



*Conversations  
about gender,  
culture, violence  
&  
narrative practice*

**Stories of hope and complexity  
from women of many cultures**

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*Honouring Complexity:  
Gender, culture and violence in the lives of lesbian,  
gay, bisexual, transgender, queer individuals*

By Pat Durish

The Same-sex Partner Abuse Project for the LGBTQ (Lesbian, Gay, Transgender, Bi-sexual and Queer) community in Toronto provides direct service to individuals, educates service providers, conducts research to identify occurrence rates and gaps in service, and advocates for more funding and more appropriate services. This is the only project of its kind in Toronto, and I am one of only a handful of counsellors who are dedicated solely to serving this community in this capacity. In general, there are very few culturally appropriate services for this community in Toronto, and even fewer in smaller cities and rural communities in Canada.

Research suggests that the rates of violence and abuse in same-sex relationships are similar to those in heterosexual relationships. However, this is difficult to confirm as there is so little research conducted to investigate this issue, and reporting rates are very low. The latter problem can be attributed to a number of factors including a lack of culturally appropriate services available to individuals who do report, a history of poor relations between the LGBTQ

community and service providers, particularly shelters, the police and child welfare services, and a reluctance on the part of community members to recognise that abuse is a problem.

## **The Challenges**

The question of the role that culture plays in shaping the experience of violence in same-sex relationships is an interesting one. 'Culture' can be understood in a number of ways. In the conventional sense, it can refer to my clients' specific cultural identities. However, I also wish to acknowledge the important role that sexuality and the politics of the LGBTQ community play in the way that abuse in same-sex relationships plays out, is understood and responded to – both by the community and by service providers. The broader cultural context of heterosexism frames the experiences of LGBTQ individuals, as does the cultural politics of the community itself. My recent research has confirmed that LGBTQ identities and relationships are marked by a high degree of complexity which means that our lives do not fit easily within some of the frameworks that have been developed to guide policy-making and service provision in the area of domestic violence.

The diversity of the LGBTQ community is a major challenge in doing this work. This diversity is multi-layered. Although the community shares a common identity due to our marginalised status based on differences in how we define our gender and sexuality, our differences from each other are also significant – particularly in the area of intimate violence. Relationship violence for lesbians looks different from that of violence in gay male relationships. Trans folks often don't identify as gay or lesbian and therefore do not define themselves as being in same-sex relationships. They are included, however, in our definition of same-sex partner abuse because they are members of our community and share with other members a marginalised status due to issues of gender and sexuality, and because they are extremely under-served by mainstream social service agencies.

Just as the frameworks developed to understand violence in straight relationships are inadequate for understanding same-sex partner abuse, the same is true for our attempts to understand violence in trans relationships through a lens that has been developed based on the experiences of individuals in same-sex relationships. The experiences of bisexual identified individuals are similarly

unique, often overlooked and not easily equated to those of lesbians and gays. In addition, bisexual and trans folks often report feeling marginalised within the LGBTQ community itself. Add to this picture the complexities of race, class, religious orientation and ability, which cut across these neat identity categories, and you get an idea of the difficulties that are involved in trying to understand and respond to the needs of this community!

Aside from the issue of how diverse the community is, and therefore the challenge inherent in trying to find a framework for understanding same-sex partner abuse that facilitates advocacy and service provision without over generalising, we also need to actively resist the seductive pull of the conventional heterosexual gender-based framework for understanding and responding to this issue. It is not only that the heterosexual gender-based framework is insufficient or inappropriate, it is also that it has colonised our knowledge systems to the extent that an astounding amount of energy has to go into resisting it. I have been involved in a project to create resources (a series of brochures) for the LGBTQ community regarding same-sex partner abuse. I am constantly frustrated by the fact that my experiential knowledge informs me that same-sex partner abuse is not the same as domestic violence in heterosexual relationships, but the basis of this difference has, at times, eluded me when trying to develop a brochure that is to provide practical information to survivors in plain language. The challenge is how to represent our communities' lived realities when the language and concepts available to us are drawn from realities that are different and sometimes hostile to our own. Try as we may, each subsequent draft appeared to reproduce conventional understandings. To make things more complicated, it's also not just a case of resisting external influences. For example, the differences inherent to the trans identity has been the focus of interesting and sometimes heated debates within our editorial committee. Trans women are the most vulnerable members of trans community when it comes to all forms of violence, including intimate partner violence. Yet, framing intimate partner violence (which we can no longer call same-sex partner violence because a sizable percentage of the trans community identifies as straight) as 'woman abuse', is antithetical to our goal of upsetting the gender-based understanding of domestic violence that equates women as victim and man as perpetrator which has become so entrenched. There is no easy resolution to this and other debates.

