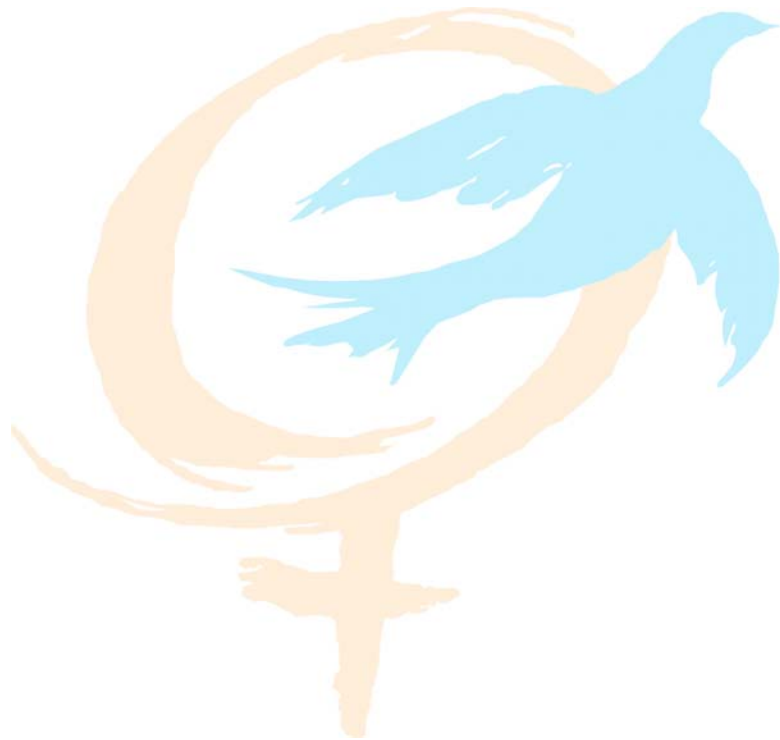


Assisting Abused Lesbians:

A guide for health professionals and service providers



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Revised June 2003

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Table of Contents

I	Introduction	1
II	Lesbian Abuse Its Connection to Other Forms of Woman Abuse	2
III	Heterosexism & Sexism The Social Context Surrounding Lesbian Abuse	4
IV	Myths & Stereotypes About Lesbians	6
V	Defining Abuse: <i>The Tactics of Power and Control</i> Power & Control	7
	Lesbian Abuse - Double Jeopardy	8
VI	Operating From a Lesbian Positive Perspective Some Do's and Don'ts	9
VII	Two Case Illustrations Anecdote 1	10
	Anecdote 2	11
VIII	Community Resources London and Area	13

I Introduction and Background

This booklet has been created in order to reach out to the broad range of health professionals. Our goals:

- **to provide information about woman abuse, specifically focussing on lesbians in an abusive intimate relationship**
- **to assist those working in the health professions in responding to lesbians in a sensitive and appropriate manner**
- **to challenge the assumptions and myths that negatively influence response to lesbians and lesbian abuse**

Lesbians access health professionals in a variety of ways. Lesbian victims of abuse in their relationships may be in need of emergency medical care for injuries sustained from a physical or sexual assault. In other cases, residual or chronic injuries may come to the attention of her own physician during a routine physical examination or examinations for unrelated medical problems. A lesbian may also present emotional responses to a violent episode or ongoing abuse. In these situations, a lesbian will probably not feel safe disclosing the circumstances of her injuries, or the cause of reactions such as depression. Given the high level of vulnerability she is facing, both as a victim of domestic violence, and as a lesbian in a world that too often stigmatizes, stereotypes and oppresses, a lesbian will often choose invisibility.

Even when a lesbian victim of violence is willing to take the immediate risk of “coming out” to health care providers, she may not tell her full story, for fear that her identify as a lesbian will become a part of her permanent medical records, subject to review by unknown future insurers, physicians, nurses, technicians and employers.

The silence around the abuse of lesbians in their partnerships has been maintained by a variety of factors. Here are three powerful barriers to dealing with the problem:

Homophobia: fear and prejudice about homosexuality.

