



Domestic Violence in Gay and Lesbian Relationships *

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Domestic violence in gay and lesbian relationships: An overview

Domestic violence in lesbian and gay relationships has been an under-researched area. Its importance, however, is beginning to be recognised and investigated. The available research literature includes bodies of knowledge that relate generally to people experiencing violence within same-sex relationships, as well as research that is more specifically focussed on the experiences of either gay men or lesbian women. Same-sex domestic violence also refers to abuse in the context of same-gender relationships. Transgender people (who may identify as gay/lesbian, bisexual, heterosexual or other sexualities) and bisexual people may experience domestic violence in the context of same-gender or opposite gender relationships (ACON 2004, p. 5). Transgender and bisexual people may experience domestic violence in different ways and have to deal with different challenges when accessing services (ACON 2004, p. 6). However, many of the experiences of abuse and barriers to services would also be relevant for transgender and bisexual people (ACON 2004, p. 5). This overview highlights issues and implications of domestic violence in lesbian relationships and makes reference to general issues and to issues confronting gay men where these are useful.

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Research on the incidence and prevalence of domestic violence in gay and lesbian relationships in Australia is limited but data collected from services are beginning to clarify the nature of prevalence. However, establishing the prevalence of same-sex domestic violence is difficult, with many studies relying on self-report data, self-selected or non-random sampling (Renzetti 2001 in ACON 2004, p. 8). The Domestic Violence Line in New South Wales estimates that 5 calls out of 1000 a month are from lesbians identifying as being in an abusive relationship (Bird 2003, p. 88). An audit of counselling files within the AIDS Council of New South Wales (ACON) Counselling Service during the period June 2001-July 2003 revealed that 11% (54) of counselling matters included issues of intimate partner violence (Gray 2004, p. 6). ACON's clients are people living with HIV/AIDS and consist largely of members of the GLBT (Gay, Lesbian, Bisexual and Transgender) communities (Dwyer 2004, p. 7). There are several limitations with using counselling files as they only record disclosures of abuse, only information the client thought necessary to disclose and what the counsellor chose to record (Dwyer 2004, p. 7). However, these files included information on circumstances where one partner felt like the other person was controlling them, where their partner was the primary initiator of violence and where one partner was expressing fear of their partner.

Studies in the U.S. indicate that approximately 22 to 46% of lesbians had been in a physically violent intimate partner relationship (Bagshaw et al. 2000). Other studies estimate that 15 to 20% of gay men and lesbians had been affected by domestic violence (Vickers 1996). Most of this research has been based on self-selected samples; nevertheless, they signal that domestic violence in same-sex relationships is a major issue (Paroissien & Stewart 2000).

Domestic violence in gay and lesbian relationships, as in heterosexual relationships, ranges from physical or sexual violence to psychological, emotional or economic abuse (Bagshaw et al. 2000). Like domestic violence in heterosexual relationships, domestic violence in gay and lesbian relationships includes: a pattern of behaviour, involving one partner using and maintaining power and control over the other, which causes fear in the other partner (ACON 2004, p. 5). In addition, there are forms of abuse that are specific to lesbian and gay relationships and arise as a feature of heterosexist and homophobic elements of society (Vickers 1996). Homophobia is

defined as 'the irrational fear and hatred of homosexuals' (Eaton 1994, p.201) and heterosexism as 'the use of heterosexuality as the dominant and institutionalised form of sexual identity' for dominance and privilege (Eaton 1994, p.201; Ristock 1994, p. 419). Abusive partners can rely on homophobia or heterosexism as a tool to control their partner (Astor 1996; Vickers 1996; National Coalition of Anti Violence Programs 2001). This type of abuse can involve:

- 'Outing' or threatening to out their partner to friends, family, police, church or employer;
- Telling their partner that s/he will lose custody of the children as a result of being 'outed';
- Telling a partner that the police or the justice system will not assist because the legal justice system is homophobic;
- Telling a partner that the abusive behaviour is normal within gay relationships and convincing the abused partner that s/he does not understand lesbian or gay relationships and sexual practices because of heterosexism.

