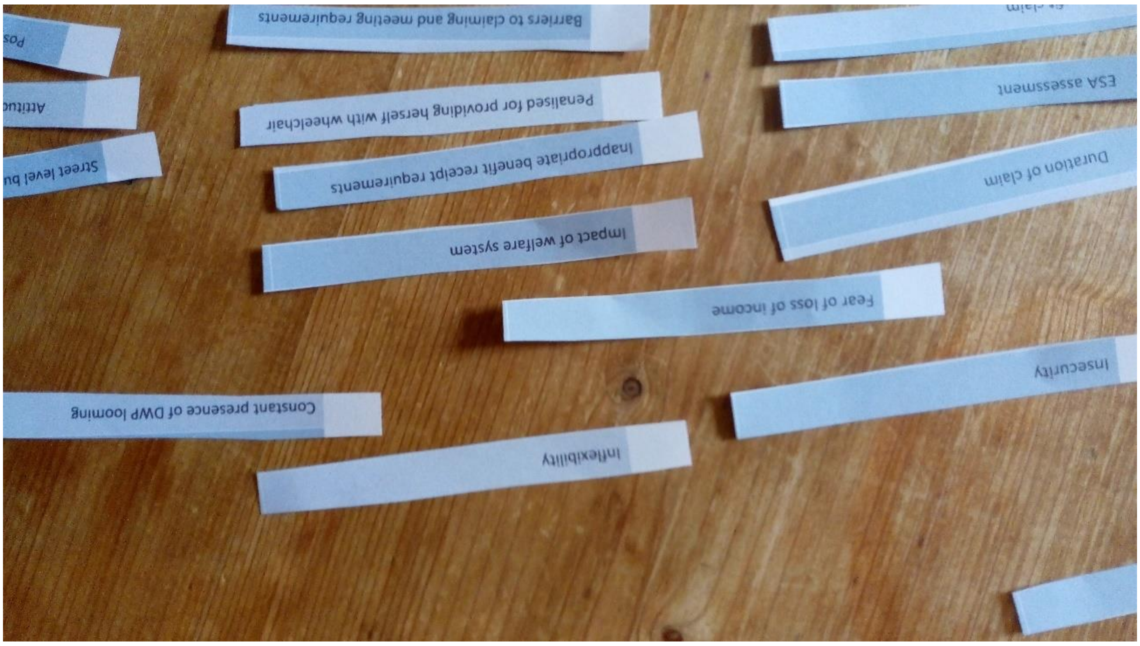

Austerity
Structural and cultural violence
Politics
Patriarchy
Human rights

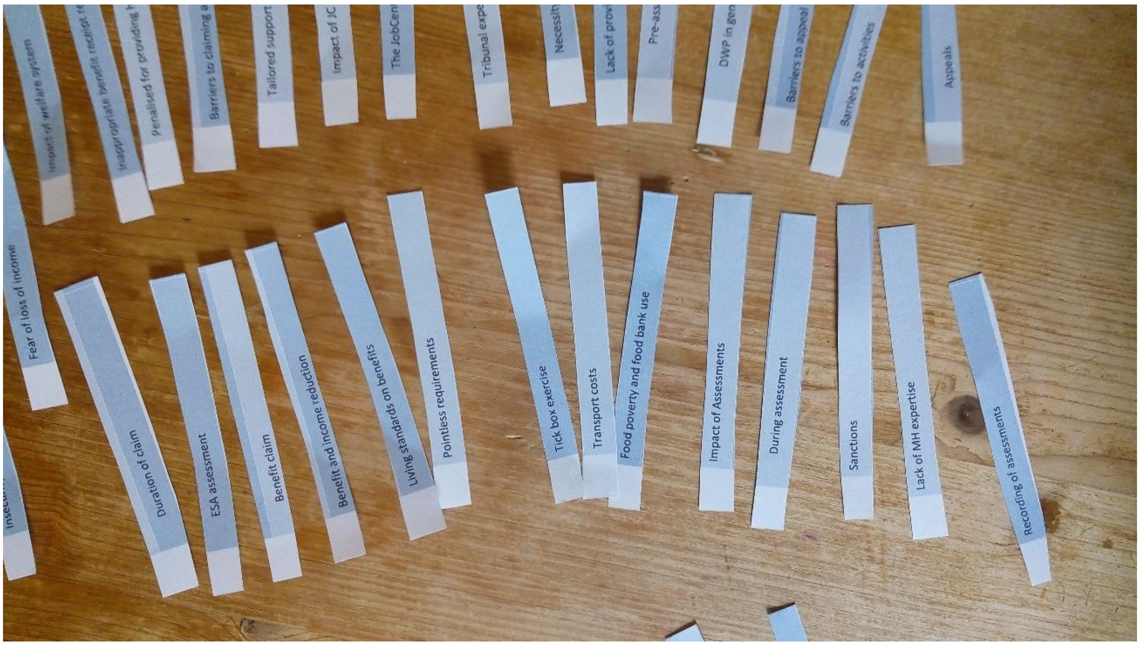

Shame, stigma and judgement
Media representations
Welfare stigma