Heterosexism: the assumption that heterosexuality is the “norm,” that it is (or should be) the universal sexual/intimate experience. This leads to attitudinal, institutional, religious, legislative and policy discrimination against lesbians and gay men (see section III for an expanded discussion of homophobia and heterosexism).

Denial: an unwillingness to believe that women could hurt other women.

II Lesbian Abuse - *It's Connection to Other Forms of Woman Abuse*

Much has been learned in the past twenty years about the violence women face in their lives, such as wife assault, sexual assault, dating violence, sexual harassment, and child sexual abuse. The medical profession has played a key role in directly responding to women who have been victimized, as well as challenging many of the inappropriate assumptions about the issue of woman abuse.

We know that woman abuse within a relationship takes many forms, from physical and sexual abuse to emotional and economical abuse. We have learned that abuse is not simply occasional acts of violence, but a pattern of deliberate acts aimed at disempowering a partner. In short, intimate violence can be characterized as an ongoing effort by the abuser to exert power and control over the partner.

We also know that woman abuse is a social problem of epidemic proportions. Recently, national research (see *Survey of Violence Against Women*, Statistics Canada, 1993; Haskell & Randall, in *Changing the Landscape*, Report of the Canadian Panel on Violence Against Women, Health & Welfare, Canada, 1993), has shown that one in five women will experience abuse at the hands of her partner.

Traditionally, we have thought of abuse as something that only men do to women; and it is true that the vast majority of violent acts against women are perpetrated by men, (87% of Ontario "domestic assault" charges related to male perpetrators, 1987). However, in a culture that sanctions and maintains many forms of oppression and discrimination, (sexism, racism, agism, classism, etc.), it is no surprise that anyone, male or female, may choose violence as a tool for control. Lesbians and gay men are not exempt from these dynamics in their intimate relationships. They grew up in the same world that everyone else did - a society which teaches, values and reinforces competition, domination, control and "power over" as acceptable behaviour.

The existence of violence in lesbian relationships has rarely been openly discussed, let alone responded to. Sexist stereotyping has led many people to believe that women are not capable of doing harm to others. When this myth is applied to the case of abused lesbians, a profound misunderstanding and minimization of the impact of the abuse occurs.

To date, there has been very little research on the scope of abuse in lesbian relationships. However, there is reason to believe that the prevalence remains as high as it is in heterosexual relationships. From research that has been done, some facts are beginning to merge:

- **Lesbian abuse cuts across all socio-economic lines.**
- **Lesbian abuse does not only occur in relationships where women practice butch/femme roles.**

- **Physical size has no relationship to who holds power in the relationship.**
- **Sexual abuse is not uncommon as part of the abuse.**
- **Lesbian victims can be as economically dependent upon their abusive partners as are heterosexual victims.**
- **Lesbians victims are less likely to make use of important resources, such as shelters, medical services for fear of being re-victimized.**

Another reason why lesbian abuse has remained so invisible may have to do with the issue of inappropriate victim and abuser identification. This issue is often a confusing one to service providers accustomed to assigning these roles on the basis of gender. Service providers are too quick to assume that, if there is identified violence in a same-sex relationship, that it is “mutual” abuse.

Unfortunately, given this kind of heterosexist approach, practitioners abandon every legitimate thing that is already known about the characteristic pattern of abuse of power and control in abuse situations. This results in a very dangerous situation for the abused woman, one in which she is assigned inappropriate responsibility for the violence.

III Heterosexism & Sexism -

The Social Context Surrounding Lesbian Abuse

Heterosexism and sexism are two “systems of thought” or “ideologies” which put forward certain attitudes and ways of thinking as a justification for discriminating against women and lesbians/gays. It is important to recognize that there are other forms of oppression with corresponding ideologies, stereotypes and myths which provide the basis of discrimination against groups of other people (e.g., racism, agism, classism and ablism).

In many ways, heterosexism and sexism do the same things. They both function to maintain a social world that is dominated by the **traditional, male-dominated** heterosexual family. The issue of concern is not the legitimacy of any one family form, but the domination of **one particular family form over others**. Heterosexism and sexism, as **ideologies** about family form justify unequal power within the family, (i.e. men vs. women), or exclude certain members or groups from being considered to be “real” families (i.e., gays and lesbians). Moreover, what we see is sexism and heterosexism working in tandem to impose a narrow definition of “correct” relationships that is based on the patriarchal system of male as dominant and female as subordinate.