For gay men and some lesbians living with HIV or AIDS, there are related and specific forms of abuse. Although HIV or AIDS can also affect heterosexual people, for gay people, there could be the specific abuse of being threatened to be 'outed' by their abusive partner if they did not wish their sexual identity to be disclosed, thereby impacting on their employment and social relationships (Renzetti 2001 in ACON 2004, p. 6), as well as the additional perception or fear of the police or justice system as not being receptive to their needs because of homophobia. Although HIV/AIDS does not cause domestic violence, it can be a factor in abuse; for example, the inability to resist unsafe sex in the context of sexual assault, and threatening to reveal a person's HIV status (Lettelier 1996 in ACON 2004, p. 7). HIV status has been shown to influence gay men's decision making about staying in abusive relationships (Merrill & Wolfe 2000 in ACON 2004, p. 7). Victims of same-sex domestic violence who are HIV-positive may also feel they have no other support apart from their abusive partner. If the abusive partner is HIV-positive, the victim may feel guilty about reporting the abusive partner to the police as this may be perceived as betraying the gay community (Wallace 1999; Lettelier 1996 in ACON 2004, p. 8). Some patients in

special care AIDS units have reported that they experienced violence in their relationships only after their HIV status had seroconverted and, in some cases, their abusive partners withheld medication from them. One pilot study involving 81 people, comprising mostly gay men but also including some lesbians and heterosexuals, explored participants' experiences of HIV/AIDS and domestic violence. It revealed that (of those who experienced domestic violence), most lived in a constant state of fear, including the fear of abusers disclosing their HIV status to parents or to employers without their consent (O'Sullivan 1995).

Homophobia, misconceptions and barriers to seeking help

The abused partner's reasons for not seeking assistance in same-sex domestic violence needs to be viewed in its broader social, political and legal context. For example, the decriminalisation of homosexual activity did not take place until 1990 in Queensland. It is also only in recent years that the effect of the criminalisation of sexual activity between gay men (and, arguably, also lesbian sexual activity) under the Tasmanian Criminal Code has been nullified by international legal action and Federal Government intervention (Astor 1996). Some jurisdictions still have laws that outlaw sodomy (Domestic Violence Resource Centre 2000). Also, the World Health Organization did not declassify homosexuality as a pathological illness until the early 1990s (Jones et al. 2002).

Homophobic violence has been well documented as a significant social problem for lesbians and gay men in western nations (Mason 2002). Victimization surveys undertaken during the 1980s and 1990s in the United States, United Kingdom, Canada, New Zealand and Australia estimated that 70-80% of lesbians and gay men experienced verbal abuse in public because of their sexuality; 30-40% reported threats of violence; 20% of gay men reported physical violence; and 10-20% of lesbians reported physical violence (Mason 2002).

In addition to the isolating effects created by homophobia and discrimination, lesbians or gay men are also often isolated from family and friends (Beauchamp 1998). In these ways, homophobia contributes to the opportunity for abuse to occur without incurring any negative consequence. Homophobia isolates the abused partner and prevents her/him from accessing resources such as family, friends,

social services, police and the legal system (Merrill 1996). In addition, the silence around violence in same-sex relationships may also be reinforced by the fear that acknowledging it may feed societal homophobia and contribute to prejudice about gay or lesbian relationships (Astor 1996).

Merrill (1996, p.12) highlighted the 4 most common misconceptions about same-sex domestic violence as the following:

1. An outbreak of gay male domestic violence is logical (because all or most men are prone to violence), but lesbian domestic violence does not occur (because women are not prone to violence);
2. Same-sex partner violence is not as severe as when a woman is abused by a man;
3. Because the partners are of the same gender, it is mutual abuse, with each perpetrating and receiving 'equally';
4. The perpetrator must be the 'man' or the 'butch' and the victim must be the 'woman' or the 'femme' in emulation of heterosexual relationships.

Misconceptions such as these, also derivative of homophobic assumptions, can contribute to the isolation of abused gay and lesbian people by masking the realities of domestic violence in same-sex relationships and placing the safety of the abused person at continued risk.

