DEVELOPING SERVICES TO ADDRESS LESBIAN RELATIONSHIP VIOLENCE:

DISCUSSION WITH SERVICE PROVIDERS IN AUSTRALIA

BY

TANIS LYNNE YASENIUK

A Thesis
Submitted to the Faculty of Graduate Studies of the University of Manitoba
In Partial Fulfillment of the Requirement for the degree of

MASTER OF SCIENCE

Department of Family Social Sciences
University of Manitoba
Winnipeg, MB

THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES
*****
COPYRIGHT PERMISSION

Developing Services to Address Lesbian Relationship Violence: Discussion with Service
Providers in Australia

BY

Tanis Lynne Yaseniuk

A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of

Manitoba in partial fulfillment of the requirement of the degree

Of

Master of Science

Tanis Lynne Yaseniuk © 2008

Abstract

Over the past two decades researchers have reported a wide range of prevalence rates of lesbian domestic violence, indicating that violence in lesbian relationships is a significant problem. While services exist for abused women, many of these services are not viable options for abused lesbians. The present research seeks to further understand and elaborate on the reasons behind the ineffectiveness of domestic violence agencies' responses to lesbian domestic violence. Qualitative data from four focus groups with service providers in Australia are analyzed. The research finds that service providers are faced with three sub-levels of barriers which prevent them from effectively addressing lesbian domestic violence: (a) barriers in conceptualizing lesbian domestic violence, (b) barriers acting upon agencies, and, (c) barriers service providers face in providing effective services. While we have made progress in studying lesbian domestic violence, there is still much to learn to improve the efficacy of efforts to address violence in lesbian relationships. The findings of this research have implications for agencies and service providers addressing lesbian domestic violence, and offer recommendations for service providers and future research.

Acknowledgements

I want to thank my parents for their loving support and understanding throughout my studies. A special thanks goes out to Matthew who has been patient and understanding and has always been there for me. I would also like to thank all the FSS girls, especially Mika and QiQi, who have been a wonderful source of support – thank you!

I would also like to thank my advisor, Douglas Brownridge, for all that he has done. He has helped me mature as a person and a student throughout this process and has provided endless encouragement from the beginning. I also would like to thank him for the hours spent revising and editing this thesis.

Kerstin Roger also deserves a thank you. Her careful reading and thoughtful suggestions and comments were greatly appreciated.

My external committee member, Janice Ristock, also deserves a special thank you. She was a wonderful source of ideas and helpful suggestions, and showed enthusiasm and passion for the research. Like Douglas, she also spent numerous hours editing and revising this thesis.

Financial support through the University of Manitoba Graduate Fellowship was greatly appreciated as it allowed me to focus my efforts toward completing this thesis.

Table of Contents

CHAPTER 1

Introduction

Intimate violence is often viewed as solely perpetrated by males (Dutton, 2006). The public often assumes that violence simply does not occur within same-sex relationships and, if it does occur, it is at a drastically lower rate. However, research suggests otherwise. While a wide range of prevalence rates have been reported (14%-90%) (Lockhart, White, Causby & Isaac, 1994; Miller, Greene, Causby, White & Lockhart, 2001), researchers have, perhaps prematurely, concluded that lesbian domestic violence occurs at similar or slightly higher rates than within heterosexual relationships. While we do not know the true extent of violence in same-sex relationships based on existing data, what we can take from this research is that violence in . same-sex relationships is a significant problem.

A number of services exist for abused women to seek help (e.g., shelters, police, crisis hotlines, etc.). While these services may be available to lesbian women in abusive situations, many are not viable options. Many service providers (police, lawyers, doctors, etc.) often do not receive adequate, if any, training about same-sex unions and the dynamics of these relationships (Ristock, 2002a; Simpson & Helfrich, 2005). This lack of training becomes evident when service providers are asked to respond to incidents of lesbian domestic violence. Many providers are often unsure of how to deal with abuse in lesbian relationships and frequently will deny the existence of the abuse as it violates the norm and their understanding and analysis of the situation (Hammond, 1989).

Lesbians who have sought help from domestic violence agencies are often dissatisfied with the services received (Renzetti, 1992; Ristock, 2002a). Many lesbians have reported being turned away, or that staff members made them feel uncomfortable and unwelcome (Renzetti,

1992). Heterosexist attitudes and an unwelcoming aura surrounding the service are often thought to underlie lesbian victims' refusal of services (Renzetti, 1992).

This study seeks to further understand and expand on the reasons behind the ineffectiveness of domestic violence agencies' response to lesbian domestic violence. While research has often questioned the victims themselves as to their experiences when using such services, I will be analyzing service providers' responses and thoughts regarding lesbian domestic violence. Analyzing service providers responses will provide an interesting and novel look into what they believe are their own weaknesses in providing services to abused lesbian women as well as how those weaknesses can be improved. Qualitative data from four focus groups will be analyzed with each focus group consisting of 8 to 10 service providers.

My objectives are two-fold: first, to examine the barriers to developing services that address lesbian relationship violence through analysis of focus groups with Australian service providers; and second, to compare and contrast the responses of service providers from four Australian organizations which operate under different lenses (criminal justice lens, health lens, and counselling/empowerment lens).

This study will begin with a literature review which will provide a definition of lesbian domestic violence and a discussion of the prevalence of lesbian domestic violence. This is followed by a discussion of feminist frameworks which have been applied as an explanation of lesbian domestic violence. The literature review will conclude with a discussion of lenses which influence how domestic violence is responded to, and a discussion of extant research on the barriers to accessing and providing services to lesbians in abusive relationships.

Definition of Lesbian Abuse

The most commonly cited and accepted definition of lesbian abuse was put forth by Barbara Hart (1986). Hart defines lesbian abuse as a "pattern of violent and coercive behaviours whereby a lesbian seeks to control the thoughts, beliefs or conduct of her intimate partner or to punish the intimate for resisting the perpetrator's control over her" (p. 173). Included within this definition are physical abuse, psychological/emotional abuse, sexual abuse, and financial abuse. While the aforementioned forms of abuse are common in both heterosexual and same-sex relationships, a form of abuse unique to same-sex relationships is that of homophobic control. Homophobic control includes behaviours such as threatening to 'out' one's partner, telling one's partner that they deserve the abuse because of their sexual orientation, and reminding their partner of their limited options of escape due to a homophobic society (Chan, 2005; Ristock, 2002a).

Prevalence of Lesbian Domestic Violence

Over the past two decades, a burgeoning amount of research has documented prevalence rates of lesbian domestic violence ranging between 14% to 90%, depending on the type of violence being reported. Miller, Greene, Causby, White, and Lockhart's (2001) research on 284 lesbians attending a music festival reported that 14% of the sample had experienced physical abuse by their partner during the past year. Beauchamp (2004) used Statistics Canada data (N=23,766)[1] to estimate that 15% of gays or lesbians had been victims of spousal abuse in the last five years. Brand and Kidd's (1986) sample of 55 lesbian women reported a rate of 25% of lesbian women experiencing physical abuse at the hands of a female aggressor during their lifetime. Waterman, Dawson, and Bologna (1989) examined the prevalence of sexual abuse experienced by lesbians over their lifetime and found that 31% reported experiencing some form

---

[1] Specific numbers of gays and lesbians not reported.

of sexual abuse from their current or most recent partner. Coleman's (1994) research reported that 46% of the 90 couples surveyed experienced acts of physical abuse in their current relationship. Possibly one of the highest documented prevalence rates comes from Lockhart, White, Causby and Isaac's (1994) research which found that 90% of the 284 lesbians surveyed had experienced some form of verbal aggression from their lesbian partner over the past year. While this is not an exhaustive list of reported rates of lesbian domestic violence, it provides us with a cross-section of the research and establishes that lesbian domestic violence does indeed occur.

From the studies listed above, many researchers have derived that lesbian domestic violence occurs at a similar or slightly higher rate than heterosexual domestic violence. Rather than jumping to such a conclusion, one must carefully interpret the rates as a number of methodological limitations are apparent in the literature. Methodological limitations such as small sample sizes, non-random samples, definitional issues (i.e., some studies report only physical abuse, others report only psychological abuse), and measurement issues plague the research. Furthermore, in some studies (e.g., Beauchamp, 2004), participants are questioned about their experiences of abuse over a specified time period, which in some cases may include heterosexual relationships. Thus, some of the numbers reported in the aforementioned studies reflect a lifetime of abuse experienced rather than abuse that is specific to lesbian relationships. With such methodological limitations, the research lacks consistency. However, the limitations and criticisms of the research do not mean that the research is not useful; it simply means that we must be careful in how we interpret the results.

Feminist Frameworks

This section will provide a discussion of the dominant gender-based feminist framework of domestic violence that has been used to explain male violence against women (Dobash & Dobash, 1979; Walby, 1990). Then, I will explore how this framework has been applied as an explanation of same-sex domestic violence. This discussion of the dominant gender-based feminist framework will then lead to a discussion of the assumptions held by domestic violence agencies and whether or not these assumptions are useful when trying to respond to the needs of abused lesbians. Finally, the section will conclude with a discussion advocating for a more encompassing feminist framework, such as intersectionality.

Dominant gender-based feminist approach.   The guiding philosophy of the dominant gender-based feminist approach of domestic violence is that partner violence is a result of women's oppression by men and society's patriarchal structure (Dobash & Dobash, 1979). The key focus within the dominant feminist perspective is on the concept of patriarchy. Patriarchy can be defined as a "system of social structures and practices in which men dominate, oppress and exploit women" (Walby, 1990, p.20). The concept of patriarchy can be thought of as having two components: a structure, and an ideology. The structure (society) is one in which men hold greater power and have more privilege than women and the ideology is one which legitimizes this arrangement of inequality and oppression (Smith, 1990).

Partner violence against women, in particular wife abuse, has come to be seen as a way for men to dominate and control women. Since all men have the potential to use violence, violence has become a powerful way of maintaining women's subordinate status. Men, in general, have benefited from how women's lives have been restricted because of their fear of violence. Partner violence reinforces women's dependence on men and allows men to exert their authority and control over women. It has been put forth that "men who assault their wives are

living up to cultural prescriptions that are cherished in Western society – aggressiveness, male

dominance and female subordination – and they are using physical force as a means to enforce

that dominance" (Dobash & Dobash, 1979, p.24).

While the dominant gender-based feminist approach to domestic violence may seem

incapable of explaining lesbian domestic violence, some feel it can be explained "within the

dominant gender-based feminist theory of domestic violence when gender is understood as a

patriarchal social construct rather than as a biological fact" (Ristock, 2002a, p.15). In this

explanation, gender is seen as a social construct where the inequality between the sexes is fed by

sex role stereotypes, where men are seen as aggressive and independent, and women are passive

and nurturing (Eaton, 1994). Thus, when a lesbian is in an abusive relationship they behave in

gendered ways (Eaton, 1994). When an individual controls another human being through force,

threat, or intimidation, they are seen as behaving in a stereotypical masculine fashion. Therefore,

"when a lesbian abuses her lover, she is behaving in socially masculine ways; when a lesbian is

victimized through her lover's violence, she is behaving in socially feminine ways; and therefore

the battering is a gendered activity" (Eaton, 1994, p.201). This application of the dominant

gender-based feminist approach of domestic violence to lesbian abuse relies on the concept of

internalized gender oppression, where, "women batter other women because they have

internalized the interconnected norms of heterosexism/homophobia and misogyny which lie at

the core of the sex-role system" (Eaton, 1994, p.201).

By "fitting" lesbian domestic violence into the dominant gender-based feminist approach,

this may lead individuals into assuming that heterosexual and lesbian abuse are the same; that the

abuse experienced is the same, the dynamics of the relationship are the same, and therefore the

responses needed are the same (Ristock, 2002a). As Ristock (2002a) points out, "by continually

returning to a focus on the similarities between lesbian and heterosexual abuse, gender-based theory supports the desire to steer the discussion away from what is happening between women, and back toward the issue of male violence" (p.16). Thus, rather than developing new approaches to explain same-sex domestic violence we have tried "to fit same-sex violence into existing models or all explanatory 'grand-narratives' that have been developed to account for heterosexual domestic violence" (Ristock, 2003, p.331).

Because domestic violence agencies are typically theoretically grounded on the dominant gender-based feminist framework of domestic violence, they often operate under some general assumptions. These assumptions tend to guide service providers in their work with clients. One assumption typically held is that at the centre of all violent relationships lies a power imbalance (Ristock, 2002a). This assumption of a power imbalance lies in the belief that the abuser is typically male and the victim is typically female. Since males have generally been socialized to be dominant and females are socialized to be subordinate this has led to the belief that all situations of domestic violence stem from power imbalances. In heterosexual relationships, because of male privilege and entitlement stemming from the larger context of patriarchy, men are said to hold greater power in the relationship (Ristock, 2002a). However, in lesbian relationships it is often quite difficult to determine who holds greater power in the relationship. Despite this difficulty in determining who holds greater power, a gender-based power and control model is often applied.

The concept of "power and control" dominates current beliefs around domestic violence. When we do talk about power and control in an abusive relationship, we often assume "that we will find in that relationship a pattern of fear and intimidation that restricts the abused woman's movements and thoughts and traumatizes her" (Ristock, 2002a, p.113). While power and control

are often features of an abusive relationship, we tend to "rely on a simplified version with a corresponding set of assumptions to distinguish a victim and a perpetrator rather than exploring contextualized relations of power" (Ristock, 2002a, p.114). Often, the focus is on the couple and what one does to the other rather than the context (Ristock, 2002a). However, it becomes important to view power as relational rather than a fixed entity. This suggests that power can fluctuate from one person to another. For example, a victim may retaliate against their partner's abuse, therefore complicating the power dynamics in the relationships.

The second assumption which domestic violence agencies tend to operate under is that there are either/or binary categories of victim and perpetrator. This assumption is limited in its usefulness because in some cases an individual may have been a victim in a previous relationship, but is now a perpetrator in their current relationship. These binary categories shape and limit the way individuals experience life and how they, as well as others, define themselves (Ristock, 2002a). The meaning that we have associated with these labels often comes with a set of assumptions which are "socially shared, and often unconscious" (Ristock, 2002a, p.21). For example, the label of "victim of domestic abuse" leaves a certain image in our mind. Society's typical image of a victim is someone who is generally in a state of oppression, pure and innocent, weak, and helpless (Lamb, 1999; Ristock, 2002a). The image of a "perpetrator" tends to be the polar opposite of our image of a "victim of domestic violence"; we tend to view perpetrators of abuse as evil monsters who are violent by nature and are never understood in a context (Lamb, 1999; Ristock, 2002a). These meanings and assumptions further reinforce the labels of "victim" and "perpetrator" and often become a woman's identity and influence how a woman sees herself, as well as how others view her. In addition to simplistic views of what it means to be a victim, research has found examples of lesbians fighting back, further confusing service providers

(Ristock, 2002a). In lesbian relationships where both partners are similar in size and strength

"there may be more opportunities for violence to go both ways" (Ristock, 2002a, p.74). Often,

this retaliation becomes labelled as "mutual abuse" (Ristock, 2002a). The term "mutual abuse"

becomes problematic because it "assumes equal power, motivation, and intention to harm,"

(Ristock, 2002a, p.76) when this is not necessarily the case. When a lesbian retaliates against her

abusive partner, it becomes difficult for service providers to identify who is the victim and who

is the perpetrator because an individual may be both.

A third assumption held by domestic violence agencies is that of "essentialism" or

treating all women the same. Often service providers say that they treat all their clients the same,

regardless of one's race, ethnicity, or sexual orientation. Unfortunately, by suggesting that they

treat all clients the same, this generally means that they are being treated as white, feminist,

heterosexual women. This treatment fails to recognize the needs and differing situations that

clients may have. As Girshick (2002) points out,

> this theoretical exclusion of lesbians and bisexual women, women of color, immigrant
>
> women, and Native American women does not work. What remains is an understanding
>
> without any analysis of the different situational locations of race, class, and sexual
>
> identity and how those locations affect both survivors and perpetrators (p.14).

While the gender-based feminist framework discussed above has become the dominant

framework for understanding domestic violence it remains too limited for explaining same-sex

abuse. Other feminist frameworks such as intersectionality also need to be explored.

Intersectionality. Critics of gender-based feminist theory and feminist researchers

themselves have argued that "feminism has mistakenly posited a 'universalized' woman, for

whom gender is her primary determinant, and whose experience 'as a woman' is somehow

untouched by other forces of systemic subordination, such as racism, classism, heterosexism, and ablism" (Eaton, 1994, p.195). Furthermore, most theories do not take into consideration how forms of systemic subordination intersect with one another to influence domestic violence. Bograd (1999) argues that

> an implicit assumption of many theories and practices is that domestic violence poses a
> central threat to the boundaried, protected, inner space of the family. With the exception
> of gender inequality, other social dimensions usually are defined as stressors, rather than
> as key explanatory factors of the violence, and so primary attention is paid to
> intrapsychic, interpersonal, or intrafamilial dynamics (p.277).