Sexism and heterosexism are still powerful in today’s society; they are largely accepted as **the status quo**. In this context, any relationship or behaviour that is not based on the rigid concept of “normal” and “acceptable” are seen as challenges to the status quo. Indeed, it is true that recognizing alternative social realities, (from single parent families to same-sex relationships), does challenge current social systems - laws, policies, religious doctrines, hiring practices, etc., would all have to change in order to be inclusive of all the family forms.

One must also realize that this challenge is ultimately felt by those groups that have benefited from the sexist and heterosexist ideas for quite a while. Men have benefited from sexism - they earn more money, exercise more privilege, and feel entitled to power. An end to sexism requires that men have to let go of / share some of the power that the sexist status quo made available to them as a group. Similarly, the privilege and feelings of entitlement held by heterosexuals as compared to lesbians / gays or bisexuals would also have to be more equally shared. Without these oppressive ideologies, we could live in a world where difference would not necessarily mean the domination of one group over another.

Both sexism and heterosexism give clear directions to all societal members about the ways in which those that “step out of line” should be treated, punished, exiled, and / or stigmatized. Sex roles are rigidly imposed such that any woman or man who “steps out of line” in relation to sexist proscriptions of behaviour is seen as abhorrent, immoral, pathological or repugnant. In real terms, all women, not only lesbians, suffer as a result of heterosexism and homophobia, because they act to reinforce women’s connections to men as the only legitimate way to power and survival. Women who choose “untraditional” behaviour, (working in a male-dominated profession, driving a truck, being economically independent, not wearing make-up, etc.), are at risk of social sanctions or ridicule.

Homophobia builds and reinforces the walls between the heterosexual and homosexual communities. It is a psychological tool of heterosexism which promotes fear and mistrust of non-heterosexual people. It is not at all surprising that these feelings exist in the heterosexual population given that people can easily recognize that lesbians and gays are marginalized and mistreated. In other words, we all know that it can be dangerous to be associated with or perceived to be gay or lesbian.

All forms of oppression in our culture are about power and maintaining the status quo, and we see these same ideas and stereotypes embedded in social structures and institutions, as well as in people's attitudes. Just as it is important to scrutinize our individual attitudes, feelings and misconceptions for their heterosexism, homophobia and sexism, it is equally important to take a hard look at our institutions and their laws, policies, diagnoses, hiring procedures, religious doctrines, etc..

It is important to understand, then, that lesbian abuse happens in a problematic social context. It should not be a surprise that lesbians are very hesitant to identify themselves to health professionals. Lesbians who are abused face an abuse of power and control at two levels - from the abuser in her intimate world, and in the public or social world from institutional agents, professionals, community members and lawmakers. It is every health worker's responsibility to acknowledge the social bases of discrimination and take actions in order to create safety for women.

IV Myths & Stereotypes - *About Lesbians*

Myths can be defined as unproven collective beliefs which are accepted without critical thought or examination, and used to justify a social phenomenon. For example, the notion that women were working for “pin money” was used to rationalize paying a woman lower wages than her male counterpart. Myths promote and nurture prejudice and enable the powerful to continue their oppression.

Myth - Lesbians are not attractive to men and so turn to women. Lesbians like to look like men.

Truth - Like heterosexual women, lesbians vary in their looks and attire. Some lesbians, like some heterosexual women, dress or present themselves in a way that rejects traditional “feminine” rules. You cannot tell a lesbian by how she looks.

Myth - Lesbians have had bad experiences with men.

Truth - Some lesbians, like women in general, have been victimized by men, but these experiences did not cause them to be lesbian. Statistically, one in four women will be sexually assaulted by a man at some point in her life, but not all these women are lesbian.

Myth - Lesbians are either butch or femme. The abuser is more likely to be larger or “masculine” looking.

Truth - Most lesbians do not explicitly adopt roles, nor does clothing indicate what role they might play, and by implication, who is dominant.

Myth - Same sex relationships are not natural.