Victims may be reluctant to call the police or seek legal help due to fears that the violence would be dealt with as 'mutual battering' and fear that they may get arrested (Friess 1997 in ACON 2004, p. 12). The misconception that same-sex violence must be 'mutual' or 'equal' is exemplified by the fact that frequently, when abused gay or lesbian people seek restraining orders against their abuser, mutual orders are made by the courts (Vickers 1996). Barriers to accessing restraining orders were also described in a study involving 21 women in lesbian relationships from all states in Australia except Tasmania and the Northern Territory. It was found that in only 1 out of the 9 incidents where police had been contacted did the woman take out an Apprehended Violence Order (Irwin 1999). Research found that lesbians and gay men have low levels of reporting any crime to police (Thomson 1995 in ACON 2004, p. 12), with another survey reporting that over 50% of lesbian crime survivors as

having no contact with the police or had delayed contacting them (Baird 1997 in ACON 2004, p. 12).

The context of societal homophobia and discrimination, and the likelihood that gay people may have experienced homophobia in the past would mean that many would be wary of accessing services (Wallace 1999 in ACON 2004, p. 12). For gay people from diverse cultural backgrounds, there may be a history of poor relationships with the police or discrimination in service provision, which presents additional barriers for them (Waldron 1996 in ACON 2004, p. 12).

Implications for service provision

Service providers need to be aware that barriers to seeking help or reporting domestic violence are more acutely felt by lesbians and gay men, in particular those from Indigenous and ethnic communities. Gay and lesbian people from Indigenous and ethnic communities may have additional reasons to mistrust the police and legal systems. Such apprehension may exist alongside experiences or anxieties about racism, and cultural or linguistic inappropriateness by support service providers. Participants at a domestic violence conference held in London in 2002 discussed experiences of lesbians and gays being 'outed'. Sometimes this could mean being ostracised from a particular ethnic or racial community. Some perpetrators threatened to report their partners who were asylum seekers to immigration authorities or threatened that they would be deported back to countries with homophobic laws (Jones et al. 2002).

Furthermore, researchers and service providers need to be aware of the context for the relative silence of gay male communities about domestic violence, compared with lesbian communities. Research conducted by Bagshaw et al. (2000) cautioned against grouping issues of gay men together with issues of lesbians in domestic violence. Lesbians as a community have established cultural traditions such as women's health and self-reflexivity in relation to women's health and welfare issues. However, no such tradition existed for gay men in this South Australian research. Bagshaw et al. argued that it was only because of the growth of gay men's health as a concept within the context of HIV/AIDS prevention services that a possibility now exists for community-wide action. However, their research revealed that even within

this context, the experience of violent relationships still did not have an outlet for discussion for gay men. Women's refuges are also resources to which gay men abused in domestic violence do not usually have ready recourse (Vickers 1996), further demonstrating a lack of traditional support in this area.

Based on a total of 110,500 clients during 1999 to 2000, the NSW Supported Assistance Accommodation Program (SAAP) recorded the reasons for emergency and accommodation assistance. Fifty-seven percent of the 28,500 female clients with children, and 44% of the 15,100 female clients aged over 25 without children, had sought assistance because of domestic violence (SAAP 1999-2000). However, it has been reported that lesbians experienced difficulties in accessing domestic violence refuges and also experienced problems with admission and treatment at shelters or refuges (Vickers 1996). Bagshaw et al. (2000) recommended both alternative accommodation for lesbians abused in domestic violence situations and that mainstream refuges need to review their policies and practices to be inclusive of the needs of abused lesbians and their children.

The NSW ACON Housing Project, also a SAAP-funded service, provides advocacy and support to people living with HIV/AIDS who are homeless or at risk of homelessness (ACON 2004). It found that an increasing number of their clients are disclosing experiences of same-sex domestic violence. It also found a lack of appropriate housing options and referral for support specific to the needs of victims of same-sex domestic violence (ACON 2004, p.1). ACON (2004, p. 2) noted that when people experiencing same-sex domestic violence are not able to access services, they would be at risk of homelessness, which would put their safety at risk.