Othering

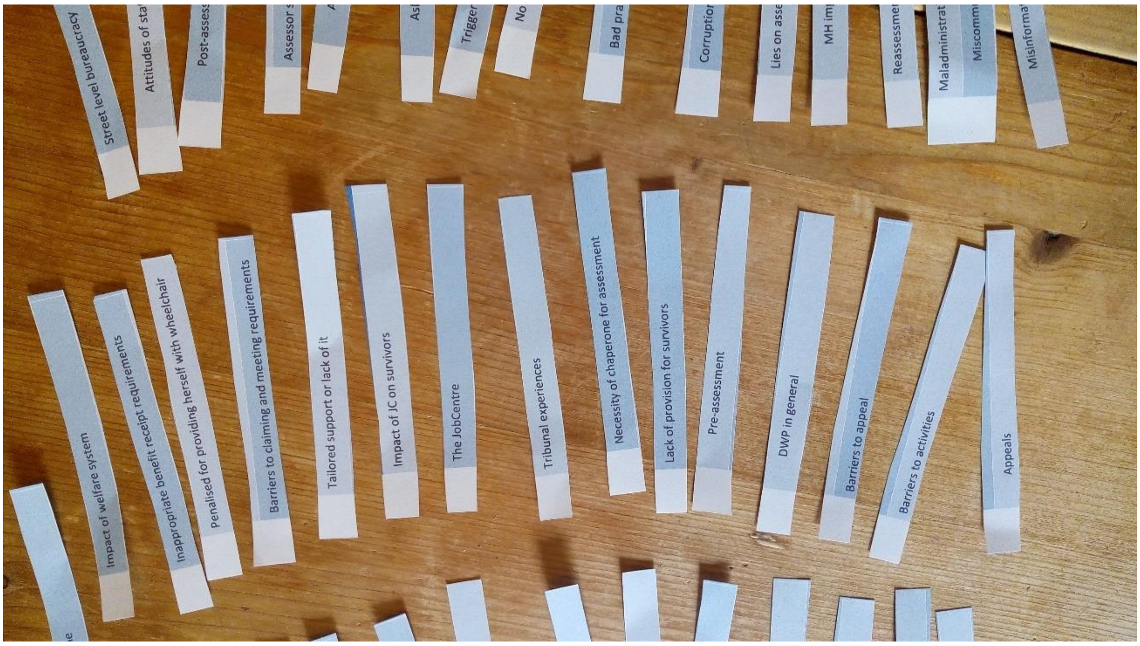

Pensions
Budgeting
Skills training
Work aspirations
Negative health impacts of work
Job market
Volunteering
Valuing paid work
Education
Activities outside paid work