Truth - As far as anyone can determine, there have been lesbians and gays in most, if not all, societies, dating back centuries. Lesbians and gays have been ignored, accepted and even celebrated in some cultures, while attacked and punished in others. It is currently estimated that at least 10 percent of the global population is lesbian or gay.

Myth - Lesbians are promiscuous **OR** lesbians hate sex.

Truth - There is no evidence to suggest that sexual activity is any different from the frequency / desires expressed by heterosexual women. Similarly, there are no differences seen in length of relationships.

V Defining Abuse:

The Tactics of Power and Control

...the loss of dignity, control, and safety as well as the feeling of powerlessness and entrapment experienced by individuals who are the direct victims of ongoing or repeated physical, psychological, economic, sexual and / or verbal violence or who are subjected to persistent threats or the witnessing of such violence against their children, other relatives, friends, pets and / or cherished possessions, by their boyfriends, husbands, lovers, same-sex partners, ex-husbands or ex-lovers. (MacLeod, 1987; revised to include same-sex relationships, 1994, personal communication).

ABUSE IN INTIMATE RELATIONSHIPS - "POWER & CONTROL"

Woman abuse in adult relationships is generally defined as: the intentional and systematic use of tactics to establish and maintain power and control over the thoughts, beliefs, and conduct of a woman. The tactics can include, but are not limited to, the examples below.

Using Isolation

- controlling what she does, who she sees and talks to, where she goes, limiting her outside involvement
- using jealousy to justify actions
- sabotaging of friendships, new relationships

Using Emotional Abuse

- putting her down, calling her names, making her feel badly about herself
- playing mind games, making her think she is crazy
- humiliated her in front of friends and/or co-workers

Using Children

- using visitation (access) to harass a woman
- using children to relay messages telling them bad things about her
- threatening to take children away
- making her feel badly about her parenting

Using Intimidation Coercion & Threats

- making her afraid by using looks, actions, gestures
- smashing things
- threatening to report her to welfare, immigration, etc.
- purchasing or displaying weapons
- abusing pets or destroying cherished items

Minimizing, Denying & Blaming

- making light of the abuse
- saying the abuse didn't happen

- saying the woman caused the abuse
- blaming stress as the problem

Physical Abuse

- hitting, slapping, punching, biting, kicking, pushing or harming woman in any way
- confining, holding or preventing woman from leaving
- withholding/preventing a woman's access to physical care, food or medication

Using Social Status & Privilege

- reinforcing control over her by the use of gender, race, class, sexual orientation, immigration status, age, occupation, wealth, physical or developmental ability
- using institutions to reinforce power or privilege

Using Economic Abuse

- preventing her from getting or keeping a job
- taking her money
- making her ask for money or an "allowance"
- not allowing her to participate in financial decision making

Sexual Abuse

- any sexual activity that is unwanted or coerced
- sexual name calling or accusations
- uninformed sexual activity, (i.e. non-disclosure of STD/HIV status)
- forced pregnancy or termination of pregnancy

Although the tactics used in heterosexual relationships apply to abuse in lesbian relationships, there are inherent differences due to the environment of heterosexism that put lesbian victims of violence at further risk. This is the second layer of power and control, or, in other words, the double jeopardy encountered by lesbians who are being abused. We have “reinvented the wheel” in order to present the specific and second level tactics faced by lesbians who are abused (shown here).

Please note that one of the most common forms of controlling behaviour faced by abused lesbians, and one which appears in many of the tactic categories, is the threat of being “outed,” or identified publicly as a lesbian. The abuser relies on, and consistently benefits from, the abused woman’s legitimate fear of community-based discrimination in order to enhance isolation and control. This is a powerful illustration of the two-way interaction between the tactics exerted by individual abusers and the tactics as imposed by the social world.

