

The Utopian Nightmare: Key Issues about Lesbian Domestic Violence according to Brisbane Domestic Violence Services

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Abstract

This research documents what Brisbane domestic violence (DV) service providers consider to be key issues about lesbian domestic violence (LDV). Interviews sought to determine if, from service providers' perspectives, appropriate measures were in place to assist victims and perpetrators of LDV. Results suggest issues specific to LDV complicate DV service provision and responses to this violence could be inadequate. Participants acknowledged DV service providers and lesbian, gay, bisexual and transgender (LGBT) communities must work together to address key issues of LDV and appropriate training is required to enable lesbian victims and perpetrators to seek support for abusive relationships.

Introduction

Domestic violence (DV) was first recognised by second wave feminists as a critical issue in Australia during the 1970s (Hunter 2006:733). With the feminist push towards targeting DV as a women's issue, Australian research on DV to date is underpinned by the assumption DV occurs predominantly in relationships involving men and women. That is, it assumes heterosexuality. This paper relies on international research on lesbian domestic violence (hereafter LDV) since very little Australian research has explored LDV. The apparent lack of Australian evidence on the incidence of LDV, combined with a focus on theorising DV as a heterosexual issue, suggests further work is required to explore DV in lesbian relationships.

This paper examines research documenting key issues for LDV according to service providers in Brisbane, Queensland – a state that evidences some of the highest levels of homophobia in Australia (Flood and Hamilton 2008). It firstly demonstrates gaps in literature and outlines the methodology employed for the study. It then explores issues raised by service provider staff in interviews about LDV service provision. Issues include how heteronormative DV theories shape service provision in ways that may be counterproductive to valuable service provision for LDV victims and perpetrators. The paper concludes by noting the importance of further research and training to better understand issues specific to LDV.

Explaining LDV

As most DV research focuses on heterosexual DV, we know little about DV in lesbian relationships. Australian research has highlighted LDV as an issue, with 120 of a sample of 135 lesbian or bisexual females in one study noting they were or had been involved in an abusive relationship with another woman (Leonard et al 2008). Notwithstanding the apparent high

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prevalence of LDV indicated by these findings, which may in part be explained by a broad definition of 'abusive relationship', violence between lesbians continues to be trivialised as 'cat-fighting', with women incapable of causing injury and acting in a 'mannish' way in domestically violent relationships (Ristock 2002:3). Irwin's (2008) Australian research also demonstrates how LDV can be silenced and misunderstood.

These ideas have left a lasting legacy. Researchers are still generally reluctant to focus on LDV as an issue, with research typically informed by the assumption DV is characteristically heterosexual. However, existing literature demonstrates there are issues specific to LDV that distinguish it from heterosexual DV:

- *External homophobia*, an extreme reaction such as 'irrational fear, intolerance, or hatred of gay men and lesbians', has been evidenced in LDV (Sanders and Kroll 2000:435);
- *Heterosexism* also impacts upon LDV in its baseline assumption of heterosexuality, which in turn reinforces the invisibility of lesbians (McLaughlin and Rozee 2001), as in DV awareness campaigns;
- *Internalised homophobia*, where one woman reflects her self hatred onto her partner (Renzetti 1998);
- *Outing* where a lesbian perpetrator may threaten to out a lesbian partner to homophobic peers/family who may abandon her (Aulivola 2004).

Combined with these factors is invisibility of issues specific to LDV service provision which means those seeking assistance may get inappropriate and inadequate support (Ristock 2003:1-2). External homophobia may result in indifferent and insensitive service provision failing to meet the needs of lesbian victims and perpetrators, further strengthening and legitimising the secrecy and invisibility of LDV (McHugh and Frieze 2006:135). Without an appreciation of the effects of outing, internalised or external homophobia, and heterosexism, lesbians will continue to experience barriers to seeking help. These issues also constitute barriers for effective service provision for lesbian victims and perpetrators, and highlight serious gaps in understandings of LDV and how best to support lesbians experiencing/perpetrating LDV.

Methodology

This study employed a qualitative, exploratory approach to explicate key issues in relation to LDV in Brisbane, Queensland. Individual semi-structured interviews were conducted with Brisbane DV service providers. Interviews were expected to produce the depth of knowledge needed to gain an understanding of how these services think about key issues of LDV, and whether they believe services reflect heterosexist assumptions about DV.

Six service providers participated, with support ranging from specifically DV-related, to relationship counselling, sexual violence support, medical support, and supporting young people. Seven people were interviewed, including five females, one male, and one transgender person. A small sample size within Brisbane provided enough quality data to address the key issues of LDV. Individual interviews were recorded, transcribed electronically, coded using NVivo, and thematically analysed.

