British Sociological Association Sociology of Mental Health Study Group symposium

A Difficult Alliance? Making Connections between Mental Health and Domestic Violence Research and Practice Agendas

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BRIEFING PAPER

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Summary

Key messages

- Silences, denial and avoidance still surround the issue of domestic violence. This needs to be continually challenged, including in health service contexts.
- There is a continuing dominance of medicalised perspectives within UK mental health policy and services. In this context experiences of domestic and sexual violence, which underpin distress for many service users, especially women, often remain unrecognised or sublimated. Consequently, mental health care can lack relevance and be unhelpful. The service provision may present dangers of personalisation of this social and political issue and pathologisation for individuals affected by domestic violence. Services may also replicate the relations of power and inequality associated with domestic violence.
- Sociological and feminist knowledge on domestic and sexual violence shows how this social problem and responses to it are bound up with the operation of gender power relations and intersections of race, ethnicity, social class and sexuality. It explains how violence is both a cause and a consequence of women's inequality. *This knowledge should more fully inform UK mental health policy and service provision in order that women and men may receive more relevant and helpful mental health care.*

This event:

- **Illustrated the value of critical sociological and feminist discussion forums for understanding and responding to domestic violence and associated mental health issues.**
- **Demonstrated the explanatory power and usefulness of sociological framings for constructing experiences of domestic violence and distress.**
- **Unsettled some dominant medical and psychological narratives which fail to fully recognise the social context of violence and presented some possibilities for preferred understandings and responses.**
- **Provided an opportunity for practitioners to challenge their own knowledge bases.**
- **Raised the significant issue of who gets to name experiences of violence.**
- **Highlighted the political and social importance of breaking silences and challenging the denial and avoidance which still surrounds domestic violence, as well as the implicated male cultures and oppressions.**

"The conference gave us permission to speak, in a very supportive environment and we found it really encouraging. I think a lot of learning and hopefully better mental health practice will come from it."

"Thank you for the opportunity to meet and hear such invaluable views – inspirational!"

The objectives of the event were:

- to bring together mental health researchers, practitioners and service providers, along with mental health service users and survivors, and domestic violence survivors and organisations supporting them, in order to share knowledge, ideas and information;

- to provide a space for discussion, debate and comparison of sociological research in the areas of domestic/interpersonal violence and mental health;

- to play a part in developing the discourses of domestic violence within the field of mental health by providing opportunity to explore the tensions between discourses of justice and those of mental health;

- to explore the relationship between research, policy and practice in the two areas and how sociological work on domestic/interpersonal violence needs to inform mental health policy and practice;

- to act as a catalyst for further activities such as publication of a monograph of presented papers, and to encourage further collaboration between domestic violence sociological researchers and others undertaking research, working or studying in the field of mental health.

Background and overview

The symposium aimed to strengthen the dialogue and reinforce important connections between critical sociological research around domestic violence and mental health research. It presented an opportunity for cross-disciplinary fertilisation of ideas and provided a discursive space within which to disseminate theoretically informed, conceptual and empirical sociological work which needs to inform mental health policy and practice.

The symposium offered an opportunity to bring together researchers, practitioners and people who had experiences of the distress associated with domestic violence. The audience of nearly 100 academic sociologists and mental health researchers, students, and users and providers of domestic violence services and mental health services within the statutory and third sectors, alongside representatives from the police and probation service as well as local government presented a rich opportunity to explore the symposium theme of 'making connections' with the aim of making some impact upon mental health practice.

The format of the event was a combination of plenary, 'key note' presentations, workshops for discussion of the symposium themes, informed by the presentations, and a closing plenary feedback and discussion session, with the overall objective of facilitating meaningful engagement for all participants. In addition, a local singer songwriter, Claire Mooney, provided music inspired

by feminist thinking about violence and performed an original composition based on the days' proceedings at the end of the day.

The event drew upon a range of sociological research and theory and reflected the important influence of feminist praxis (understanding in order to act) in researching experiences of mental health and domestic violence and in supporting women. It also engaged with debates about appropriate and effective definitions of 'violence' and its context - as interpersonal, 'family' or 'domestic', for example (McKie, 2005) - and concerns about recognising and responding to diversity among those affected. It provided an important opportunity to consider what these bodies of knowledge, influences, concerns and debates mean for mainstream health, and particularly mental health policy and practice, within which there has been gradual development of an appreciation that issues relating to experiences of domestic violence need to be sensitively addressed.