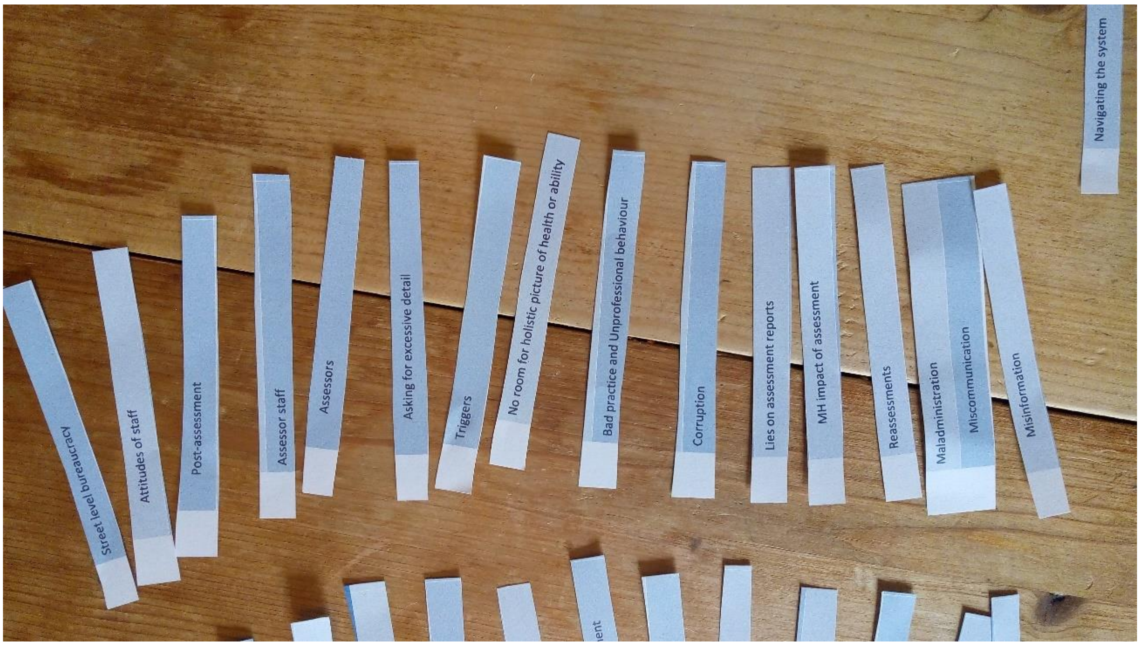

Pensions
Budgeting
Skills training
Work aspirations
Negative health impacts of work
Job market
Volunteering
Valuing paid work
Education
Activities outside paid work

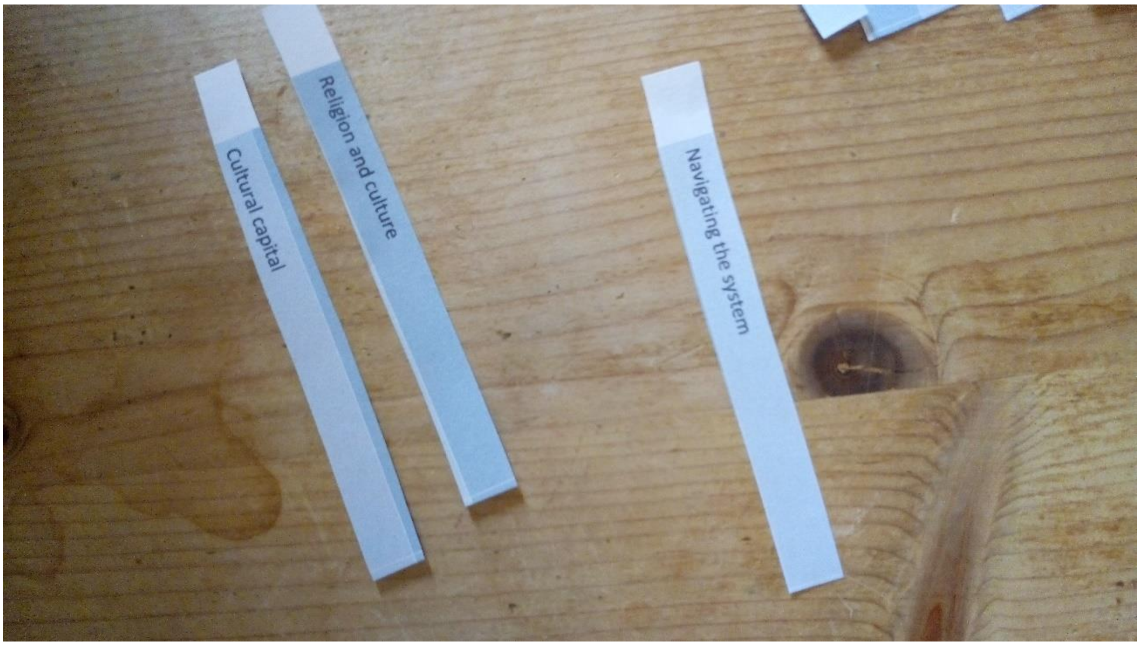

Resistance
Proposed alternatives
Hope for future


Barriers to claiming and meeting requirements
Pos
Attitu
Street level bu
Penalised for providing herself with wheelchair
Inappropriate benefit receipt requirements
Impact of welfare system
Fear of loss of income
Constant presence of DWP looming
Inflexibility
ESA assessment
Duration of claim
Insecurity