Recognising LDV

Participants recognised LDV is occurring in Brisbane but could not indicate prevalence. While research speculates about whether or not this is because LDV is 'hidden' or 'silent' within mainstream communities (Balsam 2001:27), some participants disagreed with LDV being described like this:

I've spent a long time with a lesbian couple who...terrible, terrible violence...both of them, did terrible violence (P4²).

I've seen a fair few. Not necessarily within my work with services. I've seen lots of violence in young women relationships. I've seen, with my peers, over the last 10 to 30 years lots of DV (P5).

I'm hearing from female same sex attracted clients that DV is a big issue in the lesbian community (P6).

Participants agreed male perpetrator programs do not address women's use of violence, or specific violence types used in LDV. Although participants generally noted no formal support services for victims or perpetrators of LDV, some participants stated they would try to provide some assistance. However, the data suggests this often appeared to be an ad hoc action rather than a targeted, specific approach:

I don't know of any perpetrator programs for women but I don't know anyone who has women perpetrators coming to them. I don't think there are any female perpetrator programs around at all (P5).

I'm not saying we wouldn't work with women perpetrators of women in same sex relationships, it would just depend on who walks through the door (P4).

If a woman identifies as the abuser we will certainly talk to them, provide information and refer them somewhere else. But I'm unaware of any perpetrator program for women. That's a real deficit. It's difficult for a lesbian who identifies as a perpetrator because all the perpetrator programs are geared for men. That's a real issue that needs to be addressed. I'd never send a perpetrator of LDV to an anger management program (P1).

Making comparisons between these relationship types highlights the need clearly to define same sex DV outside existing heterosexual definitions of DV (Ristock 2002:55). Exploring DV within heterosexual contexts, such as patriarchy, does not address DV contexts in lesbian relationships such as internalised homophobia:

One issue is that women don't always recognise DV in their relationship. I think lesbians don't recognise it because it's not a message that's out there. We don't hear as much, if anything, about same sex DV as we do with heterosexual DV. Not recognising LDV in their relationships is really common (P1).

They don't necessarily recognise for what it is. By abusing I mean they are very controlling, it's not only physical DV. That's where they may not recognise it as DV (P3).

Non-heterosexual Issues – Outing

Discussions of outing highlighted discrepancies in participants' knowledge of this issue. Ristock (2003:5) has discussed how service providers spoke of 'muddled or confusing' power dynamics within lesbian relationships, such as outing, that did not fit the 'gendered lens' they worked with. This is supported by data from the present study:

The issue of being brought 'out' is very important to everyone in the queer community. 'Coming out' isn't something you do – 'I'm gay' and it's done. It's a daily occurrence for your whole life. Every time you get on a first name basis with the green grocer or you join a gym, whatever it is, it's about pronouns, about saying 'I'm lesbian' or 'I'm gay'. Or talking about your partner you're saying 'she' rather than 'he' or 'he' rather than 'she'. Every time you use that pronoun or decide not to, you're announcing yourself or costing yourself. This is a daily occurrence for LGB people and that's a surprise to a lot of straight people who didn't think 'coming out' was really about that. That constant oppressive (P6).

² P refers to 'Participant'.

Non-heterosexual Issues – Internalised Homophobia

Participants demonstrated difficulties in articulating issues about internalised homophobia when they did not have ways of thinking about these issues. For example, participant's ideas of internalised homophobia did not fit within existing heterosexual DV frameworks shaping service provision:

It's a concept that is unfamiliar to heterosexual people. Growing up in a heterosexist environment, it's almost inevitable. We as queer people take it on and see ourselves out of kilter with society. There is this dislocation with who we are and where we live...where we exist (P6).

It's difficult when looking at DV through a feminist framework to entertain the concept of internalised homophobia, our ideas of women and how women shouldn't behave (P1).

Non-heterosexual Issues – External Homophobia

For participants, homophobia not only discourages lesbian women from seeking assistance from service providers, but directly informs service provider practices with lesbians experiencing DV. This was a concern to participants who believed this could create barriers for lesbians and service providers:

There's a stigma attached to going to a generic service, particularly in fear of discrimination from homophobia. It's everywhere—a real fear. Like the attitudes from police and the general community (P1).

When a lesbian is experiencing DV from another woman, there's the belief that DV services are really for women who experience violence with men. They are perceived as being homophobic-type organisations, not able to provide appropriate service for them. If you have any social beliefs saying that a lesbian relationship is utopic, you're not going to come forward and say your relationship is as fucked up as any other (P5).

Non-heterosexual Issue – Heterosexism

Participants noted heterosexism as a serious barrier to seeking help with LDV. They suggested heterosexism was important not just because it informed service provision, but because it would create issues for people accessing services.