However, the assumption of the family as a safe haven is not a universal reality for many. This assumption tends to reflect the reality for white, heterosexual, middle-class families as families of color, same-sex families, and low income families often face frequent interruptions from the government (i.e., low income families may face frequent contact with the government over welfare) (Almeida, 1993; Almeida, Woods, Messineo, Font & Heer, 1994). In this case, "domestic violence often occurs in the private context of a couple trying to build intimacy while experiencing racist, heterosexist, or classist discrimination, which often takes the form of actual violence in the public domain" (Bograd, 1999, p.277).

Academics, researchers, and feminists have argued for a more encompassing framework which takes into consideration other forms of systemic subordination. The feminist framework of intersectionality

> includes an analysis of contexts, the multiple nature of identity, and the interlocking
> nature of systems of privilege and oppression to show how the categories of race, class,

sex, gender, and sexuality rely on each other to function within systems of domination

(Ristock, 2005, Using a framework of intersectionality section, para.1).

The intersectionality approach to domestic violence argues that no single variable (i.e., gender) is

solely capable of explaining domestic violence and that variables such as gender are influenced

by other systems (Bograd, 1999). The concept of intersectionality is one which expands the

dominant gender-based analysis to include systems of oppression which may influence domestic

violence.

With respect to lesbian domestic violence, the framework of intersectionality is not "an

additive model where we simply add LGBTQ [lesbian/gay/bisexual/transgender/queer] abuse to

our current understandings of domestic violence; nor is it an approach that falsely

compartmentalizes experiences of abuse into separate special cases" (Ristock, 2005, Using a

framework of intersectionality section, para.1). Rather, this approach challenges the binary

categories (i.e., victim/perpetrator, male/female) which domestic violence agencies typically

work under (Ristock, 2005). This approach challenges individuals to resist seeing someone's

label as the total essence of that person.

The framework of intersectionality is one which "attempts to identify and make relevant

the lives of women, victims/survivors of domestic violence, from diverse racial, ethnic,

socioeconomic backgrounds as well as sexual orientations and immigrant statuses" (Sokoloff &

Dupont, 2005, p.1). Intersectionality gives a voice to marginalized women and argues that there

is no "universal woman" and that each woman's experiences and situation needs to be taken into

account. As Crenshaw (1993) notes,

> where systems of race, gender, and class domination converge, as they do in experiences
>
> of battered women of color, intervention strategies based solely on the experiences of

women who do not share the same class or race backgrounds will be of limited help to women who because of race and class face different obstacles (p.1246).

In order for services and interventions to be effective, the cultural differences of clients as well as the conditions and needs of the community need to be taken into consideration (Gondolf, 1998).

Lenses which Frame Responses to Domestic Violence

When domestic violence agencies are developed, they are often developed with a certain "lens" or focus which guides their work and how they respond to domestic violence. This section will discuss three lenses (criminal justice lens, health lens, and counselling/empowerment lens) and the influence each lens has on how domestic violence is responded to. It is important to note that the above mentioned lenses are ideal types. In practice, services generally work under a combination of lenses.

The criminal justice lens. Domestic violence has historically been viewed and treated as a private matter, as well as a normal aspect of marriage (Belknap, 1995; Erez, 2002; Iovanni & Miller, 2001). Police have typically been reluctant to intervene in situations of domestic violence because many officers feel that intervening in such situations is not an appropriate police responsibility (Buzawa & Buzawa, 1990). However, since the mid-1980's, efforts have been made to change the beliefs and practices of the criminal justice system (Iovanni & Miller, 2001). In response to the demands for more stringent attitudes towards domestic violence, police departments throughout the United States and Canada have developed zero-tolerance and mandatory arrest policies.

The changes in policies at the police level since the 1980's have prompted changes at the prosecutorial level as well. Prosecutors were once criticized for being an obstacle in case

processing, and now strive to play a more active role in prosecuting cases (Iovanni & Miller, 2001). Zero-tolerance and mandatory arrest policies have led to a substantial increase in prosecutor's caseloads. In striving to play a more active role in prosecuting cases, prosecutors have increased their use of restraining/protection orders, and have developed "no-drop policies." No-drop policies tend to be more common in the United States and allow prosecutors to proceed with the case without victim cooperation.

While improvements have been made in the criminal justice system's response to heterosexual domestic violence, the response to same-sex domestic violence remains poor. "All too often, the legal system does not protect these women [abused lesbians], as many states constructively or explicitly bar same-sex relationships from the protection of their domestic violence statutes" (Hodges, 2000, p.313). In many cases, domestic violence statutes are ambiguous as to who is protected and how much protection is offered. Within Canada, with the exception of Prince Edward Island (which uses gendered language to limit the coverage to male-female relationships) and British Columbia (which includes same-sex couples in their policy), the amount of protection offered is ambiguous. These acts are ambiguous because they often refer to "family members", "cohabitants", "family relationships", "dating relationships", "conjugal relationships", or "victim." These terms are gender neutral and do not explicitly state their application to same-sex couples. As Hodges (2000) notes, "ambiguous laws [do] not invite lesbian women [or gay males] to utilize their statutory protections" (p.316). Furthermore, such ambiguity "allows judges and prosecutors to make facially legal decisions that may, in fact, disguise homophobic attitudes about same-sex relationships" (Hodges, 2000, p.316).

However, other countries in the world are more accepting of same-sex unions and have included same-sex couples in their family violence acts. One such country is Australia. In 1989,

the Queensland Government amended their Domestic and Family Violence Act to include same-sex couples. Under the act, individuals are protected against violence perpetrated by one's partner. The act now specifies that an intimate relationship "may exist whether the 2 persons are the same or opposite sex" (Section 12A). This amendment represents a huge step in the recognition of same-sex partnerships as well as the violence that may occur in such partnerships.

Domestic violence agencies which operate under a criminal justice lens view domestic violence as a crime, where there is a victim and a perpetrator and the context of the abuse is irrelevant. The focus is on the behaviour of the perpetrator. The efforts of agencies with a criminal justice lens are put into proving that a crime (domestic violence) occurred, the effect that this crime has had on the individual, and on persecuting the perpetrator. Examples of services operating under this lens are agencies which have court mandated programs for perpetrators, and family violence courts (e.g., Winnipeg Family Violence Court).

Health and medical lens.   Domestic violence is estimated to cost Canada's health care system approximately $408,357,042 a year (Greaves, Hankivsky, & Kingston-Riechers, 1995). Not only does domestic violence cost the government hundreds of millions of dollars a year, but numerous studies have documented the effects domestic violence has on women's health. Superficial wounds such as cuts, scrapes, and bruises are numerous and obvious, but more profound effects such as post traumatic stress disorder, depression, and substance abuse frequently occur as a result of the abuse.

Despite the large number of abused women who seek medical help, only a small amount of health professionals are able to recognize the signs or consequences of domestic violence (Stark, 2001). This failure to recognize the signs of domestic violence has led to "symptomatic treatment, which does little to address the underlying issue" (Stark, 2001, p.349). In many cases,

women presenting with pain, headaches, cuts, or bruises are simply prescribed pain medication or referred elsewhere. This does little to address the underlying issue and women often return multiple times to seek treatment. Women who return to seek treatment are often viewed as overusing the system and a burden on the health care system. Often, clinicians label these persistent women as "frequent visitors" or "hypochondriacs" in order to further validate their lack of intervention (Stark, 2001). As Stark notes, "these medical practices isolate the woman from further health resources, reinforce her isolation, and validate the batterer's claim that she has the problem, not him" (p.349).

The medical response to same-sex domestic violence has been one of denial. Within the medical field, service providers often operate under the assumption of heterosexuality. This assumption of heterosexuality is apparent in the medical charts used, as well as the gendered language which staff often use (Bradford & Ryan, 1998; Simpson & Helfrich, 2005). This assumption of heterosexuality makes it extremely difficult and uncomfortable for lesbians to discuss their health needs. The medical fields' denial and neglect of domestic violence is further accompanied by a lack of knowledge about lesbianism. The denial of domestic violence compounded with the denial of lesbianism further blinds staff's ability to recognize the signs of domestic violence.

Domestic violence agencies which operate under a health oriented lens tend to focus on the victims and the impact that domestic violence has had on them. This lens focuses solely on the victim with a large focus on the individual's health as well as their mental, physical, and spiritual needs. Examples of services operating under this lens are women's health clinics.

Counselling/Empowerment lens. The anti-violence movement has developed a system of shelters and agencies which have been developed to respond to domestic violence. Agencies

which have been developed with a counselling/empowerment lens tend to focus on power and

control in an abusive relationship. This focus tends to look at who holds the power and exercises

control within an abusive relationship.

In 1981, the Duluth Domestic Abuse Intervention Project was developed with the

objective of ensuring a woman's safety through holding the offender accountable and holding the

community responsible for intervention (Dutton & Corvo, 2006). The Duluth model stresses that

men's violence against women is a form of power and control. The program developed the

Power and Control Wheel which "has become a famous insignia of the program" (Dutton &

Corvo, 2006, p.460) and is used in domestic violence agencies all over the world. The Power

and Control Wheel was originally designed to be a tool to help women in abusive relationships

look at their situation, as well as to help educate women on the tactics abusers use to gain and

maintain control in relationships (Ristock, 2002a).

However, with the implementation of the Power and Control Model in domestic violence

agencies all over the world, the once pedagogical tool has now become a prescriptive diagnostic

model which defines what abuse is (Ristock, 2002a). However, this one-size-fits-all approach

may not be applicable to many women, in particular lesbian women. In recognition of this

problem, agencies have revised the Wheel to be more inclusive of gays and lesbians. However,

the revised diagrams are almost identical to the original Power and Control Wheel, and further

reinforce

> the claim that lesbian abuse and heterosexual abuse are the same and further assert that
>
> all women's experiences of relationship violence are the same, thereby erasing and
>
> ignoring women's differing experiences of violence, power relations, and the social
>
> context in which it occurs (Ristock, 2002a, p.148).

Although the Power and Control Wheel may be applicable in some women's situations, "the model is used too simplistically when placed like a template onto lesbian's lives" (Ristock, 2002a, p.150). Because of its simplistic application to lesbian domestic violence, abused lesbians have had "to make themselves fit the template by rereading their relationships in its terms or be denied services" (Ristock, 2002a, p.150).

Summary

The lenses under which domestic violence agencies operate guide their work and how they tend to view and respond to domestic violence. This section has discussed three lenses: the criminal justice lens, which views domestic violence as a crime against another human being; the health lens, which views domestic violence in terms of the long and short term effects on one's health; and, the counselling/empowerment lens, which tends to view domestic violence as a struggle to maintain power and control within the relationship (this list of lenses is not exhaustive as there are other lenses which agencies operate under). Each lens colours and shapes how staff view domestic violence and the types of services an agency offers.

Seeking Help - Overview of Services

Reaching out for help in situations of domestic violence may be difficult for many women for various reasons. Seeking help is often particularly difficult for lesbians in abusive relationships as they confront many different obstacles and challenges that abused women in general may not face. This section will discuss what abused lesbians typically encounter when seeking help from police, lawyers, counsellors, and shelters.

Police and the criminal justice system. In situations of domestic violence, "law enforcement agencies are often the first or only place the battered woman calls for help" (Saunders & Size, 1986, p.26). Statistics Canada (2006) reports that approximately 36% of

female victims of spousal abuse contact the police. Unfortunately, for many lesbians in abusive relationships, the police are not a viable source of help (Renzetti, 1992; Ristock, 2002a). Research done by Renzetti (1992) and Ristock (2002a) confirms that police are rarely called in situations of lesbian domestic violence. Ristock's research found that of 102 women, only 14 reported that police were called to intervene. Similar findings were found in Renzetti's research, with 19 of 100 women calling the police. As Ristock (2002a) notes,

it is not surprising that so few women called the police, given the history of police harassment of gay and lesbian communities, poor people, and people of color. In fact, research on hate crimes has reported that police are often perpetrators of antilesbian and antigay violence (p.99).

Given the history of police harassment, it is difficult for lesbians in abusive relationships to know how police will respond if they call for help (Ristock, 2002a). When abused lesbians do call police for help, the response has typically been negative. Abused lesbians who have sought police assistance have generally reported that "police officers usually responded negatively to them, rather than offering support or taking action that challenged the batterers" (Renzetti, 1992, p.91).

Furthermore, police tend to trivialize the violence between two lesbian women. Ristock's (2002a) research revealed that the police's response to lesbian domestic violence tends to be a manifestation of certain stereotypes. These stereotypes uphold the idea that violence between two women is not serious (i.e., a cat fight). Furthermore, police tend to assess lesbian domestic violence as a mutual fight instead of considering it to be domestic violence.

The laissez-faire response of law enforcement agencies is often attributed to homophobia and heterosexism. Homophobia can be defined as "a strong and unreasonable dislike of

homosexual people" (Collins, 2001, p.751). Participants in Renzetti's (1992) research spoke of homophobic remarks or homophobic attitudes they experienced when seeking police help. One woman reported that "the officers who responded to her call for help insulted her by calling her a 'queer devil'. She wrote that they told her she deserved trouble because she is a lesbian" (Renzetti, 1992, p.91). Another participant reported "I called the police, but nothing was done about it. I kept thinking, 'No one cares because I am a lesbian.' The police basically took the attitude, 'So two dykes are trying to kill each other; big deal'" (Renzetti, 1992, p.91).

The police represent only one branch of the criminal justice system. In domestic violence cases, victims may also seek help from attorneys and courts. Again, abused lesbians are reluctant to seek help from these professionals. While few women wish to charge their partners, those who do often have trouble obtaining restraining orders. Ristock (2002a) argues that "we see that underlying third parties' responses to women who have been victimized are certain assumptions about what constitutes 'domestic violence', 'victims,' and 'perpetrators'" (p.101). Often, these assumptions are derived from heterosexual domestic violence and heterosexual women. Such assumptions make it difficult for lesbian women to charge their abusive partners. An example of this involves a woman who tried to charge her abusive partner with sexual assault (Ristock, 2002a). However, the criminal justice system refused to charge the partner with sexual assault because it was another woman, therefore denying that sexual assault can occur between two women.

Counsellors. Counsellors tend to be a popular source of help among abused lesbians. Ristock (2002a) reports that over half of the women she interviewed sought help from a counsellor. Similar findings are noted in Renzetti's (1992) research. A possible reason for this high reliance on counsellors is that lesbians may feel that they receive more positive support in

one-on-one sessions where they are able to pick to whom they speak (Ristock, 2002a).

Furthermore, in many urban cities, there are lesbian and feminist counsellors who may be more

understanding of the dynamics of lesbian relationships and who may offer more useful support.

While many abused lesbians seek the help of a counsellor, many also choose not to do so.

For some, counselling is not a feasible option as counsellor's values are often based on North

American, white, middle-class values (Ristock, 2002a). This poses a potential problem for

women who are of different cultures and ethnic backgrounds, as well as women of different

social classes. With regard to culture and ethnicity, women of different ethnic backgrounds may

be reluctant to seek counselling as counselling may not be a part of their culture, and they also

may feel that their cultural identity and values may not be understood (Ristock, 2002a). For

women of low income, counselling may not be seen as a viable option. Counselling sessions

tend to be fairly expensive, and for women who are trying to make ends meet, counselling may

not be an option. Additionally, women of low income typically work multiple jobs in hopes of

bettering their financial status, and so counselling may also not be practical time-wise.

Lesbians in abusive relationships who have sought help and have found counsellor's help

to be of limited use have reported that counsellors have limited knowledge about lesbian

relationships and their dynamics, are insensitive to their concerns, make homophobic comments

or remarks, and deny the occurrence of the abuse (Renzetti, 1988; 1989; 1992; Ristock, 2002a;

Scherzer, 1998).

Shelter staff. For many abused women, women's shelters are an effective source of help

and women often report positive experiences. However, lesbian women often report negative

experiences when seeking help from women's shelters (Renzetti, 1992). While women's shelters

are commonly used by abused women, lesbian women tend to avoid using women's shelters.

Aside from the negative experiences, the main reason why abused lesbians choose not to seek help from shelters is that they consider the shelter services to be applicable to heterosexual women only (Renzetti, 1992). They fear that if they were to use the shelter's services they would either be rejected or feel unwelcome because of their sexual orientation. As well, their abusive partners may work at these shelters (Renzetti, 1992). Furthermore, due to the small nature of the lesbian community (size of community is dependent upon where one lives), there is a chance that it will get back to their abuser that they are seeking help from a women's shelter.