The relatively recent proliferation, nationally and internationally, of political, legislative and empirical attention to the phenomenon of domestic violence, along with the increased recognition within health discourses of the numerous physical and psychological health consequences of domestic violence, particularly for women and children, made this event a timely one. In the UK, mental health services may be beginning to consider the emotional and psychological distress associated with experiences of domestic violence, while the sociologically informed work of key critical feminist researchers is beginning to be influential (Itzin 2006; National Mental Health Development Unit, 2010). Yet the 'medical colonization' of this area of human experience remains a significant issue and still needs to be challenged.

Within the social sciences, people such as Marianne Hester, Liz Kelly, Ravi Thiara and Cathy Humphreys have developed Research Centres focusing on violence against women and child abuse, with sensitivities to diversities in these experiences (see, for example, http://www.cwasu.org/). The approach of these centres contrasts sharply with projects which have 'evidence-based medicine' as their organising principle (see, for example, Howard et al, 2010; Ramsey et al, 2009) and bring into focus the ethico-political problems surrounding the medicalisation of violence. The development of the field towards more recognition of critical and feminist understandings and responses thus contains inherent tensions. Indeed, the juxtaposition of sociological (including feminist sociological) and medical discourses of domestic violence and mental health during the proceedings of this symposium illustrated the complexities and politics involved in naming, researching and 'intervening' in a subject that occupies an uneasy space within contemporary western culture.

The operation and influence of these potentially conflicting narratives within health and justice discourses provided a worthy topic of exploration and opportunity for consideration of these complex tensions. One which received considerable attention on the day was the existence, on the one hand, of the very real need for women to be listened to, and heard, and receive sensitive mental health care, and on the other of the continual danger within the current service context of disclosure and help-seeking serving to pathologise women's distress, and the concomitant loss of focus upon justice and depoliticising of domestic violence by individualising and personalizing experience. The shape services need to take in order to guard against this was a significant point within the closing discussions.

Key messages from plenary presentations

Jackie Patiniotis and Lisa White, The Joint Forum Women's Group (JFWG)

- There remains a need for women's safety within mental health services and difficulties still exist in the negotiating of gender politics in service user groups.
- There is a continuing need for critical feminist women only spaces and the politicising of women's experiences of violence and distress.
- This politicising can be enabled through collaborations between sociologists and third sector groups. (An example of a collaborative Photovoice photography project between the JFWG and LJMU was presented. This aimed to present women's objections to the symbolic violence of sexualised imagery in public places and its impact upon their mental health.)
- A key question remains: How can an understanding of violence against women and girls as an assertion of male power, and a cause and consequence of women's inequality, be incorporated into mental health policy, inform service delivery, and be taken up by service user groups?

Professor Liz Kelly, CWASU, *Reasonable responses to unreasonable behaviour? Medical and sociological perspectives on the aftermaths of sexual violence*

- Sexual violence is often silenced within the discourses surrounding domestic violence and should be further acknowledged.
- There is a need to recognise and understand the operation of power through the ways in which the languages of medicine and psychology construct experiences of violence. Personalising and pathologising these experiences can cause further harm when the reality is that violence against women is all too usual.
- Sociological framings of sexual violence in terms of embodiment, social suffering and resistance can be helpful to women through contextualising and politicising experience and should further inform policy and practice. Emotional distress can be understood as a kind of resistance; dissociation can be a way of managing the unbearable.
- Fear arising from experiences of violence and negative responses from others (e.g. blaming) shrink space for action; empowerment is expanding space for women to make their own decisions (agency). Critical, feminist understandings can help to achieve this space within a temporal frame encompassing time to tell, time to be silent and time to take more control.
- In policy terms, women's collective voices should count as 'evidence'; people's lives are evidence.

"Enjoyed it immensely. Thank you."

"A fantastic delivery that has had such a positive influence on my knowledge within the area. Very valuable source I can carry through my career and learning."