Services should be allowed to ask about sexuality, I mean, why not? Who's uptight about that? It's not usually the lesbian. That's heterosexist. Heterosexuals have that issue not usually homosexuals. It's heterosexist to think a lesbian relationship has to have a female and male role (P5).

Coupled with heterosexism, it's something that people should understand. It's difficult to put yourself in others' shoes in any situation. It's difficult to understand growing up as an 'alien' outside of your own culture (P4).

Symbolic and Overt Support

Participants discussed the ways in which their service attempted to welcome lesbians seeking support. One of the most common approaches was to use limited *symbolic* gestures such as rainbow stickers and pamphlets:

Using a rainbow sticker—we have one on the reception window—is quite a visible symbolic statement (P6).

We have the rainbow sticker on our door, which is a strong symbol for the LGBT community (P1).

However, service providers were concerned that support was limited to symbolic gestures because of an (untested) assumption that heterosexual clients would react negatively to more direct forms of support. In contrast, recognisably LGBT-friendly service, demonstrated *overt* support:

I greet them and help make them feel safe because this is a place where you need to feel welcome and safe. Once they come in the door they don't have to worry about the world (P2).

Availability of Training

Since no training specific to LDV exists in Brisbane, services themselves coordinate their own training. One participant did not believe LDV should be dealt with through mainstream strategies. Instead, she insisted LGBT communities were best placed to respond to LDV. Other participants disagreed, stating all services should be made available to assist with LDV but that training should be developed by LGBT community members to ensure all key LDV issues are addressed. This is supported by Renzetti (1996) who called for appropriate training for all service provider staff. With no specific training, service providers are forced to adapt these understandings of heterosexual DV to try to support lesbians. More importantly, service providers may rely on what appear to be 'ad hoc' training measures that 'seemed a priority' rather than formal training about a range of fundamental issues. The key issue noted by participants was 'there is no "training". We do the training' (P5).

Participants referred to feminist understandings of DV which argue that patriarchy legitimises men's violence against women (Irwin 2008). While one participant believed LDV could be made to 'fit' within existing feminist frameworks designed for heterosexual DV, other participants disagreed. Two participants worried that feminist DV frameworks are inadequate for addressing LDV issues, such as internalised homophobia. Moreover, some participants pointed out that LDV has the potential to undermine feminist accounts of DV, that rely upon patriarchy as a causal factor, by highlighting the fact men are not the only perpetrators of DV, thus impacting upon the manner in which services respond to heterosexual women as well:

This is what services struggle. They work within a feminist structure—that idea of the patriarchal structure where men are perpetrators and women are victims. It's difficult to shift...it doesn't have to be negated in order to look at and find something that fits with same sex relationships (P1).

Discussion and Conclusion

Since little is known about LDV in Australia, international research dominates our understanding of LDV in this study. In Brisbane, DV service provision is focused on delivering support to men and women experiencing violence within heterosexual relationships. This means limited service provision is available for lesbians and the results of this study clearly demonstrate the response to LDV in Brisbane remains inadequate. Many concerns about LDV within the LGBT and mainstream communities have been highlighted in the data. Service providers and the LGBT community must work together to improve the level of support available to lesbians. The main concerns relate to establishing more service provision, adapting or creating new theories to incorporate LDV, and developing appropriate training in understanding the key issues of LDV to strengthen existing service provision. By improving the response to LDV, lesbian victims and perpetrators may feel safe enough to seek support for abusive relationships.

Additionally, DV service provision tends to use dominant feminist frameworks to identify violence, form clinical policy and practice, and implement support programs. It has been argued these dominant feminist frameworks trivialise or ignore LDV (Irwin 2008). This is a result of the heterosexist assumptions about DV in intimate relationships (Ristock 2002:3), which is evident in the interview data.

Service provider interviews in this study suggest the need for overt forms of symbolising support. The comments of staff evidenced how the assumption of a broader homophobic public shapes

the explicitness of symbolic support. Staff consistently noted their reluctance to explicitly symbolise support due to the assumption that heterosexual clients would react in homophobic ways. This form of heterosexism only alienates lesbians from accessing service provision.

Heterosexist assumptions are also evident in the lack of support afforded to lesbian perpetrators of DV. Participants indicated there was no formal support for lesbian perpetrators and they appeared reluctant to engage with the idea of female perpetrator programs. This reluctance may be informed by dominant feminist frameworks used in service provision to develop support programs, namely, that only heterosexual men can perpetrate violence in intimate relationships.

The first step is to publicly acknowledge that LDV does exist in Australia. This may be difficult for not only mainstream society, but for the LGBT community. Co-ordinated efforts between services, government policies, mainstream and LGBT communities, can only improve responses to LDV which will enable appropriate and adequate support, referrals, and training.

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