While women's shelters are typically a reliable and effective source of help for many abused heterosexual women, they tend to be ineffective for abused lesbians for a number of reasons. First, much like lesbian victims, shelter staff may perceive the shelter and the services they provide as appropriate for heterosexual women only (Renzetti, 1992). Staff may believe that the shelter and the services they provide have been developed to meet the needs of women who have been abused by men. Often, in situations of lesbian domestic violence, "when shelter workers or advocates meet a situation that appears to defy their own understanding and analysis, the battered lesbian herself is seen as the problem" (Hammond, 1989, p.95). Such situations challenge shelter staff to rethink and modify their understanding and views of domestic violence, and it is often easier to blame the victim than it is to change one's beliefs.

Second, shelter workers as well as shelter residents may be homophobic or heterosexist. While many shelters offer some form of homophobia training, shelter residents have no such training and hold their own beliefs and attitudes. Shelters often house many women at a time, and in many cases these women have not had to live in communal housing or with a large number of women and may feel uncomfortable living with lesbian women (Renzetti, 1992).

Summary. Seeking help in domestic violence situations is difficult for any woman. However, for lesbian women seeking help is often extraordinarily difficult. When lesbians in abusive relationships reach out to police, lawyers, or shelters they often are faced with homophobia/heterosexism, ridicule, humiliation, and their situations are often not taken seriously and minimized. Many abused women are emotionally distraught from the abuse they have suffered and with the addition of obstacles outlined above, it becomes obvious why many lesbians are so reluctant to seek professional help.

Providing Help to Lesbians in Abusive Relationships

This next section will discuss service provider's views on lesbian domestic violence and why services remain an ineffective source of support.

Organizational mandates and policies. Policies and mandates are developed within agencies as a means of ensuring accountability and governing staff behaviour towards clients. Unfortunately, since lesbian domestic violence has only recently been acknowledged, many agencies have not changed their mandates to include lesbian clients. The mandates of those agencies that have changed their mandates to include lesbian clients are often ambiguous and inconsistent. Service providers have stated that such ambiguity and inconsistency is "the most significant institutional barrier as it provides individual staff members greater freedom to interpret the agency mission in terms of their own values" (Simpson & Helfrich, 2005, p. 48).

Ambiguous and inconsistent policies may also allow for discrimination. Due to the increased demand for these types of services, agencies are unable to serve all clients and have developed screening procedures to accommodate their caseloads (Simpson & Helfrich, 2005). In many cases, policies which do not specify qualifications for service inclusion may allow for discrimination. As one participant in Simpson and Helfrich's (2005) research comments, "with

us being able to pick and choose our clients, you can say that, okay, I don't want to work with this person…You can refer them out or just choose not to work with them" (p.48).

Delegating responsibility. Within some agencies, a specific staff member has been assigned the duty of working with lesbian clients. By delegating one specific staff member to work with lesbian clients, other staff members are unequipped and often incapable of handling matters relevant to lesbians. A participant in Simpson & Helfrich's (2005) research points out that "you may have a situation where you're the only person here and the client comes to the door. What are you going to do? You can't turn her away" (p.49). Furthermore, assigning a client to a staff member who 'specializes' in lesbian issues may further create a barrier for the client. This 'specialized' treatment may make clients feel singled out and uncomfortable.

Heterosexist language and labels. Heterosexist language, rather than gender neutral language, is rampant throughout the literature (e.g., domestic violence pamphlets), assessment tools and charts, and language of domestic violence agencies. Heterosexist language assumes heterosexuality and includes language which refers to males as abusers and females as victims. "Gender-specific language most commonly [occurs] through the use of the pronouns 'he' and 'she' and the relationship signifiers 'boyfriend' and 'husband'" (Simpson & Helfrich, 2005, p.50). Gender neutral terms such as "partner" may be more appropriate to use. While staff are not trying to deliberately exclude individuals, use of heterosexist language "can contribute to a lesbian's feelings of alienation and may lead her to determine that the services provided are not relevant to her relationship" (Simpson & Helfrich, 2005, p.50). On the other hand, the use of the term 'lesbian' can also be restrictive as some individuals do not refer to themselves as lesbians, instead they may prefer the term gay or queer. By advertising services for lesbian women, agencies may be inadvertently excluding those individuals who refer to themselves as gay or

queer. Agencies may wish to advertise that their services are for individuals who are in same-sex relationships, to be inclusive of those who do not refer to themselves as lesbians.

Labels such as "victim," "survivor," "perpetrator," and "batterer" have become commonplace within the domestic violence field. The use of these labels often categorize and stigmatize individuals (Merlis & Linville, 2006). As one participant in Merlis and Linville's (2006) research points out,

> I think the language that we use in the field makes it hard for people to access services. If we could somehow change it in some way I think that the doors would be more opened for people, but there's a stigma to be a victim, I don't want to be a victim, I think it might even be more of a stigma to be a victim than a perpetrator because our society is full of oppressors (p.116).

Lack of training. Lack of training refers to the infrequency and inadequacy of training professionals receive about issues relevant to gays and lesbians. The training professionals receive, if any, tends to be sporadic and only briefly touches upon relevant gay and lesbian issues. As one participant in Simpson & Helfrich's (2005) research noted,

> A lot of the trainings kind of brush over it and I've actually gone to a training where we were talking about it and it was like they didn't want to discuss it 'cause they didn't feel that it would be something that people would have to deal with so much, so they kind of just went through it to say we've talked about it, but there was really no talk about it (p.50).

Furthermore, if training is offered in agencies, it is often not mandatory. Because training is not mandatory, individuals who do not relate to the topic or have little interest in it are unlikely to participate in the training in an attempt to further understand the issue. The lack of

training leaves professionals oblivious to the dynamics and nature of lesbian relationships and renders them incapable of effectively handling lesbian domestic violence situations.

Funding. Many domestic violence agencies struggle with obtaining and maintaining funding. Unfortunately, this holds true for agencies wishing to implement services for lesbian clients. Participants in Merlis and Linville's (2006) research spoke of the limited funds available and commented that while there are other barriers, "money would address so many of them" (p.115). There also is frustration with the allocation of funds with funds seeming to be distributed unevenly (i.e., more funds being distributed to gay male issues than lesbian issues).

Summary. This section has covered service provider's views as to why services are ineffective for lesbians in abusive relationships. Reasons for this ineffectiveness include ambiguous mandates, poor training, and heterosexism to name a few. While service provider's intentions may be good, these barriers make it difficult for them to be effective.

Conclusion

While it is difficult to establish a true prevalence rate of lesbian abuse, we do know that it occurs. Seeking help for domestic abuse is difficult for many; however, for lesbians in abusive relationships it can be exceptionally difficult. Abused lesbians face additional obstacles which usually stem from homophobia and poorly trained service providers. The above overview of services and discussion on service providers' views as to why services are ineffective has painted a picture of homophobia and inadequacy. The overwhelmingly negative experience of abused lesbians, combined with service providers' views of inadequacy, has shown that there is a need to further examine the reasons behind agencies' ineffectiveness.

While Canada has only recently begun to develop specialized programs for lesbian domestic violence, Australia has been recognized as a country which has been doing ground-

breaking work on the issue of lesbian domestic violence (Ristock, 2002b). Through analysis of

focus groups with Australian service providers, this study seeks to further understand and expand

on the reasons behind the ineffectiveness of domestic violence agencies in response to lesbian

violence. This analysis of service provider's responses will provide an interesting look into what

service providers see as their own weaknesses in developing services for abused lesbians, which

will be useful for Canadian service providers looking to develop specialized programs.

CHAPTER 2

Methodology

Purpose

Through this research I seek to identify what Australian service providers view as

barriers to developing services to address lesbian relationship violence. The objectives of this

research are: (a) to examine the barriers to developing services that address lesbian relationship

violence through analysis of focus groups with Australian service providers, (b) to compare and

contrast the responses of service providers from four Australian organizations which operate

under different foci (criminal justice lens, health lens, and counselling/empowerment lens).

Data

Data for this study are comprised of secondary data obtained from Dr. Janice Ristock's

(Department of Women's Studies, University of Manitoba) research with Australian service

providers and their responses to lesbian relationship violence. Ristock (2002b) states that "we

have begun to see the development of specialized social service programs to respond to lesbian

abuse and same-sex domestic violence, [however,] these responses are being institutionalized,

then, within existing organizations where service providers operate from heterosexist

perspectives (p.2)." Dr. Ristock proposed in her research that we "move from interviewing

individuals to studying organizations in order to deepen our understandings of the processes by

which old models for understanding heterosexual domestic violence get reproduced and new

ones for understanding lesbian domestic violence are able to emerge" (Ristock, 2002b, p.2).

Dr. Ristock approached her research with a theoretical framework of "feminist links and

postmodern interruptions" (Ristock, 2002b, p.2). This particular framework is one which seeks

to empower and "enables us to see the many ways in which discursive conditions affect women's lives" (Ristock & Pennell, 1996, p.5). Ristock & Pennell (1996), argue that by

> Bringing feminism and postmodernism together in the context of empowerment means rejecting universalizing narratives while at the same time taking a firm political stance, affirming real people and their needs for social justice while at the same time destabilizing or disrupting categories that are socially constructed in order to reveal the workings of power and make it possible to imagine alternative ways of thinking that will generate less oppressive relations (p.7).

By conducting focus groups with service providers from Australian domestic violence organizations addressing lesbian domestic violence, Ristock analyzed the "complex relations between the way an experience is shaped and the organizational forms that give it meaning" (Ristock, 2002b, p.2). The objectives of the research conducted by Dr. Ristock were to: (a) examine the mandates, brochures, and manuals of organizations addressing lesbian domestic violence in Australia to further understand the underlying assumptions and philosophies which influence each organization's work, (b) conduct a focus group at each organization with 8-10 service providers to "explore the impact of organizational mandates, policies, past practices, and protocols on their work in the area of violence in lesbian relationships" (Ristock, 2002b, p.3), and, (c) examine the institutional responses as a means of assessing how lesbian relationship violence is institutionalized and whether the diversity of lesbian's experiences is being acknowledged and responded to.

Through contacting service providers at these various organizations, Dr. Ristock set up focus groups with each organization to discuss their work in the area of lesbian domestic violence. With this type of research, focus groups are a useful method of data collection because

they "serve as a framework to encourage lively conversation and to allow for different viewpoints to be expressed rather than seeking consensus on a single answer" (Ristock, 2002a, p.34). Furthermore, focus groups allow a large amount of data to be collected in relatively little time (Patton, 2002). Dr. Ristock developed the focus group questions (Appendix A) which asked questions about the background of the agency, the assumptions which guide the organization, the politics of providing services for same-sex domestic violence, as well as what service providers wish to do in the future to further advance services for same-sex partners. Dr. Ristock received ethics approval through Tri-Council and University of Manitoba Institutional Review Boards and was able to receive funding through the University of Manitoba and the Social Sciences and Humanities Research Council (SSHRC) to conduct her research.

For the purpose of this thesis, the transcripts from the four focus groups conducted by Dr. Ristock were examined with a particular focus on questions with relevance to barriers to providing services for lesbians in abusive relationships. Particular attention was paid to the questions asking: What philosophies/assumptions, concepts or ideas guide your work? Which ones are emerging as dominant features of the discourse of lesbian domestic violence? Which ones are being "borrowed" from existing heterosexual discourse? Does your mandate limit or constrain your services? How do you get around the limitations? What are the politics of providing services for lesbian domestic violence? What barriers have you encountered in developing services for same-sex domestic violence? In looking forward, what programs or initiatives need to be developed? Outside of social services, what needs to be done (legal issues, coalitions, community, grass-roots responses)? It is important to note that the focus of this thesis was not specifically on these questions, but on the general concept of barriers to effective service provision.

Why Australia?

Australian organizations were chosen by Dr. Ristock for a variety of reasons. First and foremost, in 1989, the Australian government implemented an important legislative reform to include same-sex relationships in their Domestic Violence (Family Protection) Act (Ristock, 2002b). The main purpose of the Domestic and Family Violence Protection Act of 1989 is,

> to provide for the safety and protection of a person in the case of domestic violence committed by someone else if any of the following domestic relationships exist between 2 persons –
>
> > (a) a spousal relationship;
> >
> > (b) an intimate personal relationship;
> >
> > (c) a family relationship;
> >
> > (d) an informal care relationship
>
> (Queensland Government, 2007, Section 3A)

The legislation goes on to specify what each type of relationship includes and specifies that "an intimate personal relationship may exist whether the 2 persons are the same or opposite sex" (Queensland Government, 2007, Section 12A).

Dr. Ristock also chose Australia because Sydney "was the site of the first and only international conference on lesbian domestic violence which was held in 1997[2] and Australia is recognized as a country that is doing ground breaking work on this issue" (Ristock, 2002b, p.3). Canada has just begun to develop services specific to lesbian domestic violence (Ristock, 2002b) and the research conducted by Dr. Ristock would be valuable to service providers and agencies in Canada.

---

[2] As this conference was held over 10 years ago, the name as well as information regarding the conference has been lost over time.

In Australia, much like Canada, the Government plays a leading role in developing policies and legislation in the individual states or provinces. The Government also funds agencies within the different states to address and prevent domestic violence. Each state's Government may also provide funding to aid in the prevention of domestic violence. Also like Canada, in each state within Australia, the state itself is responsible in the policing and prosecution of domestic violence. Each state has its own laws and policies for how to respond to domestic violence (Carrington & Phillips, 2006).

Similar to Canada, agencies in Australia develop different lenses (criminal justice lens, health lens, empowerment/counselling lens) through which they see and understand violence. What is different between Canada and Australia is that the Australian Government funds positions such as the lesbian health worker and gay and lesbian liaison officer[3]; positions which we do not have in Canada.

Participating Organizations

'Organization A'[4]. Organization A is a health promotion organization offering services to gays, lesbians, bisexuals, and transgendered individuals and is located in south-eastern Australia. The central focus of this organization is HIV/AIDS within gay, lesbian, bisexual, and transgender (GLBT) communities. The organization started out as a gay men's health clinic with a focus on HIV/AIDS. However, they started to receive calls from gay men and lesbians who were experiencing domestic violence. In 2001, working under the umbrella of Organization A, a working group was formed to respond to the issues of same-sex domestic violence. The working group is comprised of service providers from health, domestic violence, and judicial

---

[3] The role of the lesbian health worker is further described on page 79. The role of the gay and lesbian liaison officer is further described on page 33 and page 80.
[4] To uphold Tri-Council and University of Manitoba Ethics and to protect the identities of these organizations, names have been changed.

organizations. Together, the working group campaigns for same-sex domestic violence community awareness and advocates for policy development. The organization also offers a court mandated program for abusers. Although the working group is comprised of professionals from various organizations, lesbian domestic violence is addressed; however, HIV/AIDS and gay men's health remains the central focus. Organization A tends to work under a health lens.

'Organization B'. Organization B is a women's health centre located in Southern Australia. The organization was developed to be a "one-stop-shop" for women's health and offers a variety of services for women, including support groups for a variety of issues, needle exchange, and pregnancy testing.   Services are available to heterosexual women as well as lesbian women. The professionals at Organization B tend to work under a health and counselling/empowerment lens.

'Organization C'. Organization C is a group of lesbian women who are feminist activists located in South East Australia. This group of women created a series of workshops, focus groups, forums, and training sessions aimed at establishing a culture of zero tolerance for violence in lesbian relationships. While the services provided by this group are offered to everyone, the focus is on responding to and providing services for lesbian domestic violence. Since the group is made up of women from various professions, all lenses are applicable (criminal justice lens, health lens, and counselling/empowerment lens).

'Organization D'. A focus group was held at a University in Southern Australia. This focus group contained a variety of professionals within education, domestic violence, legal, and health professions. Individuals with an educational background were from the host university and were part of a research-based unit which aimed to ensure research meets the needs of the community and is disseminated appropriately and effectively. Professionals stemming from a

domestic violence background were from a domestic violence organization which aimed to prevent domestic violence and promote non-violent and respectful behaviour towards others. This organization has been influential in lesbian health as it has developed a number of publications about domestic violence (both heterosexual and same-sex), held numerous training sessions on lesbian domestic violence and held a number of support groups for abused lesbians. This organization is a mainstream domestic violence organization which has worked primarily with heterosexuals, but more recently has been addressing same-sex domestic violence. An individual with a legal background, holding the title of Gay and Lesbian Liaison Officer was also present. The role of the Gay and Lesbian Liaison Officer is to assist the gay, lesbian, bisexual, and transgender community with various issues or concerns that they may have. The Gay and Lesbian Liaison Officer also advises managers on how to appropriately handle sensitive issues related to sexual diversity. Lastly, the focus group was comprised of general practitioners who were curious to learn more about the nature of lesbian domestic violence. Since participants within Organization D stem from a variety of professions, the criminal justice lens, health lens, and counselling/empowerment lens are all apparent.