Marai Larasi, IMKAAN, *Experiences within Black, Asian, Minority Ethnic and Refugee Communities*

- Mental distress resulting from violence within relationships is a significant issue in the lives of BAMER women.
- There can be competing loyalties of race vs gender for black women faced with male violence, in part due to fears of perpetuating stereotypes of black men as dangerous.
- There exist paradoxes for asylum-seeking women seeking a 'safe haven' in the UK whereby they face their experiences of violence being disbelieved when they disclose.
- Tensions are inherent in working across differences (e.g. with respect to religious beliefs) with ethnic minority women. Diversities within groups and 'identities' need to be acknowledged and negotiated, alongside the requirement that differences in coping with violence are sensitively addressed.
- Inconsistencies in practice and a lack of a joined up approach between mental health services and VAWG services can be unhelpful to BAMER women seeking help.
- There is a need to develop bridges between mental health and domestic violence agencies serving different populations with foundations that recognise & challenge assumptions.

Professor Catherine Donovan, University of Sunderland, *Exploring Implications of the Impact of Mental Health Issues on Those Experiencing Domestic Violence in Same Sex and/or Trans Relationships*

This presentation disseminated findings from the first national ESRC-funded study on comparing domestic abuse in same sex and heterosexual relationships. Key points were as follows:

- Histories of constructing LGBT relationships in terms of deviance and pathology present dilemmas for research into domestic violence within LGBT relationships.
- Homophobia and discrimination contribute to the higher prevalence of mental health difficulties among LGBT people compared to their heterosexual counterparts.
- Difficulties were apparent in how domestic violence is named within same sex relationships.
- LGBT people often do not access domestic violence services as experiences may not be recognised in these terms and due to a lack of trust.
- Great care needs to be taken in exploring empirical data without replicating hetero-normative patterns.
- LGBT people often rely on private/informal sources of help, including counselling/therapy.
- Appropriate responses within mainstream domestic violence and mental health services should be informed by an understanding of sexual inequalities and their intersections with other social inequalities.
- While there are tensions in researching and addressing issues in this area, there needs to be a commitment to a process that makes violence within LGBT relationships a more public problem.

"A welcome opportunity to discuss issues relating to mental health and domestic violence. An excellent day!"

"This has been a fabulous chance to make connections and re-make connections. Thank you!"

Professor Linda McKie, Glasgow Caledonian University, *States of Denial: Gendering Policy & Practice in Domestic Abuse and Mental Health*

- The denial of domestic violence is endemic within western culture and exists on multiple levels: literal (factual or blatant denial); interpretive (evidence is given a different meaning); and implicatory (what is denied or minimized are the implications of the violence and our own complicity in perpetuating this) (Cohen, 2001).
- Gender symmetry research and literature denies the kaleidoscope of power and oppression inherent in human relationships and the structuring of society; androcentrism exists in the viewing of women's violence through the lens of men's violence.
- These denials surround the construction of mental health policy and domestic violence policy. Representation of social problems in policy both reflect and help determine who gets heard, who is silenced and what data is manipulated.
- There remains a problem of the translation of policy into practice – implementation, monitoring and evaluation. This requires critical engagement with gendered notions of violence.
- The recognition of gains and progress in responses to domestic violence is important while retaining an ever present, on-going dialogue across boundaries within government departments and service contexts.

Key messages from workshops

Gender and mental health services (facilitated by Dr Lydia Lewis, Lisa White and Jackie Patiniotis)

- When it comes to dealing with the impact of violence on mental health, there is a need within health service contexts to 'expand space for action' for women through providing more opportunities to speak about experiences of violence in a supportive, women only situations informed by an understanding of gender power relations.
- Difficulties in the gender politics of the area of violence and mental health should be addressed through an argument about gender and power relations that adversely affect women more; this can help to identify men's needs as well, which are not necessarily reciprocal to women's.
- There is a need to translate sociological and feminist knowledge about gender, violence and mental health into mental health service contexts and this can be helped through building more bridges between disciplines, between the sexual and domestic violence and mental health sectors, and between academic disciplines such as sociology and practice settings. In this context, we need to consider practical ways we may interpret and use concepts that can be difficult to understand while policy makers must engage with feminist academics and women working on the ground with women who have experienced abuse.