LESBIAN ABUSE - DOUBLE JEOPARDY

Using Isolation

- not allowing woman to be involved in lesbian community
- using social marginalization & invisibility of lesbians to increase isolation of woman
- benefiting from lack of safe places for women to be “out”

Using Emotional Abuse

- denying existence of the relationship to her or community
- imposing non-negotiated ‘closeting’
- encourages shame and self-hatred about being lesbian

Using Children

- threatening to ‘out’ woman so she is at risk of losing children from previous heterosexual relationship
- denying woman parental rights as co-parent

Using Intimidation, Coercion & Threats

- using threats to disclose lesbian identity to friends and family
- coerced role-playing

Minimizing, Denying & Blaming

- calls abuse “mutual” which is further reinforced by heterosexist myth that

women don’t hurt each other

Physical Abuse

- the assumption of mutual abuse leads to abuse being overlooked
- assumed that abuser is butch or larger
- abuser may accompany woman to hospital and be overlooked

Using Social Status & Privilege

- using absence of legal rights (family, property, etc.) to reinforce power and control
- maintaining heterosexual pretense for sake of isolation and privileges

Using Economic Abuse

- threatening to out woman at work
- denying woman’s contributions or rights to family assets

Sexual Abuse

- any sexual activity that is unwanted or coerced
- woman less likely to receive assistance (eg., rape kit is limited to focus on heterosexual rapes)

VI Operating From a Lesbian Positive Perspective: *Some Do's and Don'ts*

Do:

- Use non-heterosexist and gender-free language when asking about sexual partners or perpetrators until the woman discloses this information.
- Include lesbian and gay as options when asking any questions about marital status, next of kin, and/or family support on pertinent forms.
- Provide clear information about disclosures and your legal obligation to report certain types of incidences, (i.e. child abuse), and where confidentiality will not be breached.
- Ask open-ended questions about injuries or other medical problems (i.e., how they happened, what is making them worse).
- Be aware of safety issues and have information to assist with a safety plan.
- Inform your interventions with a consideration of the real stigmatization and discrimination faced by lesbians. Recognize heterosexism's impact on a woman's willingness to disclose abuse.
- Research and know about the resources in your community for abused women and lesbians.
- Review your agency's or institution's policies, procedures, hiring practices, personnel policies, etc. with a view to identifying and removing heterosexist discrimination, (e.g., definitions of "kin" in emergency rooms, same-sex benefits, bereavement policies, etc.)

Don't:

- Assume that the person accompanying the woman to the hospital or doctor's office is someone the woman wants to be there and is not the perpetrator.
- Attribute emotional concerns or problems to the fact that the woman is lesbian.
- Assume that lesbians do not have children or wouldn't like to.
- Assume that because a woman states that she does not require birth control that she is not sexually active or does not require information about safe sexual practices.

VII Two Case Illustrations

Anecdote 1

Therese and Maxine are two white women who live together in a medium sized city in Ontario. Both women are in their early thirties. Maxine has participated in many athletic activities since high school. Currently, she plays on a city ball league. Maxine has just recently lost her job as a driver for a courier service. Therese works as a child care worker at a day care centre. She is not involved in any community, cultural or sports activities outside of the home. Only a few close friends know that Therese and Maxine have an intimate relationship.

One particular summer evening, Therese has accompanied Maxine to the hospital because Maxine believes she may have broken a couple of fingers. Max (she prefers to be called this), is dressed in her ball uniform because she was scheduled to play this evening. During the admitting process, the admissions clerk notices that Therese seems really concerned, and often answers many of the questions for Max. Max appears to be withdrawn, and does not seem to mind that her friends is assisting her. While in the waiting room, Therese is extremely attentive to Maxine, who remains withdrawn and quiet. Therese asks Max if she wants her to accompany her into the examining room, Maxine does not object.

After a nurse finishes the preliminary questions, Max is seen by the doctor who asks her if she hurt her fingers at the ball game. Maxine responds in an unusually nervous way that she thinks so, and Therese jokingly remarks that Max might have to miss the rest of her playing season. Maxine is taken without Therese (Therese returns to the waiting room) to x-ray. While on the way to x-ray with the nurse, Maxine discloses that she has been sexually assaulted this evening, and wishes to speak to a doctor, alone.

After being x-rayed, Max is taken to the examining room and the doctor returns after having been informed of Max's disclosure to the nurse. The doctor expresses great concern and asks if the assailant was known to Maxine. Max reports that is was her partner with whom she lives. The doctor expresses concern about Max's safety and asks her if there is someone she could stay with this evening. Max responds that she does not know where she could go.