From the brief summary of the participating agencies, one is able to see that while each agency is working towards providing services for lesbian domestic violence, each has a different approach. These different approaches stem from differences in organizational mandates as well as the different lenses through which each agency views domestic violence. The lens through which these agencies view domestic violence influences how they view domestic violence; with those agencies with a criminal justice lens viewing domestic violence as a crime against another human being, those with a health lens viewing domestic violence in terms of the long and short term effects on one's health, and those with a counselling/empowerment lens viewing domestic

violence as a struggle of maintaining power and control in a relationship. With each lens colouring how domestic violence is viewed, the purpose of this research is to compare and contrast the responses of each service to gain insight as to what the barriers are to developing services to address lesbian domestic violence.

Participants

Participants consisted of approximately 25 service providers from various domestic violence organizations in large urban centers in Australia. Participants were predominantly White; however, other ethnicities such as Aboriginal and Asian were present. Focus group participants were predominantly female (two males). The age of participants ranged from 25-61 years. A range of sexual identities were found in the focus groups, with individuals identifying themselves as heterosexual, bi-sexual, gay, and lesbian. Participants' experience within the domestic violence field ranged from 1 year to 15 or more years.

Social Location and Theoretical Stance

I enter this research as an outsider in a number of ways. First, I am an outsider in that I am not a lesbian; I am a white, middle-class, heterosexual, graduate student. Second, while I write about domestic violence, I have been lucky in that I have neither experienced abuse in my family or in my intimate relationships. Finally, I am an outsider in that I have not worked as a social service provider.

From a theoretical standpoint, I approach this research as a feminist researcher. As a feminist researcher, I hold a strong belief in equality of the sexes. My belief in equality of the sexes extends to all aspects of life and does not discriminate based on one's sexuality. I am also a firm believer that domestic violence cannot be completely explained by a single variable or

phenomenon. Instead, I believe we need to approach domestic violence from a perspective of

intersectionality where variables such as gender are influenced by other systems.

While I believe that, to some extent, my social location and theoretical standpoint has

allowed me to remain open-minded and critical of past research, as well as my own, I am also

aware that it may limit and bias how I interpret the research. A fundamental concept in

qualitative research is to allow participant's voices and experiences to come through the data.

Through reflection and keeping the larger picture of what the barriers are to addressing same-sex

domestic violence, I was be able to let the data speak for itself and be able to remain as open

minded as possible.

Handling of Data

To ensure the safety of the data, as well as the confidentiality of those who participated in

the research, data transcripts were locked in a secure location. Upon submission of this Master's

thesis to the University of Manitoba Faculty of Graduate Studies, all transcripts and data

pertaining to this study will be returned to the primary researcher (Dr. Janice Ristock). Upon

return, Dr. Ristock will keep the data for seven years in a secure location, after which the data

will be destroyed.

CHAPTER 3

Results

Data Analysis

Through qualitative data analysis of four focus groups, this research seeks to answer two questions: (a) what do service providers from various organizations, with differing lenses, see as the barriers to developing services to address lesbian domestic violence?, and, (b) what do service providers wish to do in the future to address lesbian domestic violence?

The theoretical framework undertaken in the data analysis was standpoint theory. Standpoint theory allows researchers to place individual's "day-to-day reality in the centre of research" (Swigonski, 1993, p.172). Standpoint theory is a useful theoretical framework for this research because it takes service provider's thoughts and experiences with addressing lesbian domestic violence and places them at the centre of the research.

The focus groups conducted by Dr. Ristock were recorded on mini-disc and were transcribed by myself. Upon transcription, all transcripts were reviewed to increase familiarity. At this point, transcripts were re-read to identify preliminary themes within each transcript. Themes were based on barriers mentioned within the literature review. To ensure no themes were excluded, particular attention was paid to themes which were not mentioned within the literature review. Themes were identified as concerns of, or problems mentioned by, participants (Strauss, 1987). Following review of the transcripts, summary notes were created for each focus group. The summary notes were comprised of preliminary themes and quotes which emerged from the data. At this point, transcripts were re-read and preliminary themes were reviewed and collapsed into fewer and broader themes. Preliminary themes were narrowed down by eliminating themes which were less prevalent or irrelevant to the larger picture, as well as by

merging closely related themes into one. Upon reducing themes, transcripts were reviewed again

to ensure that the themes were appropriate and that the data remained true to what the

participants were saying. The next step in the analysis was to make comparisons with the themes

across the transcripts. This allows the researcher to identify commonalities amongst the

transcripts, as well as differences between the transcripts. To visually aid in this step, a concept

map comprised of themes from each focus group was developed. Concept maps are often used

in qualitative data analysis as they are a useful tool in helping draw out the commonalities and

allow the researcher to develop a better understanding of the data (Strauss, 1987). Upon drawing

out the main themes, quotes supporting each theme were then chosen. These themes and quotes

became the basis of the results.

Data analysis focused on the issue of barriers to providing services to address lesbian

domestic violence. Upon examining the responses from focus group discussions, it was found

that the broad theme of barriers to service provision could be broken down into three sub-levels

reflecting the differing struggles in providing services for same-sex domestic violence. These

three sub-levels are: (a) barriers in how service providers conceptualize lesbian domestic

violence, (b) barriers acting upon agencies, and, (c) barriers service providers face in providing

effective services. Further, within each sub-level are distinct themes/issues which emerged from

additional data analysis. Finally, data analysis also explored what service providers hope to do

in the future. Within this section, practical and theoretical sub-levels were identified with

distinct themes contained in each.

Barriers in How Service Providers Conceptualize Lesbian Domestic Violence

Barriers in how service providers conceptualize lesbian domestic violence is a sub-level

with issues referring to the different assumptions about lesbian domestic violence that service

providers often hold. These conceptualizations have therefore influenced how service providers work with abused lesbians. Within this level, barriers such as (a) binary victim/perpetrator assumptions, (b) power assumptions, and, (c) homogenization of lesbian relationships will be discussed.

Binary victim/perpetrator assumptions. As mentioned previously, domestic violence agencies often operate under the assumption of either/or binary categories. Under this assumption, an individual is viewed as either a victim or a perpetrator and it is assumed that they cannot be both. In heterosexual domestic violence, for example, it is often assumed that the male is the perpetrator and the female is the victim. Thus, services rely on gender binaries of male and female in their work. Furthermore, agencies have typically been set up to provide services to either the victim or the perpetrator. However, with the recognition of same-sex domestic violence as a social issue, service providers are beginning to question the limitations of these binary categories.

Service providers from 3 out of 4 focus groups commented on aspects of the binary victim/perpetrator category. Participants from Organization D commented on situations that they are confronted with where an individual is both a victim and a perpetrator. One service provider recalled a situation where,

> "There was a woman who was sexually assaulted by her partner, but the woman who was sexually assaulted had also been physically violent towards her partner. This was a huge dilemma for the organization because ordinarily we would say you need to deal with those issues, go somewhere else. So that was a really difficult issue to grapple with because normally it's either victim or perpetrator, and if you are both then what do you do?"

Other participants within Organization D's focus group agreed that this is an issue they are struggling with. An individual presenting as both a victim and a perpetrator poses a problem for service providers because many agencies provide services for victims only. Clients presenting as perpetrators are often refused service and asked to seek help elsewhere because they do not fit the mandate of the agency.

However, as participants from Organizations B, C, and D discussed, there are no services to which perpetrators can be referred. Participants throughout these three groups agreed on the lack of agencies for perpetrator referrals. The following quotations provide evidence towards the lack of programs available for perpetrators.

"Mandy: If the perpetrator doesn't get support, how are you going to stop domestic violence? Isn't that the main issue?

Janice: It interests me that there also is a lack of response here to women who are abusive. So there are no programs or anything?

Mandy: No."

(Organization B)

"Andrea: So some of that informed how this happened this year around the discussion around perpetrators. I guess we were kind of saying what do we do with them in terms of a service response?

Yvonne: Or even ideas. Because I think as feminists working in women's services, we've never had to really consider working with perpetrators because it's got criminal justice system written all over it."

(Organization C)

"Janice: I was going to ask, are services for victims only?

Kim: The real problem that I had at Organization X, where they had a feminist approach

to heterosexual domestic violence, was that they say this service is for women who are

victims; we don't want perpetrators coming here. That's fine when it applies to men, but,

this is also a service for women. If you have people coming in saying 'I want help', you

can't. That was a real source of tension at Organization X that we went through all the

time because there is nowhere to send perpetrators, women perpetrators in particular."

(Organization D)

The above quotations not only speak to the lack of places to which perpetrators can be

referred, but also allude to the underlying resistance to work with perpetrators of domestic

violence because of a feminist focus on working with women who have been victimized by male

violence. Furthermore, while there is this political resistance towards working with perpetrators,

service providers are questioning this resistance, stating that by refusing to work with

perpetrators, we are doing little to stop domestic violence.

While participants from Organizations B and D commented on the appropriateness of the

victim/perpetrator construct, participants from Organization C spoke of challenging the

victim/perpetrator construct. One participant commented,

"We basically use the same theoretical model in that victims need services, education,

and resources. So I think we have not really deviated from that in terms of providing a

service. But I think philosophically we have at different times gone beyond that to see

where it takes us. I think it was Heather who delivered the workshop on challenging the

victim/perpetrator construct at the forum and that was quite contentious! We had some

die-hard feminists and lesbians who could not politically move one step from the fact that

someone is bad and someone is hurt."

(Ashley, Organization C)

Lesbian domestic violence has been hard for feminists to grapple with as there is a whole

body of literature indicating a pattern of male violence against women. However, recently, a

new body of literature has emerged stating that women are equally as abusive (e.g., Archer,

2002), and with regard to lesbian domestic violence some researchers have concluded that

lesbian relationships are as violent as heterosexual relationships. This conclusion that lesbian

relationships are as violent as heterosexual relationships has been used to suggest that women are

equally as violent as men (Ristock, 2002). However, research based on official report data

indicate that women are not violent at equal rates as men, and we therefore cannot say that

women are 'just as' violent. Same-sex domestic violence becomes difficult to talk about because

it can support the idea that women are just as violent as men when this does not seem to be the

case. Service providers and feminists have not only struggled with the labels of victim and

perpetrator, power within lesbian relationships has also been a source of contention.

Power assumptions. Power is often believed to be held by one person within an abusive

relationship and is typically conceptualized as a fixed entity. It is often assumed that an

imbalance of power within a relationship is an underlying cause of violence (Adams, 1988;

Wamala & Agren, 2002). For example, within heterosexual relationships, it was typically

believed that the male in the relationship would work outside of the home to earn a living, and

the female would stay at home. It was generally believed that because the male earned more

money and because of societal patriarchy, he would hold a greater amount of power, thereby

creating a power imbalance, which could then be used to support male violence in a relationship.

Participants from 2 of the 4 focus groups spoke of power in lesbian relationships and struggled with how to best understand power given the views that lesbian relationships might be based on equal power.

Within Organization C's focus group, participants discussed an article which focused on power and power imbalances in lesbian relationships. One participant commented that,

> "What may cause tension is not that there is a power imbalance…the power imbalance is there. But, when the person who might be perceived as having more power tries to step down from that position and create more equality, tension arises. The tension arises out of that need to always be equal and they are always striving it seems to create that equality and it's that that creates tension."

(Laura, Organization C)

The article that was read, and the quotation above, brought about a discussion of what influences relationship dynamics and brings about tension within a relationship. Following the above quotation, one participant commented,

> "Regardless of the power that might be exhibited within the relationship, there are a whole lot of other unhealthy things that might be going on in choosing to be with someone who you have little in common with. So it's that that I find I would have to reject and be more honest that there is a power imbalance. I would have to reject that because while you might be being honest, there are other parts of the relationship that you are actually ignoring that might be creating a situation of a non-healthy relationship and simply accept that there is an imbalance and work respectively. I think there are other aspects of the relationship that are unhealthy that don't have anything to do with power."

(Kendra, Organization C)

The above quotations provide evidence of the discussion Organization C service providers were having surrounding power relationships. The article read by the participants brought about a discussion of whether or not violence always results from a power imbalance. Participants from Organization C also commented on how power influences domestic violence. It was noted that while a power imbalance may exist, the imbalance itself may not be the source of tension within a relationship. Instead, one participant hypothesized that tension may arise when the individual holding more power tries to step down from that position to create equality within the relationship. It was hypothesized that this need to always be equal creates tension within the relationship. It was also mentioned that while a power imbalance may exist there may be other aspects of the relationship that may be harmful to the relationship (e.g., having little in common with someone).

Participants from Organization D had a different discussion surrounding power dynamics. They all agreed that service providers need to rethink their conceptualization of power. The following quotations provide evidence of Organization D's discussion surrounding the need to rethink power.

> "When it applies to same sex, maybe we have to stop thinking about gender and power issues and think about power in a different way. I think that is something that is really important that needs to get through in the training and the generalist workers because we are so well educated in the whole issue of gender and power that we apply that to domestic violence in same-sex relationships as well."
>
> (Tammy, Organization D)

"I think the level of complexity though that services are ready to deal with but haven't dealt with is the issue of shifting power in relationships. I think that we are wanting to hear more about that but I sometimes think that our minds sort of stay the same, this is power in heterosexual relationships…"

(Elizabeth, Organization D)

"In some ways we just have to rethink or be prepared to adapt our traditional feminist thinking about victim/perpetrator, power, gender, all of those things."

(Monica, Organization D)

Participants from Organization D spoke towards the need to rethink their conceptualization of power. Participants noted that service providers are so well educated on the concepts of gender and power within heterosexual relationships that what is known about gender and power in heterosexual relationships is often applied to same-sex relationships. When it comes to same-sex relationships, the concepts of power and gender need to be thought about in a different way. Rather than thinking of power as a fixed entity within a relationship, service providers need to understand that power can shift from person to person within a relationship and that the abuser may not have the lion's share of power. Further, male/female gender roles do not apply in the way that they may in heterosexual relationships.

Homogenizing lesbian relationships. In recognition of the seriousness of lesbian domestic violence, some domestic violence agencies have developed programs specifically to help victims of lesbian domestic violence. While these agencies mean well, often lesbian domestic violence is simply added or tacked onto their existing mandates. As Tammy indicated above, "we are so well educated in the whole issue of gender and power that we apply that to domestic violence in same-sex relationships as well."

Participants from Organization B commented on this simple addition of lesbian domestic violence onto existing mandates. One service provider commented that,

"Over the last four or five years, policies have got lesbian and gay or same-sex somewhere in them, but they are always an add on. Sort of tacking it on…it drifts off, it doesn't get any attention."

(Lucy, Organization B)

As Lucy had mentioned, and others agreed, because treatment programs for lesbian domestic violence are simply added onto existing mandates, the problem of violence in lesbian relationships has not received the attention that it deserves. Furthermore, by simply adding lesbian domestic violence onto existing policies, this has further reinforced the idea that heterosexual and lesbian abuse are the same (homogenization) and that the responses needed are the same. By homogenizing lesbian domestic violence and heterosexual domestic violence it further allows individuals to keep their heterosexist assumptions and never think about what it means to be in a lesbian relationship, or to live as a lesbian in today's society.

Although focus group participants have argued that heterosexual and lesbian domestic violence should be thought of as separate phenomena, participants from Organization C also pointed out that what we know and have learned about heterosexual domestic violence should not be forgotten. One service provider commented,

"Don't lose what we have learned in heterosexual domestic violence. Don't throw the baby out with the bath water. In terms of serial perpetration, grooming, and power dynamics, I guess they are a part of that power and control model, which I no longer think is ultimate…but there is still a place at the table for it and for that body of knowledge that we have accumulated."

Participants in Organization C's focus group agreed with Mary's comment and one other

service provider commented on similarities between lesbian and heterosexual domestic violence,

noting that,

> "The other similarity with the heterosexual model in terms of the dynamics is that the
>
> women [lesbian women] I spoke with said that everything was fine for a while and
>
> then….In the heterosexual literature it is usually that the violence starts with the first
>
> pregnancy and then there is the honeymoon period. I think that's worth bearing in mind
>
> that there are some similarities there too."

(Candace, Organization C)

While participants within this group recognized that it is insufficient to tack programs for

lesbian domestic violence onto programs for heterosexual domestic violence, and although they

have acknowledged that while heterosexual and lesbian domestic violence should be dealt with

separately, programs for lesbian domestic violence should make use of some aspects of the

heterosexual domestic violence knowledge base.

Barriers Acting Upon Agencies

This section explores the barriers that are acting upon agencies. The barriers within this

section are barriers which act upon the agency itself and therefore influence how effective

service providers are. Within this level, organizational mandates and involvement of the

LGBTQ [lesbian/gay/bisexual/transgender/queer] community will be discussed.

