

Exploring Implications of the Impact of Mental Health Issues on Those Experiencing Domestic Violence in Same Sex and/or Trans¹ Relationships.

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Talking about mental health and lesbian, gay, bisexual and trans (LGBT) people has to be done carefully. On the one hand we still live with the legacy of a biomedical discourse that successfully pathologised these identities; on the other hand LGBT people are at higher risk of mental health related problems than their heterosexual counterparts (e.g. Hunt and Fish, 2008; King and McKeown, 2003; Whittle and Al Alami, 2007). The latter can be understood in large part as the results of living in heterosexist, trans- and homo- phobic environments not because of their identity. In this paper, focussing on domestic violence, I would also like to suggest that our increased use of mental health resources may also be an outcome of LGBT people feeling that their 'problems of living' are private requiring individualised solutions. Whilst it is now widely accepted that definitions of domestic violence include the recognition that domestic violence can occur across sexuality and gender, the public story about domestic violence remains that it is a problem of heterosexuality and physical violence: of bigger, stronger embodied men enacting physical violence against smaller, weaker embodied women. Consequently, there are extra problems for those in same sex and /or trans relationships and the professionals/ practitioners they might seek help from about recognising and naming their experiences as domestic violence and, particularly for practitioners, identifying who the victim/survivor and the perpetrator might be. This problem of recognition is reflected in the statistics showing that, nationally, only about 1% of those referred to domestic violence Multi-agency Risk Assessment Conferences are those from same sex relationships (Donovan and Rowlands, 2011). Recognition is part of the problem facing the domestic violence field in attempting to provide appropriate responses to domestic violence in same sex and/or trans relationships. Another part of the problem is that of mainstream and specialist domestic violence agencies being able to bridge the gap of trust to persuade those in same sex and trans relationships that they will receive appropriate and sympathetic responses if they come forward and report their experiences: that their private troubles have become legitimate public concerns (Wright-Mills, 1959). Drawing on Garland's (1996) work about the criminology of the self I will present an argument that suggests those in LGBT communities have learnt, by experience and in response to the legislative framework that has until very recently regulated their (particularly gay men's) lives, to deal with their relationship (and other) problems privately.

¹ The research this paper is based on was focussed on the experiences of those in same sex relationships regardless of their identity. However, in practice respondents overwhelmingly identified as lesbian or gay (male). Whilst the empirical data presented reflects this I think that there are enough similarities of experience with trans and bisexual people to make it worthwhile including these groups in the discussion about same sex and/or trans relationships.

This is illustrated by the findings from the first national, comprehensive study in the UK comparing the experiences of domestic violence in same sex and heterosexual relationships (Donovan et al, 2006; Donovan and Hester, 2011). Specifically, the implications of respondents' patterns of help-seeking and the preference for using counselling and therapeutic sources of help over other mainstream or specialist domestic violence agencies are explored including how the impact of domestic violence can result in consulting a therapeutic model that typically individualises the 'problem' as the responsibility of the victim/survivor rather than of the perpetrator. Whilst it is not intended to imply that there are not individual benefits to be gained from counselling and therapy, it is argued that agendas discussing the mental health needs of those living with the experiences of domestic violence in same sex and trans relationships might wish to consider the implications of these findings: whether mental health practitioners, counsellors and therapists are able to respond appropriately to those in same sex relationships; whether they are able to respond appropriately to those who have experienced domestic violence in a same sex and/or trans relationship; and whether there also needs to be a commitment to a process that makes this a more public problem.

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