"Very interesting, informative, and engaging. Good opportunities for sharing experiences and networking with other individuals and health care / academic organizations."

"Stimulating speakers – feel I'll take a lot from today back to colleagues who were unable to attend."

Domestic Violence, Substance Misuse and Mental Health (facilitated by Jennifer Holly, Against Violence and Abuse [AVA], The Stella Project)

- 'The trilogy of risk' was presented as illustrating the overlapping and intertwining of domestic violence, substance misuse and mental health issues. Problematic uses of language illustrate the continuing stigmatised experiences for women e.g. 'toxic trio' and 'triple diagnosis' are terms which potentially reinforce medicalising and pathologising approaches.
- There is often a lack of interagency working and a compartmentalisation of aspects of experience (substance misuse, domestic violence, mental health issues) which can impede people's help seeking.
- A range of projects across the UK are endeavouring to integrate these three areas. This includes Against Violence and Abuse (AVA), a second tier support service producing training, guidance and toolkits, and networking.
- Fear and lack of assurance means disclosure of domestic violence often isn't encouraged. There is a need to build confidence and ability in practitioners to recognise issues and signs of domestic violence. The Duluth Model which illustrates a power control wheel remains useful here.
- Government consultations are often not utilised constructively in the policy process and may even be ignored. There needs to be a commitment to listening and ensuring these inform policy and service development.

Black, Asian, Minority Ethnic, Refugee (BAMER) Issues (facilitated by Marai Larasi, Imkaan)

- We need to be careful not to homogenise BAMER women.
- Concerns with the colour of our skin can mean issues remaining unacknowledged; it is better to 'do your best' in addressing issues with women from BAMER communities while knowing this will have limitations.
- It can be helpful to look for common ground between yourself and Others so as not to sensationalise BAMER issues

Motherhood, Maternity, mental health and domestic violence (facilitated by June Keeling, University of Chester)

- Pregnancy often leads to the onset of violence or a change in its nature.
- Assaults are often life threatening/ psychologically damaging to the mother and the child (whether unborn/newborn or older).
- Key signs include a partner controlling the woman's journey through pregnancy and physical/ mental illness.
- Failure of services can arise from systemic blocks to listening, fear of over-reaction and professional concern over own competency.
- There is good practice but often this is compromised by poor communication or funding cuts.

- The rise of the (generic) discourse of human rights to the fore of public debate has had positive and negative impacts for women.

Risk (facilitated by Caroline Rowsell and Michelle Moore, Sefton Council and Margaret Brown, Merseycare)

- Research shows that domestic violence and sexual violence have a direct correlation with mental health.
- Risk is a key consideration within domestic, sexual violence and hate crime, addressed by Multi-Agency Risk Assessment Conferences – MARACS. This can help ensure women aren't left in the situation of wishing someone had warned them of the danger they were in. Interagency working and communication are central to effective assessments of risk, as are recognition of 'triggers' and the situation within a victim's life along with understanding the perpetrator. Risk planning can help ensure the best outcome for the woman and children. But while risk identification can increase safety, it cannot ensure this.
- Training within adult psychiatric services could help recognition and identification of risk. Practitioners may not ask the question, or ask the question in an ineffective way, as they fear the answer. Practitioners should ask the difficult questions and need to know what to do next; they need training and support so as to have the confidence to use their professional judgement.
- An 'empowerment' model needs to supplant the medical model within mental health services; this would ensure a process of working towards 'recovering' the person rather than constructing issues in terms of illness. Within such a model, 'don't know' answers can be more important than yes or no, and a person-centred approach can be very valuable since women's mental health issues are often related to multiple causes and there is a need to enable women to tell their stories. There is also still a need to explicate from this 'empowerment' perspective what we mean by 'mental health.'
- Specialist, face-to-face services for women facing domestic and sexual violence are helpful and should be a part of/better integrated into mainstream mental health service provision.

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The presentations from the event and a fuller report from the Gender and Mental Health Services workshop are available on the Study Group web site: www.britsoc.co.uk/medsoc/MedSocMentalHealth.htm

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