Organizational mandates. As mentioned within the literature review, organizational

mandates serve as a means of ensuring accountability by stating a mission and objectives.

Mandates also govern staff behaviour towards clients. However, since lesbian domestic violence

has only recently been acknowledged, many agencies have not changed their mandates to be inclusive of lesbian clients.

Two organizations (Organizations A and D) spoke about how agencies have failed to include lesbian clients within their mandates. A participant from Organization A commented on the willingness of agencies to change their mandates, noting that,

"That's assuming the services are willing to change. They have all had the possibility of changing their mandates within the restrictions of their funding."

(Tracy)

The above quotation provides evidence that while agencies have had the opportunity to include lesbian clients within their mandates many of them are unwilling to change their mandates to be more inclusive. A possible reasoning for this unwillingness may be that their mandates specify that services are available to all women; therefore, lesbian women would be included under that umbrella. However, a participant from Organization D commented that,

"Even for women's organizations, if it said 'All Women Welcome', they [clients] often didn't think that it meant lesbians. They needed to see something very explicit."

(Elizabeth, Organization D)

Participants agreed with Elizabeth's statement, with one other person noting,

"You are probably right. Because if it says all women, there is no specific lesbian focus."

(Donna, Organization D)

The above quotations provide evidence that while the term "all women" is meant to include lesbian clients, lesbian women often feel that they are excluded from this term. Societal homophobia and heterosexism leaves lesbian women expecting to be excluded from these services, unless the agency specifically identifies that lesbian women are welcome. Instead of

using the term "all women" mandates need to specify that their services are also for lesbian women. This inclusion of lesbian women will ensure that lesbian women feel welcome in using an agency's services.

Involvement of the LGBTQ community. Involvement from the LGBTQ community is important in the success of programs for same-sex domestic violence. Often, gay and lesbian issues are not given the attention they deserve in mainstream social service agencies. In order for these LGBTQ issues to receive the attention they deserve, the LGBTQ community often needs to rally to support these issues. Evidence of the importance of LGBTQ community involvement in a program's success can be found in the following quotation,

"It did exist [the city's Gay and Lesbian Anti-Violence Project] to some extent about four years ago, but they ran out of secure funding, and didn't have enough involvement from the community as well."

(Kim, Organization D)

The above quotation suggests that involvement from the community, along with stable funding, is seen as playing an important role in programs for same-sex domestic violence. Furthermore, when programs are developed for these issues, the LGBTQ community has to maintain their involvement and support.

Additionally, the LGBTQ community needs to lobby for education surrounding same-sex issues and domestic violence. While individuals are aware of heterosexual domestic violence, many individuals are unaware of gay or lesbian domestic violence. One individual commented, and others agreed that,

"There really is nothing out there in the school community about gay and lesbian

relationships, and you don't want to put the only thing out there being about domestic

violence."

(Lilly, Organization D)

While the above quotation speaks to the lack of education about gay and lesbian

relationships in general, it may also speak to the LGBTQ community wanting to ensure a

positive image of same-sex relationships. Many individuals have a negative image of same-sex

relationships and by speaking about domestic violence in same-sex relationships, this may

further fuel an individual's negative thoughts surrounding same-sex relationships. However, this

does not mean that same-sex domestic violence should not be addressed.

In order for gay and lesbian issues to get the attention they deserve, the LGBTQ

community needs to rally to support programs addressing these issues. Furthermore, same-sex

relationships are not addressed within the school curriculum. To raise awareness of same-sex

relationships, the LGBTQ community also needs to lobby for same-sex issues to be addressed in

the school curriculum.

Barriers Service Providers Face in Providing Effective Services

This final level of barriers examines the barriers service providers experience when

working to provide services to abused lesbians. Within this level, training, isolation, referrals,

language, client attendance, funding, and human resources will be discussed.

Training. Proper and adequate training is important within the social services sector as it

provides staff with reliable information and knowledge on how to handle situations, particularly

those which are as sensitive and dangerous as violence. Participants from 2 of the 4 focus groups

commented on training in regards to lesbian domestic violence. Three themes emerged

surrounding training, those themes being: lack of training, brief training, and lack of participation.

Participants from Organization D spoke about the lack of training they receive about lesbian issues and lesbian domestic violence, commenting,

"Workers would often say I don't know enough about lesbian issues, you know, I haven't had training, and I don't know where to find it, our organization doesn't support it."

(Donna, Organization D)

"They [counsellors] kind of feel the lack of training."

(Monica, Organization D)

"[Spoken from a general practitioner] The domestic violence issue rarely arises for me, and I guess I need more instruction and guidance."

(Natalie, Organization D)

"I know nothing about lesbian domestic violence, but I am here with interest."

(Tammy, Organization D)

The above quotations provide evidence of the lack of training surrounding lesbian issues and lesbian domestic violence that service providers receive. While the first two quotations specifically refer to the lack of training service providers receive, the last two quotations are from service providers who have acknowledged that they know very little about lesbian domestic violence which is a result from the lack of training service providers receive.

Participants from Organization D also commented that when training is received, it is often inadequate and brief. One service provider commented,

"We will be doing specific training on same-sex domestic violence and additionally at the moment it is briefly touched on in the family violence liaison officer's training session. I

would like to see it touched on a hell of a lot more!! But the way the family violence

officers are going, they are not wanting to get into specifics too much. They would like to

keep it nice and broad."

(Victoria, Organization D)

Victoria's quotation suggests that if training is offered, same-sex domestic violence is

often mentioned only briefly without going into specifics. This again does little to provide any

useful information with respect to same-sex domestic violence. The brief mention of same-sex

domestic violence implies that this form of violence is not serious enough to be discussed in

depth or that service providers do not have the knowledge to provide more in-depth information.

Participants from Organizations B and D commented on the lack of participation when

same-sex domestic violence training is offered. Participants commented that,

"…one of the things we need to do is anti-homophobia training and anti-racism training.

We would love to do it, but we can't strong arm someone to do it. I don't know how

many times we have offered anti-homophobia training."

(Brenda, Organization B)

"…and a later one we had to cancel because we didn't get enough participants."

(Victoria, Organization D)

"The training that we are about to do, we didn't get enough numbers the first time with

Organization X."

(Lilly, Organization D)

These quotations support the idea mentioned within the literature review, that when

training is not made mandatory individuals who do not relate or have little interest in the topic

are unlikely to attend training sessions on lesbian domestic violence.

Isolation. Isolation refers to how service providers are not connecting with one another to share their experiences and to learn from one another's experiences. Participants from Organization D spoke about how service providers are not connecting with others in their field, as well as other professional areas (e.g., general practitioners). Comments reflecting this include,

"What we need is some way of drawing people together who are working in the area on a regular basis to talk to each other and just share information about what is happening."

(Natalie, Organization D)

"We are not connecting ourselves very well at the moment..."

(Marie, Organization D)

"One of the things that struck me was that there was a forum yesterday at Organization Z with mostly service providers there, and how you asked me if we all knew each other, which we didn't. What struck me was that there isn't many links between women providing services for lesbians who have experienced violence."

(Victoria, Organization D)

"What really hit me after yesterday's session was how we are not kind of meeting together. You talked about coalitions of women's services getting together to try and organize services together and I think it's time. What I have detected is a sense of isolation."

(Rebecca, Organization D)

The above five quotations reflect service provider's agreement that they are not connecting with each other. This failure to connect with each other leaves few opportunities for discussion surrounding lesbian domestic violence and opportunities for building coalitions out of

the question. Furthermore, the failure to connect with one another leaves service providers from differing agencies unaware of what each agency offers.

Lack of referrals. Referrals are an important part of the social services sector since no one can cover all issues. Unfortunately, as lesbian domestic violence has only recently been acknowledged, services have only just begun to develop programs for abused lesbians. Participants from Organization D commented on both the lack of places to which abused lesbians can be referred, as well as the lack of knowledge of to where abused lesbians can be referred. The following quotations address the lack of places to which abused lesbians can be referred.

"There was virtually nowhere that I could refer women to."   (Monica)

"[service providers] wouldn't have the first idea where to refer someone"   (Kim)

"The problem is there is nowhere to refer."   (Donna)

Furthermore, if there are places to which abused lesbians can be referred, service providers are unaware of these agencies and their approaches in dealing with domestic violence.

Language. As mentioned within the literature review, the language service providers use plays an important role in whether or not abused lesbians feel welcome in accessing services. Participants from three focus groups spoke of the interplay between language and accessing services.

Participants from Organization B commented that the term 'domestic violence', which is often used to advertise an agency's services, may leave some people feeling that the services are not for them. Because people sometimes,

"don't perceive abusive relationships as violent ones, they think that it has to incorporate physical violence for it to be violence. They do not realize that there are other ways of abuse and violence to be committed against a person without it being a physical strike.

So they don't recognize it as such even if they are the one that's on the receiving end of

it."

<div align="right">(Mandy, Organization B)</div>

Because people are often unaware of what constitutes domestic violence, agencies often

need to choose their words effectively when advertising their services. Shelly, an abuse

survivor, reflected,

> "I think it goes back to what you were saying about language. Years ago when I was in a
>
> violent relationship if someone had asked me 'is domestic violence going on in your
>
> home?' I would have said 'no'. But I saw some flyers that were on the supermarket
>
> boards that would say things like 'are you in a relationship where you keep on wishing
>
> they would change but they don't?' or 'do you feel this, do you feel that, it doesn't have
>
> like that, things can be done.' The things they described I could say 'yes, I feel exactly
>
> like that.' So I contacted them and it was a domestic violence support group. Whereas if
>
> the flyer had said 'domestic violence support group', I would have said 'that's not my
>
> situation.' It was through being educated about what abuse actually is that I went 'oh!'."

<div align="right">(Shelly, Organization B)</div>

Service providers from Organizations B, C, and D spoke of the struggles surrounding

language and how language plays a role in attracting clients. Participants from these three

groups have recognized that words such as 'abuse' or 'domestic violence' may not be

appropriate. Rather, terms such as 'healthy relationships' may be more effective in attracting

clients. Jody reflected,

> "Looking at ways to have healthy relationships might be one way of educating around
>
> the issue instead of going directly into abuse, abuse, abuse."

However, the term 'healthy relationship' brought about discussion as to problems surrounding this terminology. Participants questioned who defined what a healthy relationship is, noting,

> "What is a healthy relationship? Who determines what a healthy relationship is? There are such a variety of relationships and I may look at some relationships and think 'that's not how I would like to live.' So who determines what a healthy relationship is? It's a very grey area."

(Rose, Organization B)

Participants from Organization D also spoke about who defines what constitutes a healthy relationship, with one service provider commenting,

> "I am interested in who is defining what a healthy relationship is."

(Elizabeth, Organization D)

The above quotations show that the terms 'domestic violence' and 'abuse' are problematic because not everyone sees themselves as being in an abusive relationship and that service providers are trying out new terms to educate and reach out to people who are in an abusive relationship. However, using these terms, such as healthy relationships, have brought about other dilemmas. Thus, the issue of language remains a barrier.

Client attendance. Regular client attendance is important to keep a program running. If a program is unable to bring new clients or keep regular clients attending, the program is unlikely to be viable.

Participants from Organizations B and D commented on how difficult it is to maintain regular clients, as well as draw new ones. A service provider from Organization D recalled that there,

"was a counsellor who if she could get enough clients at the community health centre would run a group [for abused lesbians]. But she didn't have enough clients. She would get say two or three, but that's not enough for a group. By the time more came, the others disappeared."

(Tammy, Organization D)

Andrea's quotation speaks to the difficulty that service providers face when offering programs. Often there will be two or three regular clients coming forward for a group. The lack of clients may be an indicator that a support group may not be the best approach. When working with small marginalized communities, support groups are often not the best approach because clients are often concerned with confidentiality and safety. With small marginalized communities such as the lesbian community, confidentiality and safety during a support group is often difficult to ensure because there is the risk that participants will know each other (Ristock, 2002a).

A service provider from Organization B also spoke about the difficulty maintaining clients. She commented that they have,

"tried to run support groups, but what happens is in the first support group, people come in and they go 'I am not going in the room, she abused my friend's partner!'"

(Marla, Organization B)

The above quotation also speaks to the difficulty in running groups and maintaining clients. Maintaining clients for support groups for abused lesbians may be particularly difficult

due to the small, insular nature of the many lesbian communities. Thus, it is quite possible that

Marla's experience of support group participants knowing someone in the group will occur in

many lesbian communities. If there is a good chance that someone will know them and their

confidentiality will be breached, it will be difficult for abused lesbians to seek help.

Funding. Unfortunately, many domestic violence agencies struggle to maintain adequate

funding. This struggle is no different for agencies wishing to address lesbian domestic violence.

The issue of funding was brought up in 3 of the 4 focus groups. Organizations A, B, and D

mentioned funding as a barrier to providing services. Organization C did not mention funding as

a barrier. A possible reason for this is that Organization C is a group of lesbian feminist activists

who produce and deliver their own workshops, so funding may not be a major issue for them.

Participants from these three focus groups agreed that funding was difficult to initially

obtain and is equally as difficult to maintain. The following quotations speak to the lack of funds

available to address the issue of lesbian domestic violence.

"The difficulty was that there was no obvious source of funding we could get to get a

project officer…"

(Amy, Organization A)

"There are different ways [to address lesbian domestic violence], but they cost so much

money! But there is no money!"

(Rose, Organization B)

"Unfortunately, due to funding restrictions more than anything, it's [Gay and Lesbian

Anti-Violence Project] not established to the same extent at the New South Wales Anti-

Violence Project is."

(Marie, Organization D)

The above quotations confirm that there is a lack of funding for services to address the issue of lesbian domestic violence. Within Australia, the Federal and Provincial governments as well as private donors provide funding for domestic violence agencies (Aids Council of New South Wales, 2006). The lack of funds available specifically for lesbian domestic violence could possibly be because lesbian domestic violence is a relatively recently recognized phenomenon. However, as participants from Organizations A and B agreed, when funding is available the amount received is generally quite small. Participants from these two organizations noted,

> "All those things come up as projects, but they are usually quite small projects given that the whole funding for the entire program is actually quite small."
>
> (Erica, Organization A)

> "There are always little bits [of money available]. There never is a problem finding a few thousand here or there. It's the bigger ones that are a big problem."
>
> (Rose, Organization B)

These two quotations suggest that finding small amounts of money to fund projects is not very difficult to do. However, the problem lies in finding larger sources of funding. While it may be easier to find smaller sources of funding, the small nature of the funds means the program generally is not able to maintain itself over a longer period of time.

Service providers from Organization B also spoke of the unequal distribution of funds, with gay male issues (e.g., HIV/AIDS) seeming to receive more funding. This was a source of tension within this focus group, as one service provider commented,

> "I don't want to sound like a raging lesbian, but you end up doing all the work and they [gay males] get all the funds! It gets so much money compared to what we get!"
>
> (Caroline, Organization B)

"We have got so little time, so little resources, and they [gay males] have got shit loads of

money…"

(Rose, Organization B)

The above quotations provide a glimpse of the sort of tension or resentment some service

providers felt when discussing the unequal nature of the distribution of funds. This sort of

tension surrounding funding reduces the possibility of working together to address gay and

lesbian health issues.

Human resources. Unfortunately, mainly due to funding restrictions, many domestic

violence agencies are understaffed. Service providers from two focus groups commented on

their limited staff numbers.

"I suppose the only thing we struggle with is like all working groups, there is a lot of

work and we lose people who have been very hard working."

(Kendra, Organization A)

"The women's health team here is very small. Very very small. Everyone works part

time with the exception of two of us. It's hard."

(Marla, Organization B)

"I am here four days a week. I run two groups. I've got other expectations of being a staff

member. You know what I mean? It's really hard to manage everything the community

wants when you are one person, or two, or three, or four."

(Rose, Organization B)

The above quotations speak to the lack of staffing resources available to these

organizations. Furthermore, due to lack of staff, it is hard to maintain the energy needed to

progress. Participants from these two organizations spoke of the difficulty maintaining energy.

"I would like to know where has the energy disappeared to? It's the same people doing

the same stuff over and over again!"

(Kelly, Organization B)

"Like you say, it's really hard to sustain the energy level. It's sort of like its on hiatus."

(Danielle, Organization A)

Due to the lack of staff available, participants have commented that it is extremely

difficult to maintain energy to do work within the area of lesbian domestic violence. Often it is

the same people doing work on this issue.

Participants within these two organizations also spoke about the lack of male

involvement. Participants from Organization A commented,

"I think it shows around the room that it's not as big an issue that there aren't many men

here. I think it's a more open issue for women. The first meeting we had it was half and

half and it was really quite amazing. But slowly the men have trickled away."