As feminists, we want to honour the work that has been done to recognise domestic violence as a form of gender violence that women are subjected to, and thus connect it to other forms of violence against women both public and private. However, as lesbians, we understand that this comes at the cost of acknowledging other forms of violence such as homophobic or transphobic violence, as well as violence that uses race as its organising principle. Similar to violence against women, intimate violence between members of the LGBTQ community occurs within a broader context of socially sanctioned public violence against LGBTQ people. The more work we do in this area, the more I have come to believe that what makes same-sex partner abuse unique is the way that the forces of homophobia and the inter-sectionality of class, race, gender, ability, etc., shape our experiences.

### **Complexity**

If we could only use one word to characterise LGBTQ relationships it would have to be the term 'complex'. For instance, in the case of same-sex partner abuse, it is not always so easy to determine the direction of abuse. These relationships go a long way in sending up the neat binary categories – man/woman, perpetrator/victim – that society relies on to maintain order. It's not that gender is not a factor; it is that nothing about it can be taken-for-granted. Gendered roles and behaviours can influence same-sex relationships but these do not always have the same meanings as they do in straight relationships and therefore power does not accrue to them in the same way. Add to this mix the power differences of race, class and ability, as well as the effects of what some researchers refer to as 'marginalised stress' (the stress related to occupying a marginalised place in society) and you get a very heady mix of factors that play themselves out to create and sustain violence/abuse within some same-sex relationships.

Because of the perspective that same-sex partner abuse offers to upset gendered understandings of violence, activists and service providers in this area are not always welcomed guests at the table when issues of domestic violence are being discussed. It's difficult to know where we fit in. Gay men are not often seen as victims, at least not in the classic sense, and as males are not often welcomed at meetings about domestic violence. Our aversion to seeing men as victims of

domestic violence means that same-sex partner abuse in gay relationships is often dismissed and/or devalued as ‘boys will be boys’ and therefore there are very few services available to gay men who experience this type of violence. The services that do exist are under-funded, under-staffed and often run on a volunteer or ad hoc basis. In Toronto, there are spaces available for gay men fleeing violence in a few of the homeless shelters across the city, and gay men’s groups have tried to maintain a network of safe houses where individuals are willing to take victims into their homes for short periods in emergency situations.

Lesbian ‘batterers’, on the other hand, challenge the myth of women’s inherent non-violence. The idea that a woman would abuse another woman, or that if she did her partner would have anything to fear, is difficult for many people to understand – including lesbians. Identifying your partner as abusive can feel like a betrayal of the sisterhood. This feeling and fear of being seen as betraying the community is a major barrier to individuals acknowledging the fact that they are being abused. Like many other marginalised communities, our lives and relationships have been and continue to be pathologised. As a result, many of us feel protective towards our communities and are therefore willing to withhold information about abuse – consciously or unconsciously – so as not to provide fodder to our critics. It is my experience that the sexualised nature of LGBTQ identities also means that individuals leaving intimate relationships where violence and abuse is a factor confront difficult identity issues that have no corollary in the world of straight partnerships.

What’s more, in many cities and neighbourhoods, the lesbian community is small and tightly knit. Many of the services available to battered women or LGBTQ specific services are staffed by women who are drawn from this community. It is not uncommon to run a group for lesbian or bi women who have experienced abuse where there is no more than one degree of separation between many members. Although theoretically lesbian and bi women can access services that have been developed for women fleeing heterosexual relationships, many of these services have not done enough or have not been successful at addressing homophobia amongst their staff and/or clientele.

Myths concerning the appropriate behaviour of men and women in relationships accompany us at every step on our journey to address the issue of same-sex partner abuse. It is when confronting the myths concerning LGBTQ

relationships, and the messages these myths contain about gender identities, that I am most clearly able to see the inextricable link between sexism and homophobia. The strictures concerning appropriate gender behaviour are integral to a system that enforces heterosexuality as the only acceptable mode for being in relationships. To these issues, same-sex marriage is not the answer, rather dismantling, or at least easing, our rigid gender system is the only way that LGBTQ identified individuals will be able to live free of the violence that accompanies marginalisation; violence that plays itself out within both the public and the private sphere. Having said this, as a therapist I am also aware of the danger of over-emphasising the social factors that impact on private acts of violence at the expense of individual responsibility.