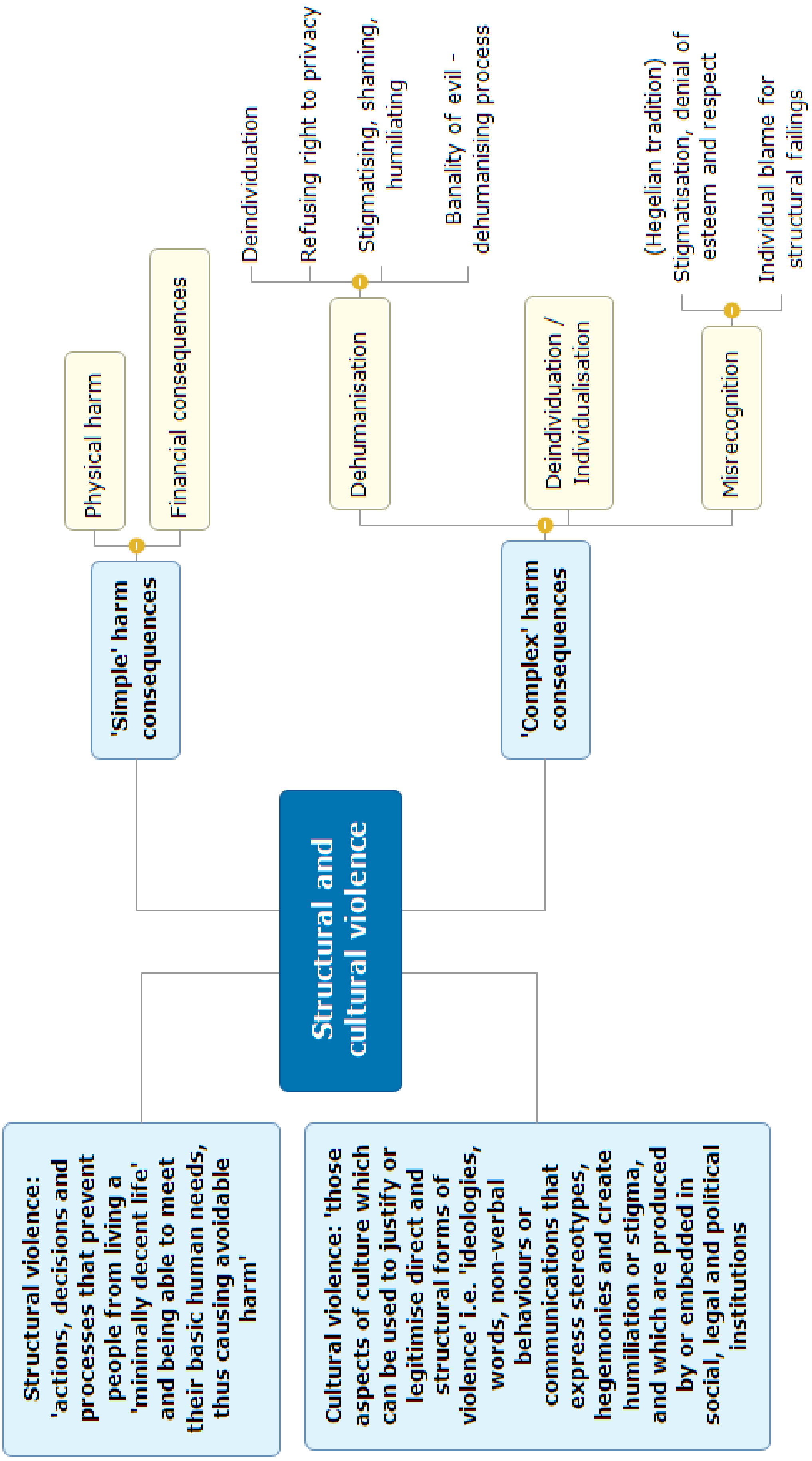

Impact of welfare system
Barriers to appeal
Barriers to activities
Appeals
Fear of loss of income
Duration of claim
ESA assessment
Benefit claim
Benefit and income reduction
Living standards on benefits
Pointless requirements
Tick box exercise
Transport costs
Food poverty and food bank use
Impact of Assessments
During assessment
Sanctions
Lack of MH expertise
Recording of assessments


Street level bureaucracy
Corruption
Impact of welfare system
Inappropriate benefit receipt requirements
Penalised for providing herself with wheelchair
Barriers to claiming and meeting requirements
Tailored support or lack of it
Impact of JC on survivors
The JobCentre
Tribunal experiences
Necessity of chaperone for assessment
Lack of provision for survivors
Pre-assessment
DWP in general
Barriers to appeal
Barriers to activities
Appeals


Street level bureaucracy
Attitudes of staff
Post-assessment
Assessor staff
Assessors
Asking for excessive detail
Triggers
No room for holistic picture of health or ability
Bad practice and Unprofessional behaviour
Corruption
Lies on assessment reports
MH impact of assessment
Reassessments
Maladministration
Miscommunication
Misinformation
Navigating the system


Cultural capital
Religion and culture
Navigating the system

Appendix 13: Initial Analytical Framework Diagram



Structural violence: 'actions, decisions and processes that prevent people from living a 'minimally decent life' and being able to meet their basic human needs, thus causing avoidable harm'

Cultural violence: 'those aspects of culture which can be used to justify or legitimise direct and structural forms of violence' i.e. 'ideologies, words, non-verbal behaviours or communications that express stereotypes, hegemonies and create humiliation or stigma, and which are produced by or embedded in social, legal and political institutions