**British Sociological Association Sociology of mental Health Study Group**

**One Day Event On Mental Health and Domestic Violence**

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## States of Denial: Gendering Policy and Practice in Domestic Abuse and Mental Health Services

How we perceive an act of abuse can change according to our proximity to acts, and our relationship, if any, with those experiencing or perpetrating abuses. We tend to empathize most readily with the suffering of those we feel close to. Yet in the case of domestic abuse and mental health it would seem that bystanders, relatives, friends, victims and perpetrators can deny knowledge of abuses, and the mental health consequences of these. The notion of the averted gaze embodies the outcomes of these denials, namely the failure to act upon the sights of abuses such as domestic violence and mental health. This involves knowing about abuses and the consequences and yet choosing not to see or act. And as 'much human suffering takes place in private, invisible to any outside observer' (Cohen, 2001: 15), denial can involve those who are living in the same household or with access to intimate knowledge, including mental health service practitioners. How might denial manifest? Cohen (2001: 7) proposes three possibilities:

- Literal; this refers to factual or blatant denial. Within families this might be illustrated by the mother that denies her daughter is being abused by the daughter's husband. She may prefer to live with implausible explanations from her son-in-law and daughter. Refusing to acknowledge the evidence, for whatever reason, also leads to mental health stresses for both mother and daughter.
- Interpretive; in this possibility evidence is given a different meaning. For example, ethnic cleansing might be perceived as people choosing to move to avoid violence, and domestic abuse as everyday marital conflict and stresses. The evidence is not denied but is interpreted in such a way that action is not necessary by those who are aware of, or observing the violence.
- Implicatory; what is denied or minimized are the implications of the violence. So while the evidence is not denied the witness to the beating of a child might say 'what can I do? The perpetrator is a parent', the witness to the mugging, 'they might turn on me' or the person who becomes aware of the long-term economic abuse and neglect of an older person 'it's worse in other countries you know.' It may be that the observer genuinely does not consider the violence to be 'that bad'.

These categories offer a continuum from the almost apologetic (if I don't deny abuses I might make things worse and add to mental stresses) to the cynical individualised perspectives, 'I'm alright' approach (let them get on with it - as long as it's not affecting myself or my family). States of denial may be infused with the unbearable weight of knowledge, self-deception, and an inability to grasp the evidence, or abilities to avoid moral realities (Arendt, 1970; Glove, 1999; Cohen, 2001). More often, explanations for ignoring or not taking abuses seriously will draw across all three 'states of denial'.

This presentation considered the strength of policy initiatives in Scotland where the asymmetry in gender and violence forms the basis to service development. However, a public debate has taken shape in the last few years which suggests men experience the same levels of domestic violence as women. Data and research demonstrate that this is not the case. The type, impact, depth and breadth of violences men can inflict, combined with their enhanced economic and social situation, is evidenced in myriad ways. However, a partial reading of the contexts to violence combined and research, fuels the discourse on gender symmetry. Policy is considered to be gender neutral, and if this maintains then debates such as that on gender symmetry can take shape and impact on policies and services. To address this we must consistently monitor 'problem representation' (Bacchi, 199: 2) ensuring the ideas in policies and the content of services reflect the gendered nature of violence and the implications for mental health (Hearn and McKie, 2008).

International and national organizations can, and do, ask us to consider suffering but violence against women and children has taken some time to achieve a place on mainstream policy and legal agendas. The recognition of gendered abuses and violence in mental health services has been a long-term and discursive project. The challenge presented here is to critically consider policy and practice as ideas and discourses, and the implications of problem denial and representation in service provision and networks. How organisations establish and review norms and programmes of work reflects policy regimes that need to be challenged. Through gendering discourses and 'problem' representation, along with deconstructing denials, we can construct possibilities for thinking and action in more fully gendered research, policy analysis, and development work. It is time to reshape the evidence base and processes of gender/policy/service analysis. The BSA Sociology of Mental Health Study Group event on mental health and domestic violence offered a space to explore sociological perspectives on these social issues and how sociology can inform policy and practice developments.

**References for Abstract and Powerpoint Slides**

Bacchi, C. (1999) *Women, policy and politics: The construction of policy problems*, London: Sage Publications.

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