(Janet, Organization A)

While participants from Organization A agreed that many men are not involved, there did

not seem to be any resentment towards men. However, a different picture evolved from

Organization B where the lack of male involvement (gay men in particular) brought about

resentment. This anger and resentment is apparent in the following quotations,

"Unless there is something that gay men are specifically going to get out of it, they are

not too keen on helping lesbians."

(Rose, Organization B)

"They are gay men and their issues are their issues! We can't set it up for them, we can't!

I can't do coalition with them around that stuff. So, no. Because we as lesbians are

always putting gay men's business [first]...and when it comes to supporting lesbian

issues they are no where to be seen."

(Lucy, Organization B)

The above quotations provide evidence of the resentment that some service providers

from Organization B felt towards gay men. They noted that while they are often willing to help

gay males with their issues like HIV/AIDS, gay males are often unwilling to return the support.

Next Steps Forward

Service providers were also asked about initiatives they would like to undertake and work

they would like to do in the future to best respond to same-sex domestic violence. This next

section will discuss the practical and theoretical steps that service providers identified.

Practical Considerations

Practical considerations consist of those steps which would be realistic to implement.

These considerations are practical in that most Organizations would have the funds and staff to

be able to implement them.

Regular newsletters. Newsletters are an effective way of reaching a wide range of people

and, depending upon the format of the newsletter, can be relatively inexpensive. A participant

from Organization D commented on wanting to establish a regular monthly article addressing

lesbian issues. She stated,

"One of the things I want to do with this position is a regular monthly article or

something like that in the papers. Unfortunately, it's not something that I have been able

to achieve at this point, mostly due to time restraints more than anything. Certainly as

we expand, I would like to see that [monthly article]. Even to the point where regional

advisors are writing articles for various newsletters that get around in the rural

environments because quite often they can't even get the papers. I think our organization

can really take a lead role in trying to take these issues to the forefront within the

community, and identify them as issues for the community."

(Elizabeth, Organization D)

Clearly, from the above quotation, Elizabeth feels that a monthly article addressing

lesbian issues would help bring issues such as domestic violence to the forefront within the

LGBTQ community. It is also important to note her comment on newspaper accessibility in

rural environments. Individuals in many rural areas are often unable to receive some of the

newspapers which are available to individuals residing in urban areas. By making newspapers

available to rural areas, this organization hopes to be able to reach out to a wider range of

individuals who may be experiencing domestic violence and are unaware of where to seek help.

Further training. As mentioned previously, proper and adequate training is important

within the social services sector because it provides staff with knowledge of how to handle

delicate situations. Participants from Organizations B and C hoped to offer further training.

Participants from Organization B wished to offer anti-homophobia and anti-racism training

within their own Organization. Recall how Brenda (Organization B), commented that,

"One of the things that we need to do is anti-homophobia and anti-racism training."

While participants in Organization B hoped to offer training within their own Organization,

participants from Organization C hoped to offer training to other professionals. Andrea noted,

"We are hoping that after the manual is launched that we will get requests for training

and workshops. One of our strategies is to go into the health field with lesbian domestic

violence training, which would include general practitioners. That is probably the next

biggest thing we are looking at. We are also looking at women's services and other legal

services, maybe the police as well. Once the manual is out and they have read it, if they

have the exposure then we can deliver the training at a higher level."

From the above quotations, one can see that training is a priority for these two agencies.

While Organization B would like to offer anti-homophobia and anti-racism training,

Organization C plans to focus their efforts on providing lesbian domestic violence training to

health professionals. They hope to not only provide training to health professionals, but also are

looking into providing training for women's services and professionals within the legal system.

Combating isolation. Service providers mentioned that they feel isolated in the sense that

they are not connecting with one another to share their experiences and learn from each other. In

response to the isolation with which service providers are faced, participants from Organization

D commented that they would like to do something to bridge the gap between themselves and

other organizations. A participant from Organization D commented,

"I've been thinking of setting up something more ongoing amongst women in

Melbourne, you know, every few months with some service providers. I would like to get

something like that going."

(Tammy, Organization D)

This failure to connect with one another leaves service providers unaware of what other

agencies offer and closes opportunities for discussions and coalitions. By getting together every

few months, service providers would have the opportunity to learn about each other's work, to

share their knowledge, and such gatherings would allow for the opportunity to develop coalitions

to address issues relevant to lesbians.

Establish a centre of excellence. Participants from Organization D spoke of wanting to

establish a centre of excellence. The centre of excellence would be a centre where lesbians could

go to seek help for a variety of issues. Participants noted that the local women's hospital would be a good location for such a centre. However, one participant noted,

> "We've looked at the women's hospital before and there is actually enough good will within the hospital to establish a centre of excellence, but it has never taken off, probably because it hasn't been lobbied enough."

(Monica)

It is interesting to note that in this example the hospital is willing to establish a centre of excellence, but because the issue has not been lobbied enough by the local community it has not been established. Following Monica's comment on looking at the local women's hospital as a centre of excellence, Rebecca commented,

> "I think that we should be focusing on community health centers. They are places that women can get space to meet; there are spaces that already have all kinds of groups. It seems to me that if we could get the training happening with community health and being seen, I don't know whether in the social department or nursing, or whatever, but that's a place where women could go without being identified; without feeling like they are wearing a label that says 'I am a lesbian.' I think that's where we should be focusing our energies."

A centre of excellence is a place which offers "products and services of superior quality" (Hylton, 2002, p.3). The core functions of centres of excellence as identified by Hylton (2002) are: (a) identify important knowledge, (b) acquire existing knowledge from experts, resource centres, conferences, (c) carry out research, (d) improve policies, programs, and products, (e) disseminate knowledge. A centre of excellence would be a place which would offer lesbian

friendly services and on top of the above functions, would provide spaces for women to meet and hold support groups.

Theoretical Considerations

While service providers mentioned practical next steps forward, they also spoke of theoretical next steps forward. Within this subsection, service providers spoke of ongoing questions and challenges which need to be addressed if we are to fully be able to understand and respond to lesbian relationship violence.

Conceptualizing power differently. Service providers commented on the need to conceptualize power within lesbian relationships differently. As mentioned earlier, Tammy (Organization D), noted that,

> "…we are so well educated in the whole issue of gender and power that we apply that to domestic violence in same-sex relationships as well."

Service providers typically work under a gendered conceptualization of power, where the male in the relationship holds greater power which is further supported by a patriarchal society. However, within lesbian relationships this gendered conceptualization of power does not apply. Participants from Organization C spoke of the need to think of power differently in the future. In particular, participants questioned what would change if power was looked at differently. Participants commented,

> "I feel like we focus on abuse and violence and control. If we change that focus and look at our own attitude towards power and how we use power positively, like empowering, do we find different things?"

> (Andrea)

"Ashley: One of the things that concerns me a lot is talking about use and misuse of power. I think if we talk about power, we have to talk about agency. To separate power from agency and not talk about the two together, I think it leads us down a pathway of still exploring and grappling with victim/perpetrator. Because if we don't deal with power and agency, then we are likely to continue to just talk about power and therefore all we can talk about is victim and perpetrator. So if we never consider agency and the way agency is used within relationships, then I think we will continue to have this binary situation of good and bad.

Laura: And if we consider power and agency together, where will that take us that is different?"

The above quotations reveal some of the questions service providers are struggling to answer. They suggest that there is a need to look at power apart from gender and consider other things such as empowerment and agency and how they influence power within relationships. Agency refers to the ability for people to be able to make decisions and be in charge of their lives. By removing the gendered aspect of power and considering things such as empowerment and agency, service providers may be more effective in examining the influence of power within relationships.

Thinking outside the box. Service providers also discussed the need to think differently from conventional approaches when addressing lesbian domestic violence. Often, service providers get caught up in doing things one way. Typically what has been done to address heterosexual domestic violence has been applied to lesbian domestic violence. However, what has worked with heterosexual domestic violence may not be appropriate for lesbian domestic

violence. Service providers from Organization B discussed the need to use different methods to address lesbian domestic violence.

"Shelly: But I often wonder if we get caught up in doing things one way; like having domestic violence action groups, and running forums. That doesn't suit everyone. Not everyone sits around a table and discusses things because they feel like they have something to offer. But if you looked at different ways of doing things, like looking at performances, making a banner, having discussions…there are lots of other ways than just sitting around a table or discussing things. We don't often look at that at all. Janice: That's what I liked about your presentation too, that it's a performance, and people can watch it and take so much from that. I agree with you, we need to develop all kinds of responses. I know there was one group that tried to develop a kind of popular theatre piece on lesbian domestic violence that they did in different bars. They just sort of in the middle of a bar got up and did a short performance, but a very powerful one, and it was something women discussed afterwards. Things like that are helpful for just trying to raise the issue in our communities."

"In the country they did stuff around mental health in football clubs and pubs...they were skits, little plays, about people with mental health issues and people who were struggling with mental health issues. They were just blown away by the response they got from men in particular, who would come and talk to them. It was not the response you would think in going into a football club. You just don't go into a football club and talk about that kind of stuff. But just some amazing responses. So maybe it's about taking risks. They didn't just go in saying "we are going to talk about depression"…they did a bit of a

skit and they were actually consumers of services and put on a bit of a play so people

could relate. So maybe it's about sometimes stepping outside of what we think."

(Mandy)

The above quotations provide a look into the discussions service providers are having

surrounding how best to address lesbian domestic violence. As Shelly noted, holding forums and

having discussions may not be the most effective way to address lesbian domestic violence.

Janice agreed and mentioned a group that did short performances in bars addressing lesbian

domestic violence. These short performances proved to be a successful and powerful way to

address lesbian domestic violence. Upon mentioning this, Mandy recalled a group which took a

similar approach with mental health issues. This particular group performed short skits in pubs

and sports clubs and were successful in bringing awareness to mental health issues. As Mandy

noted, successfully addressing lesbian domestic violence may be about stepping outside of what

we think and have done in the past. The above quotes also provide insight into service

providers' realization that what has been successful with heterosexual domestic violence may not

always be appropriate and successful with lesbian domestic violence.

Domestic violence in gay male relationships. While service providers within the focus

groups have focused their energies on addressing lesbian issues and lesbian domestic violence,

they have also acknowledged that gay male issues need to be addressed. Service providers

commented on the lack of services available for gay men. In particular, Elizabeth (Organization

D) commented on the lack of places to which gay men can be referred,

"What do I do? Refer a gay guy to the men's referral service when you have heterosexual

perpetrators of domestic violence? I don't think so!"

Individuals from Organization A also spoke of the lack of services available for gay males, noting,

> "Janet: Legal services like Domestic Violence Advocacy Service would receive calls
>
> from gay men, and what do they do? They don't really provide services for men…
>
> Danielle: There is no legal service that a gay man could actually access."

The above quotations show that service providers are struggling with referrals for gay males, much like they are with referrals for lesbians. The lack of places that respond to gay men's relationships and domestic violence, much like lesbian issues, have only recently been acknowledged and have not received the attention that is needed.

Summary

This section has examined the barriers in providing services to address lesbian domestic violence and has also looked at the practical and theoretical next steps which service providers identified for future work.

In regard to the barriers in providing services to address lesbian domestic violence, 3 sub-levels of barriers were discussed. These sub-levels looked at the barriers in how lesbian domestic violence is conceptualized, the barriers impacting on agencies, and the barriers service providers face in providing effective services for abused lesbians. These sub-levels provided an in-depth look at the barriers acting upon services and service providers which influence the effectiveness of service provision.

The final portion of the results looked at "the next steps forward" for service providers. Within this section practical and theoretical next steps were examined. The practical next steps forward looked at those next steps which would be most realistic to implement. Included within the practical next steps forward were things such as establishing regular newsletters, combating

isolation, and providing further training. The theoretical next steps forward looked at issues and

questions with which service providers are currently struggling and which they wish to address

in the future.

CHAPTER 4

Discussion

The purpose of this study was to further understand and expand on the reasons behind the ineffectiveness of domestic violence agencies' response to lesbian domestic violence. Specifically, this research sought to answer two questions: (a) what do service providers from various organizations in Australia, with differing lenses, see as the barriers to providing services to address lesbian domestic violence? (b) what needs to be done in the future to more effectively address lesbian domestic violence?

The Impact of Lenses and Frameworks

As mentioned within the literature review, when agencies are developed they use a certain lens or focus (such as criminal justice or health, for example) to guide their work and how they respond to domestic violence. This lens influences how service providers in a given agency see and understand domestic violence, as well as whom they serve. Unfortunately, whom an agency serves tends to shape and influence what they know about domestic violence. For example, it can be difficult for agencies to understand all complexities of domestic violence if they solely work with victims or if they only work with abusers. The lens under which an agency works, as well as whom an agency serves, may also influence what service providers see as a barrier to providing effective services to address lesbian domestic violence. For example, individuals working under a criminal justice lens may not see gendered power assumptions as a barrier because they tend to focus on the crime that was committed instead of the context of the abuse.

In addition to working under a specific lens, domestic violence agencies also tend to work under the dominant gender-based feminist framework, which focuses on patriarchy as a

root cause of partner violence (Dobash & Dobash, 1979). Within this framework, a number of assumptions exist which guide feminist service providers in their work (i.e., the root cause of domestic violence lies in patriarchy, at the centre of all violent relationships lies a power imbalance between a man and a woman; either/or binary categories of victim/perpetrator; "essentialism" or treating all women the same; assumption of heterosexuality). Unfortunately, these assumptions are applied to all relationships whether appropriate or not. This homogenization of relationships has led to barriers identified in the results of this study; in particular the gendered binary categorization of victim (female) /perpetrator (male) and assumptions of power relations.

Under the dominant gender-based feminist framework, it is assumed that an individual is either a perpetrator or a victim and cannot be both; it is also assumed that the perpetrator is male and the victim is female. This assumption is based on patterns of heterosexual male violence against women. However, it cannot be applied to all situations and relationships. In particular, this assumption becomes problematic for service providers when faced with non-heterosexuals and in situations where an individual has had the experience of being both a victim and a perpetrator in either the same or different relationships. Within Canada, as well as Australia, domestic violence agencies are typically developed to respond to the needs of victims. Services provided by domestic violence agencies are offered to support victims (e.g., counselling, health care). When an individual presents as both, it is problematic because mandates tend to specify that their services are for victims only. Clients who present as perpetrators are often refused service, which does little to prevent domestic violence.

A second assumption stemming from the dominant gender-based feminist framework is that power imbalances are an underlying cause of violence. That is, there is a structural power

imbalance where men, in general, have more privilege and therefore power than women. Men who are abusive are said to use this privilege as a tool to gain and maintain control within a relationship which is further supported by patriarchy. This assumption is reflected in the mandated power and control framework used by most domestic violence services. Under the mandated power and control framework, the Power and Control Wheel has been used as a prescriptive diagnostic tool to define what is abuse (Ristock, 2002a). While abuse may stem from power imbalances in some relationships, it is incorrect to assume that power imbalances characterize all abusive relationships. For instance, in same-sex domestic violence two women may have the same structural power yet abuse may still occur, but this model is unable to account for such cases. Further, rather than the imbalance of power causing violence in the relationship, it may be that violence results from partners striving to create equality within their relationship. Indeed, with the egalitarian ideals of modern society, it is possible that tension may arise from the need to always be equal. Recall, Laura from Organization C commented that, when one person holds more power in the relationship and tries to step down to create equality in the relationship, the need to always be equal may become a source of tension. Also, one participant noted there is also the possibility that while a power imbalance exists, there may be other aspects of the relationship (e.g., having little in common with each other) that are unhealthy and that may be an underlying cause of violence. Other aspects of the relationship such as having little in common with one another may create tension within the relationship which may lead to violence.

While violence intervention and prevention agencies have worked under the dominant gender-based feminist framework for decades, service providers have only recently realized that the gendered assumptions held under this framework may not be applicable to all relationships,

in particular lesbian relationships. With the relatively recent acknowledgement of lesbian domestic violence, an increasing number of service providers are seeing lesbian clients. Service providers who are working with lesbian clients are challenged with the occurrence of lesbian domestic violence because it violates the assumptions of the gendered nature of violence under which they work. While service providers have begun to realize that the assumptions held under the dominant gender-based feminist framework are not applicable to same-sex relationships, they are restricted by their agencies' mandates and are unable to make adjustments to be able to handle lesbian domestic violence more appropriately.

Parallels with Extant Research

The findings of the present study identified a number of parallels with extant research. In her research, Ristock (2002a) facilitated focus groups with 70 Canadian service providers to further understand the discourses and politics of responding to lesbian domestic violence. A comparison of Ristock's research to the findings of the current study provides a unique opportunity to identify common and unique barriers to providing effective services in these two nations which, as identified previously, have important similarities and differences.