The safety screening procedures of refuges need to recognise that the abusive partner in a same-sex relationship may also gain access to the refuges (Vickers 1996). The issue of mainstream agencies not being able to distinguish between the abuser and the abused in same-sex relationships was raised at the 2002 London conference on domestic violence experiences of lesbians and gay men (Jones et al. 2002). Focus groups conducted by Bagshaw et al. (2000) also reported examples of lesbian perpetrators accompanying their injured partners to doctors and hospitals, where it was believed that the abusive partners were supportive friends, and

consequently the abused women were not separately interviewed. Better training and safety screening procedures would be necessary in this context.

Unidentified and unmet needs were of great concern to the participants at the 2002 London conference on domestic violence experiences of lesbians and gay men, since there were no quantitative data on their general needs of services (Jones et al. 2002). In the U.K., a survey recently commissioned by the Department of Health found that 54% of lesbian and bisexual women did not feel safe to discuss their sexuality with their General Practitioners (Jones et al. 2002). Practitioners would need to understand these issues in any intervention with a woman experiencing domestic violence in a lesbian relationship (McClennen et al. 2002).

Lie and Gentlewarrior (1991) conducted a survey in the United States of 1109 lesbians who reported on the resources most likely to be used after an abusive episode. At least two thirds of the respondents reported that they were unlikely to use any of the resources listed, regardless of whether they were the abused woman or the perpetrator of violence. About one third of the respondents said that if they were abused in a violent relationship, they would choose the following four resources: support groups, self-help groups, private therapy or counselling, and battered women's shelters.

Another survey conducted by Ristock (1994), involving 113 respondents, also asked abuse survivors about their help-seeking behaviour and asked them to choose from a list of help services. Most (80%) of the survivors of domestic violence in lesbian relationships had sought help primarily from friends. Renzetti 1992 (in Ristock 1994) reported similar findings in her survey. These survey results highlight the fact that most lesbians abused in domestic violence avoided mainstream agencies and believed in the likelihood of not being accepted or not being taken seriously by them (Ristock 1994).

ACON's counselling project on same-sex domestic violence in NSW had found that the data on presenting issues confirm that many people will not present to health services specifically for domestic violence (Dwyer 2004, p. 8). This highlights the significant role for health workers in identifying same-sex domestic violence.

Specific same-sex domestic violence survivors' support services have been identified – for example, services offered by the St George Hospital Social Work Service in NSW (Schembri 2002) – and a project with an interagency approach for social workers and other community service providers at the NSW St Vincent's Community Health Service, Darlinghurst Centre, to respond to the needs of gay male clients who are HIV-positive with experience of domestic violence (Grealis 2002). However, the Crime Prevention Division of the NSW Attorney-General's Department (2001) found that the support services in Australia generally appear fragmented and that gay and lesbian counselling services operated with limited funding and with volunteer workers, while attempting to provide requested support to domestic violence survivors.

It is only recently in NSW, one of the larger Australian states, that some services specifically for lesbians and gay men in domestic violence are being developed to address intimate partner violence. In 2003 ACON was successful in gaining funding to conduct a Community Awareness Campaign about same-sex domestic violence. This resulted in a designated website (<http://ssdv.acon.org.au/>) and establishment of a Same Sex Domestic Violence Interagency Working Group to guide and agitate for the development of more effective responses to those in lesbian and gay relationships involving intimate partner violence.

Some of the major theoretical approaches

McClennen et al. (2002) suggested that for intervention strategies to be effective, professionals have to base their practice on a foundation of theoretical knowledge, and further, that research is needed to provide evidence for good practice and for sound theoretical development. Some of the major theoretical approaches to domestic violence are described below.

The family systems approach or family violence frameworks view partner abuse as part of a pattern of violence among all family members (Perilla et al. 2003). In contrast, traditional feminist theories attribute lesbian domestic violence to gender oppression (McClennen et al. 2002). Western feminist theories place gender-based power as central in the analysis of inequality in relationships, with the focus mostly on male-female relationships, and thus have been criticised for omitting an analysis

of violence in same-sex relationships (Perilla et al. 2003). Family systems research has also been criticised for its Conflict Tactics Scales (CTS) and for counting the frequency of violent acts without looking at the context in which domestic violence occurs (Perilla et al. 2003).