The doctor explains some options available to Maxine, such as laying a criminal charge, and tells Maxine that the police could come directly to the hospital to take a statement. The doctor also explains the use of the sexual assault kit in gathering evidence. After outlining these options and resources, the doctor notices that Maxine becomes very quiet and non-responsive. At this point, the doctor asks Max if she would feel more comfortable if her friend, waiting outside, was present during the examination and while the police took her statement.

Some thoughts and question about this situation:

1. Is it safe to always assume that someone accompanying a patient, especially of the same sex, is a “friend” or actually supportive?
2. How can we make it possible for all potential victims of assault to disclose in safety?
3. Why do we ignore the possibility that sexual assaults can be perpetrated by same-sex offenders?
4. What can we do with a “rape kit” that largely ignores the possibility of lesbian sexual assault?
5. Does the doctor’s resource list include services/options for lesbians?

Anecdote 2

Karen and Meagan have been in an intimate relationship for nine years. Karen is a thirty-eight year old white woman, and is a senior partner in a law firm. Meagan is a 45 year old, African-American woman, and has been working for two years in a social service agency for adolescent girls. Meagan has recently been having difficulty managing her full-time work hours because of her chronic arthritic condition which has recently worsened. Karen’s lesbian identity is known at her work, although there has never been an open discussion of Karen’s relationship with Meagan. Meagan, however, feels that being “out” at work would undermine her credibility with the clients and possibly put her at risk of being dismissed.

As Meagan has increasingly been able to do less work around the house, as well as at her place of employment, Karen has become increasingly critical of her. Karen has been making comments that imply Meagan is not worth anything and that she is not able to contribute equally to the relationship. In addition, Karen has been threatening to “out” Meagan at work. Meagan is quite certain that such a disclosure would cost her her job and what little security she has in the world as an individual.

Once, when Meagan tried to discuss the problems in their relationship, Karen threw a vase across the room. The vase had been a gift to Meagan from her grandmother. Karen then left for several hours not telling Meagan where she was going. Before Karen left, she demanded that Meagan clean up the broken glass, and told Megan that the house was beginning to resemble a “pig sty.” Recently, Karen’s verbal and emotional abuse of Megan has been escalating.

On a recent visit to her arthritis specialist at the clinic in the hospital, Meagan reported feeling really depressed. The doctor noted that many of Meagan’s arthritic symptoms had worsened since her last check-up. The doctor inquired about how work was going and whether this was a source of stress. Meagan has been seeing her arthritis specialist for many years, and it is presumed by her doctor that she is a single, middle-aged woman who shares a house with a friend. Meagan’s relationship with Karen has never been discussed.

Her doctor suggests that to reduce the stress, Meagan might have to decrease her work hours. The doctor also suggested that Meagan consider speaking to her family doctor about a prescription for an anti-depressant.

Some thoughts and questions about this situation:

1. How did Meagan's life circumstances get missed in the first place? What do the admissions and history forms ask about relationships and support?
2. It's important to understand that women like Meagan are vulnerable to abuse for many different reasons (i.e. age, isolation as a lesbian, disability and racism).
3. Why would we assume that Meagan's stress comes from work rather than a personal situation?
4. Too many times, we see abused women receiving prescriptions for psycho-tropic drugs without an appropriate consideration of abuse. Prescribing drugs reinforces to abused women that there is something wrong with them - not with their lives.

VIII Community Resources

London and area

Police	911
London Abused Women's Centre	432-2204
Family Services London	433-0183
(counselling - heterosexual, gay and lesbian individual/couples)	
London Interfaith Counselling Centre	434-0077
(counselling service)	
Police Family Consultants	661-5636
St. Joseph's Domestic Violence and Sexual Assault Treatment Centre	
.....	646-6100 xt. 64224
Second Stage Housing	642-3003
(longer term safe housing for abused women and their children)	
Sexual Assault Centre London	438-2272
(24 hour crisis and support line)	
Sister's of St. Joseph's	679-9570
(shelter for women without children)	
Victim/Witness Assistance Programme	660-3041
Women's Community House	642-3000
(shelter and 24 hour Abused Women's Helpline)	
Zhaawanong Shelter	432-2270
(native shelter for abused women and their children)	