Service providers in both Australia and Canada commented that ensuring confidentiality is a barrier to providing effective services to lesbian clients. When providing services for abused lesbians, it is hard for agencies to ensure clients' confidentiality. Due to the small, insular nature of many lesbian communities, there is a risk of participants in the program knowing one another, and so agencies are often unable to ensure confidentiality. Because lesbian domestic violence has simply been tacked onto existing mandates, service providers have tended to respond to lesbian domestic violence in the same manner with which they have responded to heterosexual domestic violence and have used similar approaches (e.g., running support groups). While these

techniques may be suitable for heterosexual domestic violence, they may be inappropriate for

addressing lesbian domestic violence and may jeopardize clients' confidentiality. For example,

while support groups are commonly used to address heterosexual domestic violence. The small

nature of the lesbian community means that for these victims client confidentiality cannot be

guaranteed. However, if service providers were to develop novel ways of addressing lesbian

domestic violence (e.g., performing informational skits in lesbian bars about lesbian domestic

violence (Ristock, 2002a)), there may be less of a chance that clients' confidentiality will be

breached.

An individual's racial background can play an important role in the power dynamics of a

relationship and in what is considered abusive behaviour. While race did not emerge as an

important theme across the results of this study, it was mentioned within Organization B's focus

group. Within Organization B's focus group, one participant (an Aboriginal woman) spoke of a

personal situation where she had a number of friends over and her partner (a white woman)

called her a 'boon'[5]. Her friends were shocked by her partner's derogatory insult and

commented to her that they could not believe how abusive her partner was. The participant

laughed it off as she did not view it as a derogatory insult. In Ristock's (2002a) work, several

participants spoke of being part of an interracial couple. Similar to the participant in

Organization B's focus group, participants in Ristock's (2002a) research "had not considered the

racist comments made by their partner as also being a form of abuse" (p.123). Rather, their

partner's derogatory comments were explained away as being part of their upbringing, and

therefore not seen as abusive. Furthermore, in interracial relationships additional systemic power

dynamics can come into play. Within society, a racial hierarchy still exists, with some races

---

[5] A derogatory term for a masculine looking woman. Shortened from boon-dagger.

holding more prestige and power than others. While both women may be equal in all other aspects of their relationship, the individual who is racially more powerful may hold greater power within the relationship and may choose to abuse this power. In this case, racism in addition to sexism (in heterosexual relationships), becomes yet another form of power an individual can hold.

Culture and racial diversity can be a barrier in providing effective services because services are generally based on white, heterosexual, middle-class women's experiences. This creates a barrier to effective service provision because anyone who is of a different ethnicity, sexuality, or social class may have different experiences. Individuals of a different ethnicity may differ on some beliefs and values, which can conflict with traditional Anglo-Saxon values and beliefs; sexually diverse relationships may have dynamics which differ from heterosexual relationships; and, individuals of a lower social class may be financially disadvantaged and unable to use existing services as much as someone in a higher social class[6]. Unfortunately, in many cases these differences are not taken into account by agencies and service providers. An intersectional approach to domestic violence may be an appropriate tool to help combat this problem because it takes into account an individual's race, sexuality, and socioeconomic background and the interlocking nature of systems of oppression (e.g., sexism, racism). Intersectionality argues that "intervention strategies based solely on the experiences of women who do not share the same class or race backgrounds will be of limited help to women who because of race and class face different obstacles" (Crenshaw, 1993, p. 1246). This is an important point for agencies and service providers to keep in mind when developing services and

---

[6] While services offered by domestic violence agencies are free, counseling is not. Financially disadvantaged women are often unable to afford a counselor and are unable to use their services.

interventions to help ensure that these programs are inclusive of individuals of different races, social class, and sexual orientation.

Within both Canada and Australia, organizational mandates are a barrier because they restrict who can and cannot use an agency's services. With increased recognition of same-sex domestic violence as a social issue, agencies within Canada and Australia have had the opportunity to change their organizational mandates to be inclusive of lesbian clients. However, many agencies have not changed their mandates. A possible reason for this resistance to change may be that these agencies' mandates specify that services are available to all women, and so lesbian clients would therefore be included under this umbrella. While in general terms this is true, lesbians often need to explicitly see that a given agency welcomes lesbian clients. Societal homophobia and heterosexism in both Canada and Australia have left lesbian women expecting to be excluded from these services. Thus, unless mandates specify that services are also for lesbian women, lesbians will feel unwelcome and will avoid using the agency's services.

Organizational mandates further restrict who can and cannot use an agency's services in that "most feminist-based organizations have a mandate to work only with victims of domestic violence, leaving women who are abusive without many, or in some cases any, options for services" (Ristock, 2002a, p.142). Within Canada domestic violence agencies are typically designed with victims in mind. Unfortunately, this holds true in Australia as well. As was pointed out in Organization B's focus group, the refusal to work with perpetrators does little to stop domestic violence. However, the refusal to work with perpetrators is complicated, stemming from agencies' mandates which specify that the services are for victims only. An agency's funding is dependent upon compliance with the funding agency's mandate. Furthermore, an agency's funding is also dependent upon the specific lens from which it works.

This lens will influence who funds an agency (i.e., provincial health, the criminal justice system, federal government), and will also influence the agency's mandate which specifies whom an agency serves.

Financial resources, as well as human resources, were mentioned by both Canadian and Australian service providers. Unfortunately, for many domestic violence agencies obtaining and maintaining stable funding is a challenge. The lack of financial and human resources makes it difficult for agencies to develop and maintain new programs to specifically address lesbian domestic violence. This inability to develop new programs and initiatives to address lesbian domestic violence leaves service providers unable to try new techniques when addressing lesbian domestic violence. Instead, service providers are left having to apply the same techniques used to address heterosexual domestic violence (e.g., support groups), when these techniques may not be appropriate and may not be the best approach to addressing lesbian domestic violence. This further reinforces homogenization of lesbian domestic violence.

Much like service providers in Canada, Australian service providers are struggling with the concept of power in lesbian relationships. As noted previously, it is generally assumed that at the centre of all violent relationships lies a power imbalance (Ristock, 2002a). This general assumption stems from the belief that the abuser is typically male and the victim is female. Within heterosexual relationships, it is generally believed that the male in the relationship holds greater power because of patriarchy (Ristock, 2002a). However, within lesbian relationships it is often quite difficult to determine who holds greater power within the relationship. It is often assumed that an imbalance of power within a relationship is an underlying cause of violence. The gender-based assumption of power is problematic because service providers "rely on a simplified version [of power and control] with a corresponding set of assumptions to distinguish

a victim and a perpetrator rather than exploring contextualized relations of power." (Ristock, 2002a, p.114). The complexities of power are hard to grapple with because power is tied to the concept of victim/perpetrator (Ristock, 2002a). Because service providers are used to seeing women as victims and men as perpetrators, and to men holding more power than their female counterparts, when both partners are women, it is hard to distinguish between victim and perpetrator and it becomes important to view power as relational instead of fixed (Ristock, 2002a). Instead of viewing power as a fixed entity, power needs to be "explored as relational and suggests that women can occupy more than one subject position" (Ristock, 2002a, p.122).

While parallels were found between the current study's findings and Ristock's (2002a) findings based on Canadian service providers, parallels were also found with the literature reviewed in this study. [7]

Within some agencies, specific staff members are assigned the duty of working with lesbian clients. This delegation of responsibility was mentioned as a barrier in the literature (Simpson & Helfrich, 2005), because such specialists may not always be available when needed and other staff members are then left not knowing how to handle issues relevant to lesbians. Furthermore, by assigning a specific individual to address lesbian issues, clients may feel singled out and uncomfortable. While service providers in Australia did not mention delegation of responsibility as a barrier, it is important to note that organizations in Australia do have specific staff to address lesbian issues. Within Australia, two important positions exist which we do not have in Canada. One of these positions is the 'lesbian health worker'. The role of the lesbian health worker is to work with lesbian clients regarding issues they may be having, educate staff members on issues relevant to lesbians, and to facilitate discussion between service providers

---

[7] Organizational mandates and funding were identified in the extant literature, including Ristock's (2002a) research. Since they have already been discussed they are not repeated here.

who are working in or are interested in the area of lesbian health (What's on For Women, 2004).

The second position within Australia is that of a Gay and Lesbian Liaison Officer[8]. The role of

the Gay and Lesbian Liaison Officer is to (a) support the LGBTQ community, (b) support

individuals within the agency who may have issues or concerns about their sexuality, and, (c)

provide advice to employers on how to appropriately handle sensitive sexuality issues

(Australian Federal Police, 2008). It is interesting to note that while past literature has

commented on how delegating responsibility can act as a barrier to providing effective services,

service providers in Australia have developed positions where the individual's job is solely to

address same-sex issues. It is possible that Australian service providers did not mention this

delegation of responsibility as a barrier because these positions have been helpful in addressing

same-sex issues.

Past literature has identified heterosexist language as a barrier to effective service

provision (Simpson & Helfrich, 2005). Use of heterosexist language in the provision of services

in general (i.e., terms such as 'he', 'husband', 'boyfriend') may lead lesbians to feel alienated

and further feel that the services offered are not applicable to their relationship. Service

providers in Australia commented that language acts as a barrier in a different way. They

commented that terms such as 'abuse' or 'domestic violence' act as a barrier. Often, domestic

violence agencies use terms such as 'abuse' or 'domestic violence' to advertise their services.

However, not all people see their relationship as abusive or see themselves as a victim of

domestic violence. If individuals do not see their relationship as abusive or view themselves as a

victim of domestic violence, they are likely to view the services as inappropriate for them.

Furthermore, terms such as 'abuse' are broad and many individuals may be unaware as to what

---

[8] Not all agencies and communities have a Gay and Lesbian Liaison Officer

constitutes abuse. It is interesting to note that while the extant literature has focused on heterosexist language as a barrier, service providers from Australia focused on the language surrounding abuse as a barrier. This difference does not mean that heterosexist language is no longer an issue in Australia, but perhaps the language surrounding abuse is a larger issue as the terms used to advertise an agency's services can either attract or steer potential clients away.

In the extant literature, lack of training was mentioned as a barrier to providing effective services. Service providers from Australia also commented on the lack of training they receive regarding lesbian domestic violence and same-sex relationships. This lack of training leaves service providers unaware of the dynamics and nature of lesbian relationships and renders service providers incapable of effectively handling situations of lesbian domestic violence. Because service providers are often unaware of the dynamics and nature of lesbian relationships, this further homogenizes lesbian relationships because service providers assume that the training they have received is appropriate and effective for dealing with lesbian clients. It is noteworthy that, despite the two unique positions in Australian services mentioned previously, whose role is to educate staff members on same-sex issues, Australian service providers still identify training as a barrier. This may suggest that these two positions are not fulfilling their role of educating staff. However, there are alternative explanations as to why training remains a barrier. First, training may remain a barrier because in most cases training is not mandatory. Therefore, while the lesbian health worker and gay and lesbian liaison officer may be providing training, staff may not be attending. Second, it is possible that not all staff members have had an opportunity to work with lesbian clients because of the existence of these unique positions. If staff have not worked with lesbian clients in the past they may be less likely to have been trained in this issue. Finally, training may remain a barrier for the simple reason that service providers have only

recently realized that their training in heterosexual domestic violence is inadequate and inappropriate.

Differences from Extant Research

While a number of similarities were found between the results of the current study, Ristock's (2002a) research with Canadian service providers, and the extant literature, there were also some barriers identified in the current study that have not previously been identified.

With the exception of Merlis and Linville's (2006) research, involvement of the LGBTQ community has not been a prevalent barrier to effective service provision in the extant literature. However, as identified in the results of the current study, the lack of involvement from the community can be a significant barrier in the implementation and survival of programs to address lesbian domestic violence. In order for lesbian domestic violence to be addressed, the LGBTQ community needs to rally to support this issue and to lobby for action. When programs are developed the LGBTQ community needs to maintain their involvement and support. It is possible that the LGBTQ community is reluctant to become involved because of the debate over who should be responsible for addressing lesbian domestic violence (Merlis & Linville, 2006). This debate is said to exist between the heterosexual domestic violence community, and the battered women's movement which includes heterosexuals, gays, and lesbians. It is possible that the LGBTQ community has been reluctant to rally to support these issues because it feels that the heterosexual domestic violence community should be addressing lesbian domestic violence, and the heterosexual domestic violence community feels that the LGBTQ community should be addressing lesbian domestic violence.

In the current study, service provider isolation emerged as an important barrier to effectively addressing lesbian domestic violence. If service providers are not connecting with

one another, there is no discourse between agencies and no knowledge of how lesbian domestic violence is being addressed in other agencies. Furthermore, service provider isolation prevents any hopes of coalitions. Coalitions would be beneficial in addressing lesbian domestic violence as they allow service providers to share their knowledge and collectively work together to address the issue.

The lack of places to which lesbian clients can be referred was identified in the current study as an important barrier to addressing lesbian domestic violence. Because lesbian domestic violence has only recently been acknowledged, many agencies have not changed their mandates to include lesbian clients. The lack of places to which lesbian clients can be referred may be partially explained by this dearth of agencies that include lesbian clients in their mandates. This may be compounded by the fact that service providers are isolated from one another. If service providers are unaware of agencies whose mandates do include lesbian clients, then they will not be in a position to refer their clients to these agencies.

Client attendance also was not mentioned as a barrier in the extant literature. Service providers within Australia found regular client attendance to be a problem which may be because of the insular nature of the lesbian community and the inability of agencies to ensure client confidentiality. Poor client attendance makes it difficult to keep a program running because funding may be cancelled if attendance is poor.

Although not identified in the extant literature, the aforementioned barriers were prevalent themes that emerged from an analysis of the focus groups with Australian service providers. A possible reason for this may be that with the exception of Ristock's (2002a) research, the extant research tends to be conducted in the United States. It is possible that the

conservative nature of social services policy in the United States has resulted in these barriers not having been identified in past research (Stark, 2007). The United States tends to be conservative in that emphasis is placed on traditional views of family, intimate relationships, and marriage. As a result of the conservative nature of social services, agencies may be less likely to address lesbian domestic violence and therefore may have not been confronted with these barriers. Second, it is possible that when conducting research, researchers have simply not asked questions necessary to elicit these barriers.

Practical and Theoretical Steps Toward More Efficacious Service Provision

In addition to being asked about the barriers to effectively addressing lesbian domestic violence, service providers were also asked about what they would like to do in the future to address lesbian domestic violence. Service providers mentioned both practical and theoretical steps they would like to implement in the future.

The practical steps forward in the results of the current study refer to steps toward more effectively addressing lesbian domestic violence that most agencies would be able to implement. For the most part, these practical steps centre around information and knowledge transfer, and also around being able to respond to lesbians' needs in an appropriate and safe manner. The rudimentary nature of these practical steps forward reflect that lesbian domestic violence is a relatively recent addition to the area of domestic violence. They also reflect the fact that, while great steps have been made in the area of lesbian domestic violence, there is still a need for basic education surrounding lesbian domestic violence. Because lesbian domestic violence has only recently been acknowledged as a social issue, many individuals are still unaware that domestic violence exists in these partnerships, and those that are aware of the issue are often not educated

in the dynamics of these relationships and how to appropriately handle lesbian domestic violence.

The theoretical next steps forward seek to challenge how lesbian domestic violence is conceptualized and reflect larger movements that have been occurring within the field of domestic violence. Service providers have begun to realize that the traditional assumptions held in the domestic violence field are not applicable or appropriate for all women's situations. This has led service providers to rethink their assumptions and their applicability to lesbian domestic violence.

Limitations of Current Research

There are limitations with all research and the current study is no exception. First and foremost, data in the current study were secondary. I was not involved in the process of developing the research or collecting the data. If I had collected the data on my own I would have been able to tailor the research to my thesis and would have been able to develop my own questions about barriers to effective service provision. Examples of questions that would be asked are: (a) What lens/assumptions guide your work? How does this lens influence what you know about domestic violence? (b) When developing services to address lesbian domestic violence, what barriers are you faced with in conceptualizing lesbian domestic violence? What barriers do you face from the community (heterosexual and LGBTQ) and society? What are the barriers in general when addressing lesbian domestic violence? (c) How have you addressed or worked around these barriers? These questions could also be asked in future research. The data used in this study were based on focus groups which also posed limitations. While focus groups allow a large amount of data to be collected in a relatively short period of time (Patton, 2002),

the data may not be as in-depth as data collected from one-on-one interviews. Furthermore, some individuals may not be willing to voice their opinions in a group context.

Recommendations

Based on the current research, a number of recommendations for agencies and service providers can be made, as well as recommendations for future research.

Recommendation #1 – Mandatory training. Service providers should be required to attend regular training sessions to be educated on same-sex relationships, same-sex issues, and domestic violence in same-sex relationships. This mandatory training should be offered on a regular basis and could be delivered in the form of a one-day workshop.