Myths regarding the nature of lesbian identities also prove to be barriers to identifying abuse. Few lesbian couples conform to a clearly demarcated butch/femme dyad. And, if and when they do, power doesn't necessarily accrue along traditional gendered lines. Similarly, although factors of race, age, ability, class, etc., can play a part in determining who has power and who does not, they don't always play out as expected. There has been much debate amongst community members as to whether conventional understandings of power and control are applicable to situations of same-sex partner abuse. Histories of childhood abuse, homophobic violence or internalised homophobia do not excuse abuse, but they do make it harder to identify, respond to and determine the degree of intentionality. The prevalence of consensual SM (sado-masochism) in a community that had been highly sexualised, adds to this complexity and multiplies the possibilities for misunderstanding or stigmatising.

Many of the women I see who are dealing with relationship abuse also struggle with a sense of their own culpability because they fought back. For them, this muddies the water regarding who is the abuser and who is the victim, and makes screening for abuse in the context of service provision very difficult. This has led to the development of a number of very innovative screening tools for applying to same-sex relationships that are able to look at and identify the subtleties and nuances of relationship dynamics and the effects of abuse (for example see Anti-Violence Project New York, [www.avp.org](http://www.avp.org)).

In general, the fact that society does not support the rights of LGBTQ individuals means that our relationships are not accorded status equal to

heterosexual relationships. As a result, service providers – police, social workers, health care professionals – fail to screen for violence when dealing with members of the LGBTQ community or, when confronted with it, fail to treat it as seriously as they would evidence of domestic violence in straight relationships. I recently was asked to evaluate a training program being developed for health professionals in the area of domestic violence and there was no mention made of the fact that LGBTQ patients could be at risk of violence in their relationships. This is not an isolated occurrence.

LGBTQ individuals frequently report having their complaints dismissed by police as situations of ‘mutual aggression’ or ‘cat fights’. Many LGBTQ individuals are reluctant to admit the nature of their relationship to police because they do not trust the police to treat them respectfully and fairly when they become aware of their sexual orientation. The police services have come a long way in this regard, but homophobia is still an issue particularly when homophobia is supported by attitudes of racism and transphobia. Individuals that have been identified as being particularly vulnerable include those individuals diagnosed with HIV/AIDS, living with disabilities, living in rural communities, from ethnic or religious communities where homosexuality is particularly stigmatised, and two spirited people of the First Nations. Heightened vulnerability is due to the extreme lack of appropriate services, disconnection or marginalisation from/within the LGBTQ community, a marked history of neglect or persecution by institutions associated with the dominant society, or forced dependency issues.

The fact many LGBTQ individuals have formed families and are raising children is also relatively invisible to mainstream society. The result is a lack of services for children who have witnessed violence in same-sex families. A history of poor treatment at the hands of child protection workers has made many LGBTQ individuals reluctant to report abuse because they fear the involvement of these services. Consequently, under-use of the system allows homophobic attitudes and practices to go unchallenged.

Furthermore, homophobia and sexism are not only social attitudes but can be internalised, thus making it more difficult for individuals to identify the fact that they are being abused and therefore hold their abusers accountable. Gay men live in a gendered society that makes it difficult for them to reconcile their masculinity with victimisation. In addition, many LGBTQ individuals have

experienced abuse throughout their lives, making it difficult for them to draw distinctions about what is acceptable and what is unacceptable behaviour.

Although there is still much that we don't know and understand about same-sex partner abuse, research into this phenomena has grown steadily over the past decade. As a clinician working with this client population, I am particularly frustrated by the lack of clinical materials available to guide my practice. Despite the reluctance of survivors to come forward, we need to pay more attention to this issue – and not only for the benefit of members of the LGBTQ community. I believe that the issue of same-sex partner abuse provides us with a unique perspective to re-examine the framework within which we have come to understand violence and abuse in all intimate relationships. Just as the AIDS crisis has afforded us an opportunity to revisit and reinvent rituals of death and mourning, I believe that same-sex partner abuse affords us an equally poignant opportunity to rethink the assumptions that we have internalised about domestic violence and hence our response to it.