Psychological theories focus on the individual's learned behaviour of others who abuse (McClennen et al. 2002). Land and Letellier (in Merrill 1996) proposed a gender-neutral theory of domestic violence that focused on the psychology of the perpetrator and argued that the abuser should be identified by behaviour instead of gender. However, if domestic violence is not a gender issue, then one could assume that heterosexual domestic violence would be equally perpetrated by men and women, which is clearly not the case. Merrill argues that, just as a feminist approach alone may not explain same-sex domestic violence, a psychological approach alone also fails to account for the disproportionate number of male perpetrators in heterosexual domestic violence. He believes that feminist and psychological frameworks do not have to be mutually exclusive. Like Renzetti, he advocates the integration of socio-political and psychological theories. Social-psychological theorists such as Zemsky, Gilbert and others (Perilla et al. 2003) combined the psychological and socio-political feminist theories and classified 'causation into 3 categories: learning to abuse, having the opportunity to abuse, and choosing to abuse' (Merrill 1996, p. 13).

Elliott proposes that the use of violence in gay and lesbian relationships is about power rather than gender (Perilla et al. 2003). She argues that 'as sexism creates opportunity for heterosexual men to batter women, homophobia creates opportunity for people in same-sex relationships to batter their partners' (Perilla et al. 2003, p.20). In both contexts, she argues that there is opportunity to abuse and a perceived freedom from negative consequences. According to Elliott, there is power abuse in both heterosexual and gay and lesbian relationships, but the source of power differs (Perilla et al. 2003). In the heterosexual context, gender is the defining factor but power in same-sex relationships may be a function of various elements such as education, class and ethnicity interacting with one another (Perilla et al. 2003). However, Bird (2004) argues that feminist analysis and gender analysis should not be used interchangeably. She suggests that a feminist analysis of male

violence against women can be expanded to examine experiences of oppression and internalisation of the ideology of oppression that lead to replicating the dynamics of power and control in intimate relationships. Yet others like Ristock (1994) hold that heterosexual domestic violence should not be treated as the analytical framework for all abusive relationships and instead, the social context surrounding gay and lesbian intimate partner abuse could be examined. She advocates a framework that recognises diversity rather than gay/straight dichotomies (Ristock 2002). Mason (2002) also suggests that violence against gay people should not be posed as a question of either gender or of sexuality, but rather, as an interaction between the power relations in dominant discourses of both sexuality and gender.

Conclusion

In order to respond appropriately to gay and lesbian domestic violence, major issues need to be addressed, including the role of heterosexism and homophobia as barriers to seeking assistance. In addition the low availability, suitability or accessibility of support services, accommodation, health services and the legal system, including police and the courts, are of major concern (Vickers 1996). There are barriers to disclosing domestic violence in same-sex relationships, both within the lesbian and gay communities and the wider community. 'Domestic violence in same-sex relationships needs interventions and strategies on multiple levels, including community, organisational and societal' (McClennen et al. 2002, p.289). The development of integrated, coordinated support services and programmes specifically addressing gay and lesbian domestic violence could be supported by further research to identify good practice.

Statistical studies that only compared the number of times women and men had used violence would not be as meaningful as contextual analysis for understanding the dynamics and consequences of domestic violence in same-sex relationships (Perilla et al. 2003, p.40). Domestic violence within gay and lesbian relationships raises questions for the dominant theoretical explanatory frameworks of domestic violence and this has implications for service providers (Bagshaw et al. 2000).

ACON (2003) discussed barriers faced by victims of same-sex domestic violence in seeking or receiving assistance including issues of how to identify same-sex

domestic violence, how to identify or distinguish the perpetrator from the victim of same-sex domestic violence, barriers in acknowledging abuse, statistics on same-sex domestic violence, the role of homophobia in maintaining silence, legal help including the police, and services availability. Future research could also seek to provide a better understanding of how current approaches to domestic violence marginalise people on the basis of sexual preference, identity, orientation and Indigenous or ethnic background. By supporting lesbians or gay men to work with others, through research, discussion and education about barriers to services, change could be fostered. This is necessary to empower the lives and secure the safety of gay and lesbian people experiencing domestic violence.

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