Recommendation #2 – Regular debriefing. Service providers should get together on a regular basis with other staff members in their agency to debrief with each other about how they have handled client's situations and to discuss any issues they may have surrounding same-sex issues and effective service provision.

Recommendation #3 – Review of language. Agencies need to review the language used within the literature germane to their agency, as well as in their assessment tools, to look for heterosexist language. Furthermore, agencies need to be aware of how the terms that they use to advertise their services may or may not attract lesbian clients. This review of language needs to occur on a regular basis because language is dynamic.

Recommendation #4 – Explicit mandates. Agencies need to review and, if necessary, revise their organizational mandates to explicitly indicate that lesbian clients are welcome. Agencies need to steer away from specifying that services are for "all women" and need to be more explicit. Furthermore, agencies need to be explicit about the assumptions and analyses that

guide their work. By explicitly stating their mandates and their assumptions, women would be able to make informed choices about where they wish to go.

Recommendation #5 – Increase funding. The government needs to directly fund programs which seek to address lesbian domestic violence.

Recommendation #6 – Regular evaluations. Regular evaluations need to be done on agencies to ensure that they are doing what their mandates specify, to ensure that their clients are satisfied, and to see what can be improved upon. Such evaluations should include consideration of the agency's efficacy in working with lesbians as well as other vulnerable groups.

Recommendation #7 – Collaboration. Service providers need to find a way to combat isolation and to collaborate with one another to address the issue of lesbian domestic violence. Collaboration may take place through physical meetings, or through inter-agency newsletters or internet blogs. It is possible that collaborations such as these have not yet taken place because agencies and organizations addressing lesbian domestic violence are typically short staffed and may not have the time to collaborate with one another. It is also possible that collaboration has not taken place for the simple reason that service providers do not know who to collaborate with because they are often aware of other agencies and organizations addressing lesbian domestic violence.

Recommendation #8 – Research in other countries. Future research needs to be conducted in the United States, the United Kingdom, as well as other countries throughout the world. It would be interesting for researchers to look at barriers to effective service provision in these countries, as this would allow researchers and service providers the opportunity to make comparisons between various countries, thereby shedding further light on issues that are culturally specific and universal.

Recommendation #9 – One-on-one interviews. Future research may wish to conduct one-on-one interviews with service providers. While focus groups have allowed researchers to gather a large amount of information in a short period of time, they may not be as in-depth as one-on-one interviews. By conducting one-on-one interviews, researchers would be able to probe further into service providers comments, and may be able to identify barriers which may not have been identified in the extant research.

Conclusion

This research has been unique in that it gave Australian service providers a voice and gave them the chance to reflect on the work they are doing to address lesbian domestic violence. It has provided an introspective look into what these service providers believe are their own weaknesses in providing services to abused lesbians and what can be done to improve these services. The barriers that emerged from this study, as well as the next steps forward that service providers wish to take, reflect that we are in the early stages of research on, and service provision for, lesbian domestic violence.

In addition to the specific recommendations identified in this study, the results which show the difficulties in addressing lesbian domestic violence also suggest that there is a fundamental need for basic public education campaigns surrounding lesbian domestic violence and a need to think outside the box when developing new and innovative ways of providing services. When developing services there is a need to develop culturally competent services (Pratt & Sokoloff, 2005), as well as services that offer a wide range of programs which acknowledge "different contexts and types of relationship violence, and therefore different responses to it" (Ristock, 2002a, p.184). Culturally competent services acknowledge that culture can play role in perpetuating violence against women. Organizations also need to be aware of

how an individual's race, class, and sexuality work together in perpetuating violence against

women. What this means for lesbians is that lesbian domestic violence would be acknowledged

as an issue separate from heterosexual domestic violence. Furthermore, as Ristock (2002a) notes,

"we need to consider relationship violence an issue facing communities, rather than an individual

problem" (p.182), and therefore community based interventions may also be an effective

intervention tool.

While we have made progress in studying lesbian domestic violence, there is still much to

learn to improve the efficacy of efforts to prevent violence in lesbian relationships. It is my hope

that this research has provided a deeper understanding of the reasons behind the ineffectiveness

of service provision for abused lesbians, and that this knowledge sheds light onto how these

weaknesses can be overcome.

References

Aids Council of New South Wales. (2006). *Annual report 2006-2007*. Retrieved September 24th,

2008, from http://www.acon.org.au.

Adams, D. (1988). Treatment models of men who batter: A profeminist analysis. In K.Yllo &

M.Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 176-199). Beverley Hills, CA:

Sage.

Almeida, R. (1993). Unexamined assumptions and service delivery systems: Feminist theory and

racial exclusions. *Journal of Feminist Family Therapy, 5*, 3-23.

Almeida, R., Woods, R., Messineo, T., Font, R., & Heer, C. (1994). Violence in the lives of the

racially and sexually different: A public and private dilemma. In R. Almeida (Ed.),

Expansions of feminist family theory through diversity (pp. 99-126). New York: Haworth

Press.

Archer, J. (2002). Sex differences in physically aggressive acts between heterosexual partners: A

meta-analytic review. *Aggression and Violent Behaviour, 7*, 313-351.

Australian Federal Police. (2008). *Gay and lesbian liaison officer's network*. Retrieved on

October 16, 2008, from

http://www.afp.gov.au/recruitment/gay_and_lesbian_liaison_officers.html.

Barrett, M. (1992). Words and things: Materialism and method in contemporary feminist

analysis. In M. Barrett & A. Phillips (Eds.), *Destabilizing theory: Contemporary feminist*

debates (pp. 201-219). Cambridge: Blackwell Publishers.

Beauchamp, D. (2004). *Sexual orientation and victimization*. Ottawa, ON: Statistics Canada.

Belknap, J. (1995). Law enforcement officers' attitudes about the appropriate responses to

woman battering. *International Review of Victimology, 4*, 47-62.

Bograd, M. (1999). Strengthening domestic violence theories: Intersections of race, class, sexual

orientation and gender. *Journal of Marital and Family Therapy, 25*(3), 275-289.

Bradford, J., & Ryan, C. (1998). *The National Lesbian Health Care Survey: Final report*.

Washington, DC: National Lesbian and Gay Health Foundation.

Brand, P. & Kidd, A. (1986). Frequency of physical aggression in heterosexual and female

homosexual dyads. *Psychological Reports, 59*, 1307-1313.

Buzawa, E., & Buzawa, C. (1990). *Domestic violence: The criminal justice response*. Newbury

Park: Sage.

Carrington, K., & Phillips, J. (2006). *Domestic violence in Australia: An overview of the issues*.

Retrieved August 7, 2008, from

http://www.aph.gov.au/library/intguide/SP/Dom_Violence.htm

Chan, C. (2005). *Domestic violence in gay and lesbian relationships*. Retrieved November 5,

2007, from

http://www.austdvclearinghouse.unsw.edu.au/topics/topics_pdf_files/Gay_Lesbian.pdf.

Collins. (2001). *English dictionary for advanced learners* (3rd ed.). Glasgow: HarperCollins.

Coleman, V. (1994). Lesbian battering: The relationship between personality and the

    perpetration of violence. *Violence and Victims, 9,* 139-152.

Crenshaw, K. (1993). Mapping the margins: Intersectionality, identity politics, and violence

    against women of color. *Stanford Law Review, 43,* 1241-1299.

Dobash, R., & Dobash, R. E. (1979). *Violence against wives.* New York: The Free Press.

Dutton, D. (2006). *Rethinking domestic violence.* Vancouver: UBC Press.

Dutton, D., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and

    science in domestic violence research and practice. *Aggression and Violent Behaviour, 11,*

    457-483.

Eaton, M. (1994). Abuse by any other name: Feminism, difference, and intralesbian violence.

    In M. Albertson Fineman & R. Mykitiuk (Eds.), *The public nature of private violence*

    (pp.195-223). New York: Routledge.

Erez, E. (2002). Domestic violence and the criminal justice system: An overview. *Online*

    Journal of Issues in Nursing, 7(1), 40-71.

Girshick, L. (2002). *Woman-to-woman sexual violence: Does she call it rape?.* Boston:

    Northeastern University Press.

Gondolf, E. (1998). Appreciating diversity among battered women. In E.W. Gondolf (Ed.),

    Assessing woman battering in mental health services (pp.113-131). London: Sage.

Greaves, L., Hankivsky, O., & Kingston-Riechers, J. (1995). *Selected estimates of the costs of violence against women.* London, ON: Centre for Research on Violence Against Women and Children.

Hammond, N. (1989). Lesbian victims of relationship violence. *Women and Therapy, 8*(1/2), 89-105.

Hart, B. (1986). Lesbian battering: An examination. In K. Lobel (Ed.), *Naming the violence: Speaking out about lesbian battering* (pp. 173-189). Seattle: The Seal Press.

Hodges, K. (1999). Trouble in paradise: Barriers to addressing domestic violence in lesbian relationships. *Law and Sexuality, 9,* 311-331.

Hylton, J. (2002). *Centres of excellence: A review of best practices.* Retrieved October 10, 2008, from http://www.rqhealth.ca/programs/aboriginal/pdf_files/appendix_b.pdf.

Iovanni, L., & Miller, S. (2001). Criminal justice system responses to domestic violence: Law enforcement and the courts. In C.M. Renzetti, J.L. Edleson, & R. Kennedy Bergen (Eds.), *Sourcebook on violence against women* (pp. 303-328). Thousand Oaks: Sage.

Lamb, S. (1999). Constructing the victim: Popular images and lasting labels. In S. Lamb (Ed.), *New versions of victims: Feminists struggle with the concept* (pp. 108-138). New York: New York University Press.

Lockhart, L., White, B., Causby, V., & Isaac, A. (1994). Letting out the secret: Violence in

lesbian relationships. *Journal of Interpersonal Violence, 9*(4), 469-492.

Merlis, S., & Linville, D. (2006). Exploring a community's response to lesbian domestic violence

through the voices of providers: A qualitative study. *Journal of Feminist Family Therapy,*

18(1/2), 97-136.

Miller, D., et al. (2001). Domestic violence in lesbian relationships. In E. Kaschak (Ed.),

Intimate betrayal: Domestic violence in lesbian relationships (pp.107-127). New York:

Haworth Press.

Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks: Sage.

Pratt, C., & Sokoloff, N. (2005). Structural contexts, culturally competent approaches,

community organizing, and social change. In N. Sokoloff & C. Pratt (Eds.), *Domestic*

violence at the margins (pp. 293-300). Piscataway, NJ: Rutgers University Press.

Queensland Government. (2007). *Domestic and family violence protection act 1989.* Retrieved

November 19, 2007, from http://www.legislation.qld.gov.au.

Renzetti, C. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors.

Journal of Interpersonal Violence, 3(4), 381-399.

Renzetti, C. (1989). Building a second closet: Third party responses to victims of lesbian partner

abuse. *Family Relations, 38*, 157-163.

Renzetti, C. (1992). *Violent betrayal: Partner abuse in lesbian relationships.* Newbury Park:

Sage Publications.

Ristock, J. (2002a). *No more secrets: Violence in lesbian relationships.* New York: Routledge.

Ristock J. (2002b). *Institutionalized responses to lesbian relationship violence in Australian

social services.* UM/SSHRC Research Grant Proposal, January 2002-2003.

Ristock, J. (2003). Exploring dynamics of abusive lesbian relationships: Preliminary analysis of

a multisite, qualitative study. *American Journal of Community Psychology, 31*(3), 329-341.

Ristock, J. (2005). *Relationship violence in lesbian/gay/bisexual/transgender/queer [LGBTQ]

communities.* Retrieved September 26, 2006, from

http://www.mincava.umn.edu/documents/lgbtqviolence/lgbtqviolence.html.

Ristock, J., & Pennell, J. (1996). *Community research as empowerment: Feminist links,

postmodern interruptions.* Don Mills, ON: Oxford University Press.

Saunders, D.G., & Size, P.B. (1986). Attitudes about woman abuse among police officers,

victims, and victim advocates. *Journal of Interpersonal Violence, 1*(1), 25-42.

Scherzer, T. (1998). Domestic violence in lesbian relationships: Findings of the lesbian

relationship research project. *Journal of Lesbian Studies, 2*(1), 29-47.

Simpson, E., & Helfrich, C. (2005). Lesbian survivors of intimate partner violence: Provider

   perspectives on barriers to accessing services. *Journal of Gay and Lesbian Social Services,*

   18(2), 39-59.

Smith, M. (1990). Patriarchal ideology and wife beating: A test of a feminist hypothesis.

   Violence and Victims, 5(4), 257-273.

Sokoloff, N., & Dupont, I. (2005). Domestic violence: Examining the intersections of race, class,

   and gender – An introduction. In N. Sokoloff & C. Pratt (Eds.), *Domestic violence at the*

   margins: Readings on race, class, gender and culture. (pp.1-14). Piscataway, NJ: Rutgers

   University Press.

Stark, E. (2001). Health interventions with battered women: From crisis intervention to complex

   social prevention. In C.M. Renzetti, J.L. Edleson, & R. Kennedy Bergen (Eds.), *Sourcebook*

   on violence against women (pp. 345-370). Thousand Oaks: Sage.

Stark, E. (2007). *Coercive control.* Oxford: Oxford University Press.

Statistics Canada. (2006). *Measuring violence against women.* Canada: Statistics Canada.

Strauss, A.L. (1987). *Qualitative analysis for social scientists.* New York: Cambridge Press.

Swigonski, M. (1993). Feminist standpoint theory and the questions of social work research.

   Affilia, 8, 171-183.

Walby, S. (1990). *Theorizing patriarchy.* Oxford: Basil Blackwell Ltd.

Wamala, S., & Agren, G. (2002). Gender inequity and public health: Getting down to real issues. *European Journal of Public Health, 12,* 163-165.

Waterman, C., Dawson, L., & Bologna, M. (1989). Sexual coercion in gay male and lesbian relationships: Predictors and implications for support services. *The Journal of Sex Research, 26*(1), 118-124.

What's on For Women. (2004). *Lesbian health.* Retrieved on March 5, 2007, from http://www.nrg.com.au/~wow/lheal.html.

Zalewski, M. (2000). *Feminism after postmodernism: Theorising through practice.* London: Taylor and Francis Routledge.

Appendix A

Focus Group Questions

(Developed by Dr. Janice Ristock)

Background of Services:

1. Tell me about the programs that you offer for responding to same-sex/lesbian partner violence (this can include programs, services, education and/or research initiatives).

2. How and when did these areas develop? How did your mandate to do work in this area emerge?

3. Who comes to your services and how do they hear about you? (Do you serve a diverse group of people –age, race, class, disability etc.?)

4. Who doesn't come and why? Are there other services in the area to meet their needs?

Assumptions of/in Services:

5. What would you say is the guiding philosophy/assumptions of your programs (feminist, client-centered etc.)? Are there certain concepts, ideas that have been most helpful to you when doing anti-violence work? (Do you use the power and control wheel, etc.?)

6. What knowledge sources/information do you rely on to develop these programs and services? Do you feel that you have enough information and training to assist you in your work?

7. Are there times when you need to be flexible in your approach in order to better respond to the contexts of what people are experiencing? For example can you respond to the needs of a transgendered person in a woman-only service? Can you use harm- reduction approaches or

couple counselling when a couple who is experiencing violence does not wish to break up? What if both partners engage in violence and your agency serves victims only? What if a person is addicted to drugs or alcohol and is in an abusive relationship?

8. How do you justify your mandate? For example some groups provide services for both victims and perpetrators, others to victims only; others provide services to both gays and lesbians, or to lesbians only, or to gays, lesbians and heterosexuals. Are there ways that you feel limited or constrained by your mandate or by what is in your 'official policies'?—How do you get around any limitations or exclusions that you feel?

9. What are the politics of providing services to same-sex/lesbian partner violence—for example, do you worry about funding? Does it affect your work with other organizations? Do you have strong ties to gay and lesbian communities? Are gay and lesbian staff able to be 'out' in your organization? Have you encountered any barriers or negative reactions to the programs/services on same-sex partner violence that you have developed? Are there certain issues that cause great debate and division when discussing this topic or trying to develop new programs? (Explain).

10. Overall what is the greatest strength of your organization and what is your greatest limitation when doing work on this issue?

11. How would you summarize the way responses to same-sex partner abuse are being institutionalized—what is your assessment of this?

Looking Forward:

12. If you could develop new initiatives to respond to same-sex/lesbian domestic violence and had no limits on funding or mandates what would you do?

13. What other work (outside social services) needs to be done? (or is being done?—legal issues, coalitions, community, grass-roots responses).

14. Are there any ways that we might begin to share information and responses internationally (Canada—Australia, etc.)? What information, dialogues would be most helpful?