### **Principles for responding**

Given the challenges I face in my practice, I have had to adopt a set of principles for working with my clients. I work in the heart of the gay village in Toronto and, as I've mentioned, my client group is extremely diverse. Living on the margins affords us the opportunity to reinvent many taken-for-granted social institutions, including gender identity and roles (many of my clients identify as gender queer or trans), families (many of my clients are raising children in multi-parent families, which include donors or co-parents, straight or queer, or families of choice rather than biology), and relationships (many of my clients have, as they see it, freed themselves from the constraints of monogamy and are struggling to find ways of maintaining various forms of polyamorous or open relationships). Working in this context has challenged me to rethink and often relinquish many of my own assumptions about gender, sexuality, sexual identity, families, and relationships. Thus, I strive for a quality of mindfulness that allows for vigilance regarding the tendency to universalise one's own experience or unintentionally accord stereotypes the status of truth. As well, as a white, well-educated, feminist lesbian, the concept of race and class privilege is one that I constantly struggle to foreground and remain accountable for.

There are several key principles that guide my practice and can be traced back to various aspects of my identity as a lesbian, feminist clinician and academic. I take seriously the poststructural principle of the non-essential nature of identity. I cannot afford to make assumptions about my clients, their lives or their experiences. The number of variables that are at play in any one life are too many, and their interaction too complex, to rely on a uni-dimensional and uni-linear approach to practice. Like many other clinicians, I value my ability to be compassionate, to be empathic, and to be curious. In the context of my work with individuals who have experienced same-sex partner abuse, I strive to listen closely to client's stories, pay careful attention to the effects of their experiences on their cognitive and emotional processes, and always question my own assumptions about what it means to be a LGBTQ individual in relationship. As a result of the central position that I accord to the principle of non-essentialism, I also strive to adhere to a client-focused therapy. My clients, rather than myself, are the experts when it comes to their lives. My role is to support them to gain understanding and find solutions that are in keeping with their unique knowledges and capacities. However, as a feminist, I know that social context is key to understanding individual experience: the personal is political. Thus, my role is also to support my clients in understanding the social, cultural and political context within which they live, and how these forces influence their experiences. I believe the meanings that are created and circulated in community and society have an impact on identity formation and thus help to shape our real lived experiences.

The feminist principle of the interlocking nature of oppressions is also central to my clinical practice. This refers to the dynamic, rather than additive, nature of the relationship between categories of social identity or location such as gender, race, class, and sexuality. Thus leading to the requirement that our practice is able to account for the complex and contradictory nature of our client's lived experiences and identities, which can only be understood by undertaking a detailed and respectful investigation of the specificities of their actual lived experiences. This emphasis on complexity and uniqueness requires a corresponding principle of flexibility. Thus, the permutations of possible outcomes of therapy are endless and, as much as possible, will reflect the real lived needs and desires of clients. This is opposed to the assumption that there are a limited number of possible outcomes that can be applied to any given case, all of which reflect a dominant vision for relationships and families.

I also adhere to the poststructural principle of the linguistic or narrative basis of our system of meaning. In other words, I believe that our experiences are meaningful to the extent that we are able to fit them within a narrative framework that is derived within a particular social context. In my practice, I focus on my clients' stories of self and explore what these stories accomplish and make possible in their lives. In addition, narrative practices provide an opportunity for resistance by allowing for the development of counter-narratives with which to combat the myths that contribute to the continued marginalisation of LGBTQ individuals. In this regard, I have found the concept of externalising to be particularly helpful when attempting to support survivors of intimate partner violence, especially because many of these individuals have also experienced early childhood trauma. As many of us are aware, one of the most devastating effects of trauma is its ability to colonise our internal meaning system. Externalising conversations provide an opportunity for creating a story of trauma that locates it outside of the person so that 'it' rather than 'me' can be seen as the problem. A focus on strengths and creating alternative stories of hope and promise is exciting and can be experienced as a real gift for clients who have been victimised in so many different ways. This focus on strengths and alternative stories has particular significance when one works with, and belongs to, a community that has shown such courage, resilience and compassion in the face of ongoing oppression.

In this short piece, I have tried to describe some of the challenges, complexities and possibilities of responding to same-sex violence. I would welcome feedback, reflections and continuing conversations with other practitioners who are trying to respond to these issues in their own communities.